

Out of place, not out of mind

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We present endoscopic images of two different patients who underwent upper gastrointestinal endoscopy. The first image (Figure 1A) comes from a 45-year-old female with a history of epigastric pain, responsive to proton pump inhibitors (PPIs), and no significant medical history. The second image (Figure 1B) shows the oesophagus of a 63-year-old male with regular alcohol consumption and experiencing heartburn. Both patients were treated with pantoprazole 20 mg daily. The endoscopic findings were unremarkable, except for the oesophageal lesions shown here. Histological analysis of biopsies is shown in Figure 2. What is the diagnosis?

Differential diagnosis

- Xanthoma
- Glycogenic acanthosis
- Oesophageal papilloma
- Neuroendocrine tumor
- Ectopic sebaceous glands

Answer

These are observations of ectopic sebaceous glands in the oesophagus, an exceedingly rare location, originating from an endodermal source. While the presence of sebaceous glands in ectoderm-derived organs, known as Fordyce spots, has been well-documented, oesophageal occurrence has been limited since the initial description in 1962 (1). Their rarity, as well as their unknown histogenesis, make ectopic sebaceous glands of particular interest.

As with these patients, the diagnosis is typically incidental based on endoscopic biopsies, since they are asymptomatic. Macroscopically, the lesions manifest as small (3-4 mm) yellow, lobulated, granular patches and can be solitary (Figure 1A) or multiple (Figure 1B). Although they may resemble suspect lesions, they have no malignant potential. A case series tracking a small number of oesophageal sebaceous glands over time revealed that their number and size remained stable, but their appearance can change (2). Regardless, these lesions do not require follow-up surveillance. Although the pathogenesis remains unknown, some have argued for a congenital origin, but the absence of such lesions in children seems to contradict this hypothesis. Another possibility is that specific glandular cells may undergo

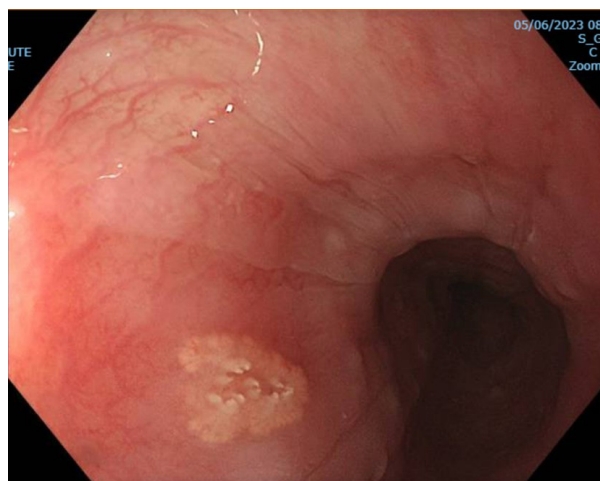


Figure 1A. — Endoscopic appearance of a solitary mucosal / submucosal lesion in the distal oesophagus. The central part presents papillary protrusions.

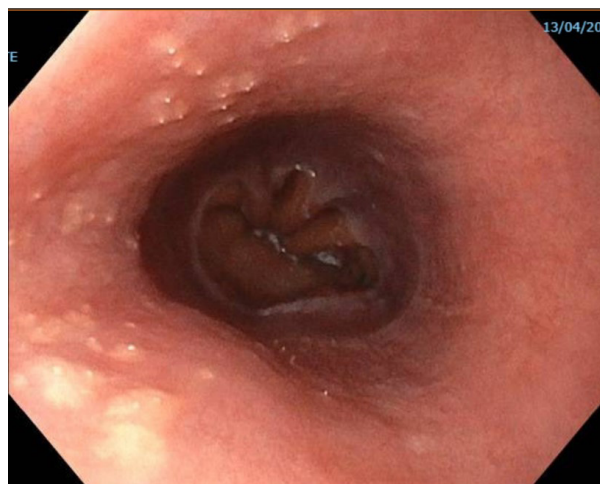


Figure 1B. — Endoscopic appearance of multiple mucosal / submucosal lesions in the distal oesophagus with a central papillary protrusion.

sebaceous metaplasia, as previously described in salivary glands. The metaplasia hypothesis is supported by the

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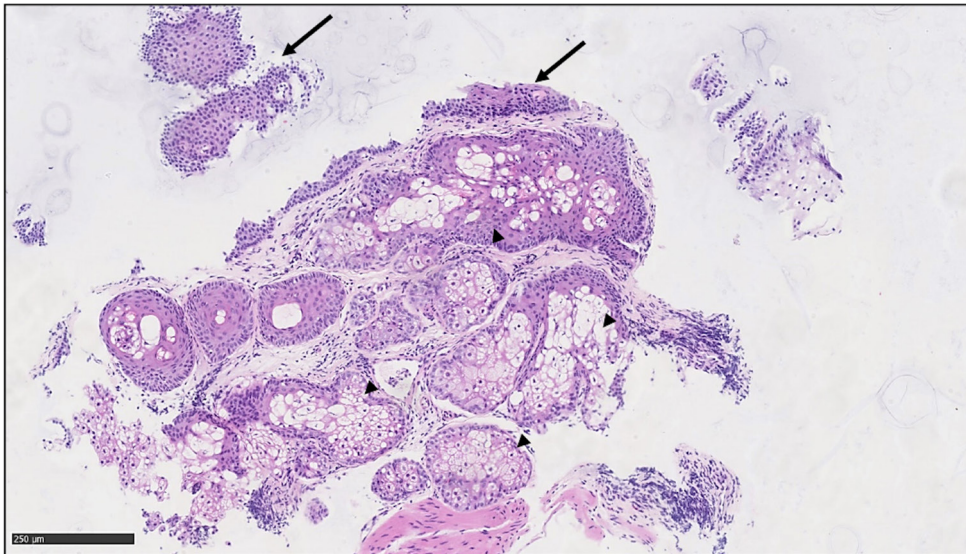


Figure 2. — The oesophageal squamous epithelium (arrow) is well differentiated. Within the lamina propria, heterotopic mature sebaceous glands (arrow-heads) are present, characterized by large polygonal cells with clear vacuolated cytoplasm (HE staining).

higher incidence of oesophageal ectopic sebaceous glands in older patients and the fluctuation in number of lesions (3).

References

1. DE LA PAVA S, PICKREN JW. Ectopic sebaceous glands in the esophagus. *Arch Pathol* 1962;**73**:397-399.
2. BERTONI G, SASSATELLI R, NIGRISOLI E, CONIGLIARO R, BEDOGNI G. Ectopic sebaceous glands in the esophagus: report of three new cases and review of the literature. *Am J Gastroenterol* 1994;**89**:1884-1887.
3. FUKUCHI M, TSUKAGOSHI R, SAKURAI S, et al. Ectopic sebaceous glands in the esophagus: Endoscopic findings over three years. *Case Rep Gastroenterol* 2012;**6**:217-222.