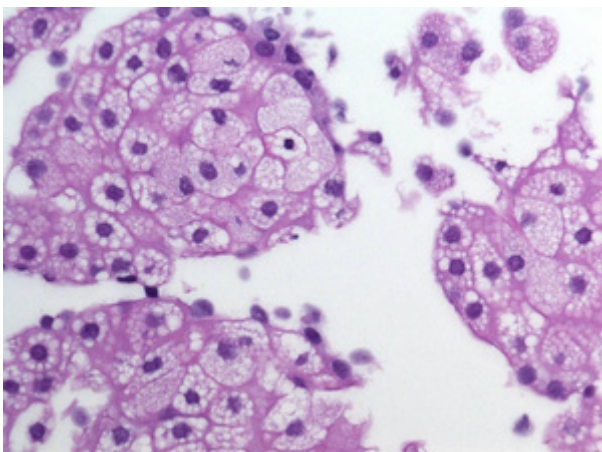
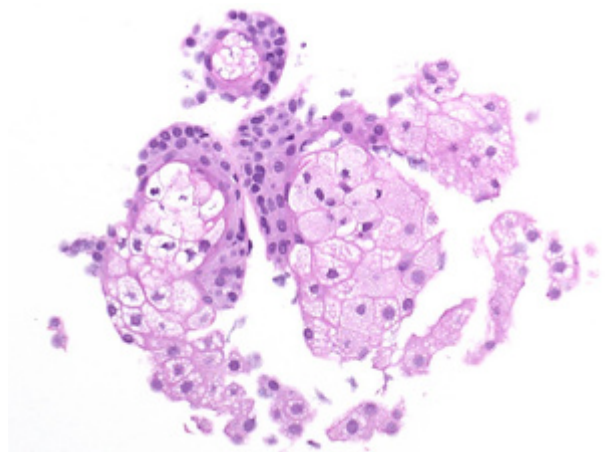
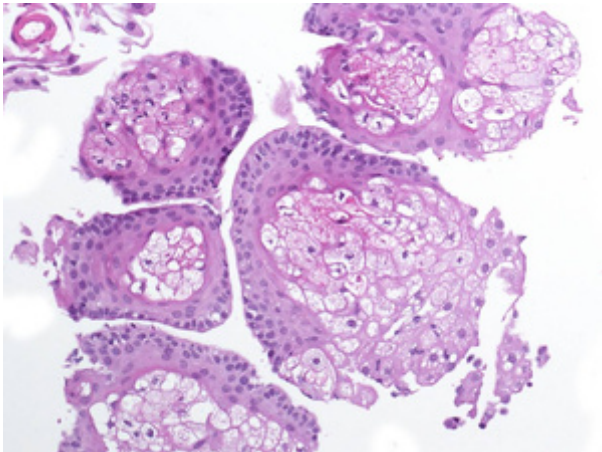
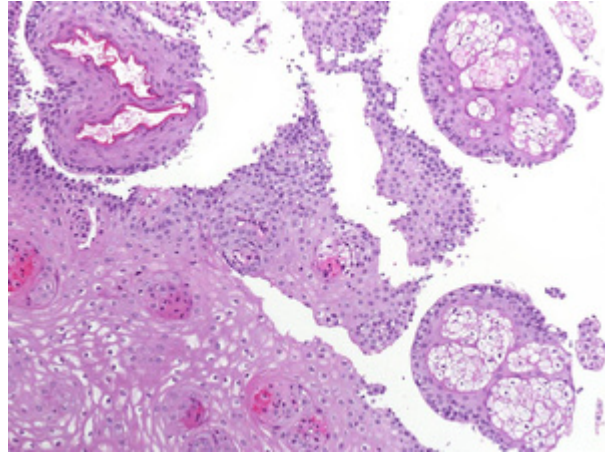
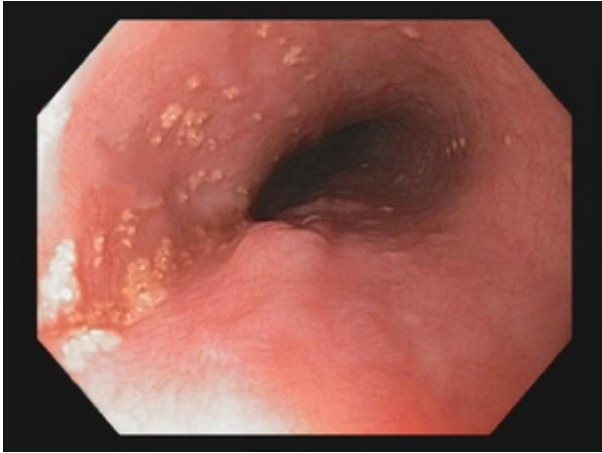


November 2014

Biopsy material from the oesophagus of a 49-year-old female.

What is your diagnosis?



Diagnosis:

Heterotopia of sebaceous glands in the oesophagus.

Comment:

In the mid oesophagus whitish yellow slightly elevated plaques are seen (Panel A). Upon histology, these lesions show aggregates of closely packed polygonal cells with small central nuclei and abundant clear granular cytoplasm with foam-like fat droplets (Panel B-E), ultimately prompting the diagnosis of heterotopic

sebaceous glands.

In general, sebaceous glands can be found in skin, eyelids, nose, penis, labia minora, cheek, nipples and lips. Heterotopic sebaceous glands in the oesophagus were first described in 1962 by De la Pava and Pickren at post-mortem examination, where they presented in 2% of cases. Since then only about 30 cases of this benign finding have been reported.

The glands can be identified in all parts of the oesophagus, with predilection of the mid and distal regions. The reported diameters vary between 1 and 20 mm. Histologically, the glands are typically found below the squamous epithelium or may appear surrounded by squamous epithelium, and sometimes an excretory duct may be observed (compare Panel B, upper left). No hair follicles have been described together with the ectopic glands.

Individuals with heterotopic sebaceous glands do not have specific clinical symptoms, and the glands are usually an incidental finding. Nevertheless, some individuals may report symptoms such as heartburn, gastrooesophageal reflux or dysphagia. Please note that endoscopy alone is not regarded sufficient to make the diagnosis, and histological examination is always required. Necessity for follow-up examinations is, however, debatable, and controls in 6 to 12 month intervals have been recommended (usually not showing significant changes). No therapy is required, in particular in asymptomatic individuals.

For further reading:

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