

Esophageal sebaceous glands diagnosed after endoscopic mucosal resection

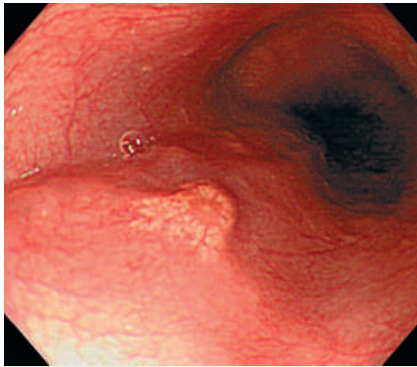


Figure 1 Esophagoscopy showing a yellow, oval, elevated lesion resembling gastric xanthoma.



Figure 2 The endoscopic mucosal resection using the ligating device.

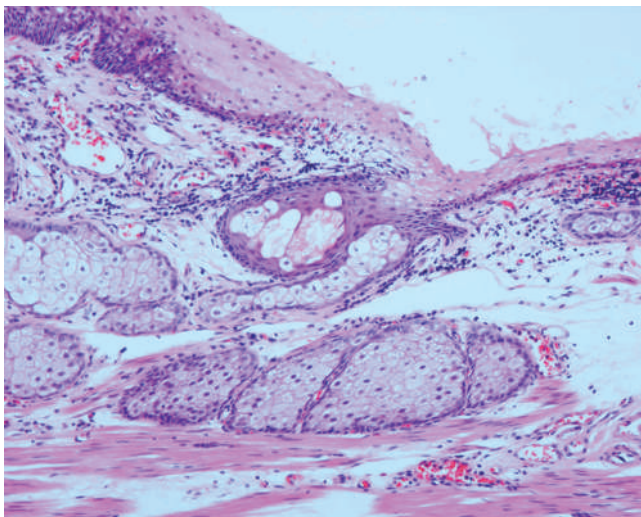


Figure 3 A small lobule of sebaceous glands was found to be embedded under the squamous epithelium of the esophageal mucosa (hematoxylin and eosin staining).

A 44-year-old woman with a duodenal ulcer underwent routine upper endoscopy; a yellow, oval, elevated lesion in the middle esophagus was found (► **Figure 1**). The lesion was slightly stained with Lugol iodine solution. Endoscopic ultrasound revealed that the hypoechoic solid tumor was limited to the esophageal mucosa and submucosa. Biopsy specimens with conventional forceps were noncontributory, showing normal covering squamous epithelia. To obtain sufficient tissue, we performed endoscopic mucosal resection using a ligating device (EMRL [1]). We successfully resected the entire lesion without any complications (► **Figure 2**). The size of the resected area was 7 × 15 mm, and that of the lesion was 5 × 7 mm. Histopathologically, a small lobule of sebaceous glands was found to be

embedded under normal squamous epithelium (► **Figure 3**). An excretory duct was also observed but no hair follicles were found. Thus, the patient was diagnosed as having ectopic sebaceous glands of the esophagus. Follow-up esophagoscopy 2 years after EMRL showed neither locally recurrent nor emergent lesions. Ectopic sebaceous glands can be observed in many tissues of ectodermal origin [2], but sebaceous glands in the esophagus, which originates from endoderm, are rare [3–5]. In total, 60 patients (40 men) with this condition have been reported to date. The mean age of affected patients was 56.4 years, ranging from 28 to 81 years. A total of 45 patients were asymptomatic. The size was less than 6 mm in diameter in 50 patients. Multiple lesions were found in 41 patients. On esophagos-

copy, the lesions were yellow, oval, and elevated, resembling gastric xanthomas. Being aware of the characteristics will allow this condition to be diagnosed [4,5]. In our case, however, conventional endoscopic biopsies were noncontributory, and we used EMRL for a definitive histopathological diagnosis. The lesion was safely and successfully resected with a clean margin.

Endoscopy_UCTN_Code_CCL_1AB_2AC_3AB

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DOI 10.1055/s-2007-966546

Endoscopy 2007; 39: E161

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