

# Treatment of a Facial Variant of the Multiple Steatocystoma with Skin Graft: Case Report

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**Keywords:** multiple steatocystoma; steatocystoma multiplex; sebocystoma.

## ABSTRACT

*Case report of steatocystoma in a female adult patient, of rare location, in the frontal region, in which after several unsuccessful alternative treatments was decided the block excision, with grafting in the same surgical time. Satisfactory aesthetic result was achieved with this treatment.*

## INTRODUCTION

The multiple steatocystomatosis is a disease characterized by the formation of several dermic cysts, with hereditary characteristics of dominant autosomic transmission; however there were described several non familiar cases. Its etiopathogeny remains obscure<sup>(2)</sup>. There are different opinions among authors that establish theories as being: retention sebaceous cysts, nevoid nature of hamartomas, and dermoid cyst variety, this

theory having been preconized by KLIGMAN and KIRSCHBAUM<sup>(2, 4, 8)</sup>.

In the multiple steatocystomatosis, the cysts appear during the adolescence or in the beginning of the adult age. In men, the cysts are found symmetrically distributed in a diamond shaped area between the xiphoid process and the navel and, in a few cases, in the dorsum or scapula.



Fig. 1 - Front view of the patient in the preoperative.

*Fig. 1 - Vista frontal da paciente no pré-operatório.*



Fig. 2 - Lateral view of the patient in the postoperative.

*Fig. 2 - Vista lateral da paciente no pós-operatório.*



Fig. 3 - Frontal view of the patient on the 7<sup>th</sup> postoperative day.

*Fig. 3 - Vista frontal da paciente no 7º dia pós-operatório.*



Fig. 4 - Lateral view of the patient on the 7<sup>th</sup> postoperative day.

*Fig. 4 - Vista lateral da paciente no 7º dia pós-operatório.*

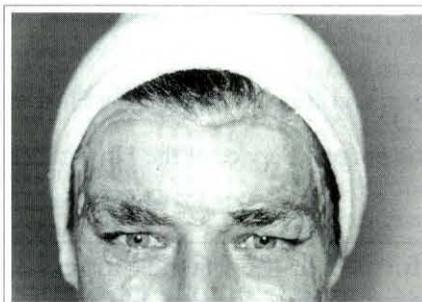


Fig. 5 - Frontal view of the patient 6 months after the surgery.

*Fig. 5 - Vista frontal da paciente 6 meses após a cirurgia.*



Fig. 6 - Lateral view of the patient 6 months after the surgery.

*Fig. 6 - Vista lateral da paciente 6 meses após a cirurgia.*

In women, the cysts are found in axillae, inguinal regions, vulva and thorax central region, being its occurrence in face and scalp rare in both sexes<sup>(5,9)</sup>.

Histologically, they appear as cystic walls tumors, with several layers of vacuolated cells, presence of sebaceous glands, and atrophied pili folliculi. Macroscopically, it is observed keratinous and lipidic contents, with fetid odour, appearing in high number, with oscillating size from 1 mm to 20 mm of diameter.

The number of cases described does not exceed one hundred, and the differential diagnostic must be made mainly with the conglobate acne or nodule-cystic, suppurative hidradenitis, cystodermoid, milia, pilous cyst, myxoide cyst, and pseudofolliculitis barbae<sup>(4, 11, 12)</sup>.

The objective of this paper is to describe the treatment performed in a case of multiple steatocystoma of the frontal region.

## MATERIAL AND METHOD: CASE DESCRIPTION

M.D.A., 36 years old, white, was conducted to the Plas-

tic Surgery by the Dermatology Service of the HUEC, presenting cystic lesions in the face, scalp, upper and lower members, and dorsum and genitals, histopathologically diagnosed as multiple steatocystoma and presenting as main complaints the formation of recurrent abscesses in the cysts located in the frontal region and mainly the unaesthetic aspect of these lesions.

The foregoing history revealed that this pathology appeared in the earliest childhood and ascendent hereditary and indirect descendent characteristics were found in both sexes, on the maternal side.

Exams, such as hemogram, glycemia, cholesterol, HDL, LDL, and triglycerides, resulted normal.

It was decided for the surgical excision of the whole skin and subcutaneous tissue of the frontal region, up to the muscular band plane. In the same surgical time, it was performed a dermo-epidermic graft of partial thickness, obtained from the thigh internal region. The patient was discharged from the hospital, having been directed to ambulatory follow-up.

## DISCUSSION

The multiple steatocystoma is a pathologic condition of difficult handling, which most frequent complication is the infection of the keenly treated cysts using surgical principles; however, in the long term it remains as an insoluble problem.

Maybe the greatest problem presented is the psychosocial damage resulting from the patient's facial and corporal disfigurement, for which there is still no satisfactory treatment.

The literature describes few treatment options for the multiple steatocystoma. HOLMES and BLACK (1980) described a case of successful surgical treatment of the multiple steatocystoma in the frontal region, through the frontal flap eversion by means of a bi-cornal incision of all the frontal region skin, with posterior graft of partial skin<sup>(1)</sup>. KRAHEMBUHL et cols.<sup>(6)</sup> (1991) described good results with CO<sub>2</sub> laser therapy<sup>(6)</sup>.

The clinical treatment has little to offer isolately, although in the long term low antibiotic doses may help to prevent the inflammatory lesions relapsing. According to the authors, the oral isotretinoin has been useful when the antibiotics present therapeutic failure<sup>(3, 5, 7, 10)</sup>.

The patient presented a rare case of multiple steatocystoma, with predominant location in face and scalp. The diagnostic was confirmed after the biopsy of one lesion through histopathology. Due to these lesions unaesthetic aspect (Figs. 1 & 2), the frequent formation of abscesses in the frontal region and after therapeutical failure performed by the Dermatology Service, among which drainage, isolated excision of the cysts and chemical dermoabrasion, the option was made for the block excision of the whole frontal region skin up to the frontal muscle band plane, with upper and lower limits on the hair line and eyebrows, respectively. Through this treatment, all the cysts were removed.

On the seventh day after the dressing removal, a total integration of the graft was noticed (Fig. 3). There was a difference in the level regarding the excision plan (Fig. 4) and reduction of the frontal region mimic, which presented satisfactory improvement in the six months revision (Figs. 5 & 6).

A dyschromia of the grafted area compared to the whole face was further observed, probably because the donating anatomic area was distant from the receiving area.

On the rest of the face lesions, the isolated removal of the cysts was performed.

## CONCLUSION

Due to the excessive number of cysts on the frontal region and the difficulty to find a more suitable therapy in the literature, the option was made for the in block excision of the whole skin and subcutaneous tissue of the frontal region, with simultaneous partial skin grafting, obtaining satisfactory aesthetical results in the patient's and the surgeon's points of view.

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