

## Esophageal ectopic sebaceous glands

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### To the Editor,

The authors report the case of a 75 years old female, with history of porphyria cutanea tarda, who was sent to the emergency department after a recent abdominal waist increase that after etiologic study revealed to be secondary to paraneoplastic ascites due to an ovarian adenocarcinoma. During hospitalization the patient underwent an upper endoscopy. In the lower half of the esophagus, the mucosa showed not detachable whitish plaques (Fig. 1), suggestive of candidiasis, and whose biopsies revealed to ectopic sebaceous glands (Fig. 2). At the same time, in the greater curvature of the gastric antrum, there was a sub-epithelial lesion with a central orifice, compatible with ectopic pancreas.

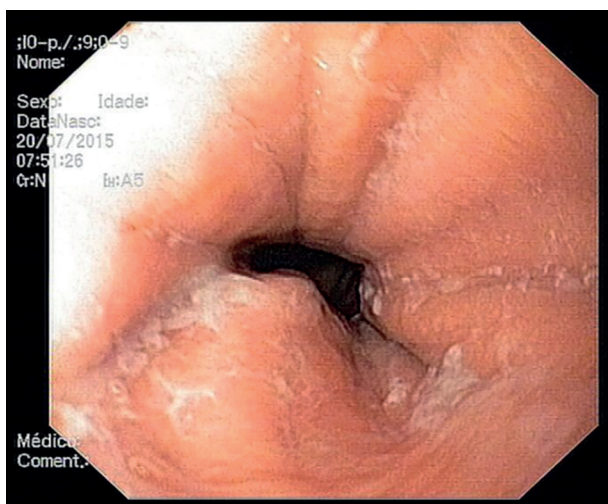


Fig. 1 — Whitish plates in the distal esophagus, suggestive of candidiasis.

The presence of sebaceous glands in the esophagus is very rarely reported, mostly because the patients are usually asymptomatic (1). Given that, almost all cases have been diagnosed incidentally by endoscopy performed to evaluate the upper digestive tract for several causes, including follow-up exams. The number of esophageal lesions has varied from 1 to more than 100 and the size of the lesions has varied from 1 to 20 mm (2). The main differential diagnoses include *Candida* infection and glycogen acanthosis. The origin of this phenomenon is unknown, and there are two hypotheses described: one argues that it could be a congenital abnormality (3), while the other (held by most authors) suggests it is a process

of metaplasia acquired (3,4). In some cases there seems to be associated with the gastroesophageal reflux disease, but a cause-effect relationship has not been established. Therefore, esophageal ectopic sebaceous glands do not require further treatment or follow-up.

### References

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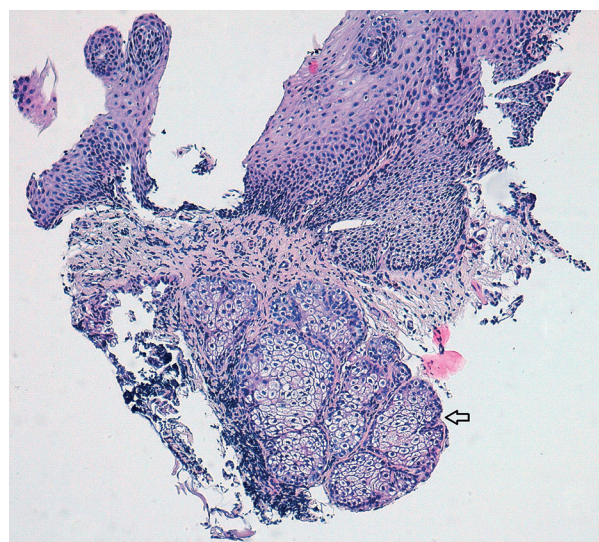


Fig. 2 — Esophageal biopsies revealed the presence of ectopic sebaceous glands (H&E 100x) (arrow). Histologically, these structures are mature sebaceous glands, composed of lobules containing large ovoid cells with clear vacuolated cytoplasm, small nuclei, central solid chromatin, bounded by cells of small and intermediate-sized, flat or cubic, with eosinophilic cytoplasm, these corresponding to reserve cells or precursor.

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