CONDITION

Sebaceous adenoma

A sebaceous adenoma is a non-cancerous growth that develops from the skin's oil-producing glands.

WHAT IT IS
Benign growth of oil-producing skin glands

BODY SYSTEM
Skin

MAIN SYMPTOMS
Small yellowish bump, slow growth, usually no pain

WHAT CAUSES IT
Usually unknown; sometimes linked to inherited mismatch-repair changes

HOW IT IS DIAGNOSED
Skin biopsy examined under a microscope

MAIN TREATMENT
Monitoring or surgical removal

CAN IT BE CURED?
Yes, removal usually eliminates the growth

IS IT AN EMERGENCY?
No, but rapid change or bleeding needs prompt assessment

LONG-TERM OUTLOOK
Excellent after removal; inherited risk may need lifelong screening

Overview

A sebaceous adenoma is a benign, or non-cancerous, skin growth. It develops from sebaceous glands, which make the oily substance that helps protect your skin and hair.

The growth usually appears as a small, firm, yellow, tan, pink, or skin-coloured bump. It is often found on the face, scalp, or neck, where sebaceous glands are common. It may also occur elsewhere on the body.

Sebaceous adenomas usually grow slowly and do not spread to other parts of the body. The main reason they matter is that they can look similar to other skin growths, including sebaceous carcinoma, a rare type of skin cancer. A biopsy is often needed to tell them apart.

Most people with one sebaceous adenoma do not have an inherited disorder. However,

sebaceous adenomas can sometimes be associated with Muir-Torre syndrome. This is a form of Lynch syndrome, an inherited condition that increases the risk of colorectal, uterine, and certain other cancers. Your personal history, family history, age, and number of sebaceous growths help determine whether genetic assessment may be useful.

Symptoms

A sebaceous adenoma most often causes a single raised bump. It may have a smooth or slightly uneven surface.

Typical features include:

Some growths become irritated by shaving, clothing, glasses, or scratching. An irritated lesion may become tender, crusted, or bleed slightly.

Rapid growth, repeated bleeding, an open sore, or significant pain is less typical. These changes do not prove that a growth is cancerous, but they should be assessed promptly.

Several common skin conditions can resemble a sebaceous adenoma. Sebaceous hyperplasia, for example, causes small yellowish bumps from enlarged oil glands. Basal cell carcinoma and sebaceous carcinoma may also have a similar appearance. You usually cannot identify the exact type of growth from appearance alone.

- A small yellow, tan, pink, or skin-coloured bump
- Slow growth over months or years
- A firm or rubbery texture
- Little or no pain

Causes and risk factors

In most cases, the exact reason a sebaceous adenoma develops is not known. It is not caused by poor hygiene, and it cannot spread from one person to another.

These growths are more often identified in middle-aged and older adults. A single lesion on the head or neck is commonly an isolated finding rather than evidence of an inherited condition.

Some sebaceous adenomas develop because cells have lost normal DNA mismatch-repair function. Mismatch-repair proteins correct certain mistakes made when cells copy their DNA. If this repair system does not work properly, genetic errors can build up.

An inherited change in a mismatch-repair gene can cause Lynch syndrome. When Lynch

syndrome occurs with certain sebaceous tumours, it is often called Muir-Torre syndrome. Features that may increase concern about an inherited cause include:

These features do not confirm Muir-Torre syndrome. Likewise, not everyone with the syndrome has an obvious family history. A genetics professional can assess the full pattern and explain whether testing is appropriate.

- More than one sebaceous tumour
- A sebaceous tumour developing at a younger age
- Growths occurring away from the head and neck
- A personal history of a Lynch syndrome-related cancer
- Close relatives with colorectal, uterine, or other related cancers

Diagnosis

A healthcare professional may suspect a sebaceous adenoma after examining the growth, but appearance alone is not enough to confirm it.

Diagnosis requires a skin biopsy. During a biopsy, part or all of the growth is removed after the area has been numbed with local anaesthetic. A pathologist then examines the tissue under a microscope.

A sebaceous adenoma contains organised groups of oil-gland cells at different stages of development. The pathologist also looks for features that would suggest another diagnosis, such as sebaceous carcinoma.

The biopsy may remove the entire growth. If only part was sampled, further removal may be recommended when the result is uncertain, the remaining area is bothersome, or complete examination is needed.

Testing the biopsy for mismatch-repair proteins may be considered. This is usually done with immunohistochemistry, a laboratory method that shows whether particular proteins are present in the tumour cells. Another option is testing for microsatellite instability, which looks for a pattern of DNA errors.

An abnormal tumour test does not by itself prove that you inherited Lynch syndrome. Some changes occur only within the tumour. Blood or saliva genetic testing, interpreted with genetic counselling, is needed to look for an inherited gene change. A normal tumour test also needs to be considered alongside your personal and family history.

Treatment and management

A sebaceous adenoma is benign, so treatment is not aimed at preventing it from spreading. Management focuses on confirming the diagnosis, removing irritation, and addressing any inherited cancer risk.

Surgical removal is the usual treatment when the lesion is bothersome, changing, or not fully removed by the biopsy. The area is numbed, and the growth is cut out. Depending on its size and location, the wound may be closed with stitches.

Some fully diagnosed lesions may be monitored instead of undergoing further treatment. This may be reasonable when the growth is small, stable, and not causing symptoms. Monitoring should be based on a confirmed diagnosis rather than appearance alone.

There is no standard cream or tablet that reliably makes a sebaceous adenoma disappear. Destructive treatments that do not preserve tissue can make diagnosis more difficult because no complete sample remains for examination.

If testing or family history suggests Muir-Torre syndrome, management extends beyond the skin growth. Genetic counselling can help you understand testing and what the results could mean for you and your relatives. People confirmed to have Lynch syndrome may be offered long-term cancer screening based on the affected gene, age, sex, personal history, and current specialist guidance.

Complications

A sebaceous adenoma does not normally invade nearby tissues or spread around the body. It is a different condition from sebaceous carcinoma.

Possible problems include irritation, bleeding after minor injury, and concern about the growth's appearance. A lesion can return if some of it remains after treatment, although complete removal is generally effective.

Removal leaves a scar. Short-term bleeding, infection, wound separation, and changes in skin sensation are possible after any minor skin operation. The risk and likely scar depend partly on the growth's size and location.

The most important wider issue is a possible association with Muir-Torre syndrome. The sebaceous adenoma itself does not turn into colorectal or uterine cancer. Instead, both the skin growth and the other cancers may result from the same inherited problem with DNA repair.

Prevention

There is no established way to prevent most sebaceous adenomas. Their development is not known to result from a particular food, skin-care product, or hygiene habit.

Sun protection lowers the risk of several forms of skin cancer and reduces sun damage, but it has not been shown to specifically prevent sebaceous adenomas.

An inherited mismatch-repair gene change cannot be prevented. If you have Lynch syndrome, appropriate screening may help prevent some related cancers or find them at an earlier stage. This screening does not guarantee that additional sebaceous growths will not develop.

Avoid picking, squeezing, or trying to cut off a suspected adenoma. It is a solid skin growth rather than a blocked pore, and home removal can cause bleeding, infection, scarring, or delay the correct diagnosis.

Living with it and what to expect

An untreated sebaceous adenoma may remain stable or slowly enlarge over months or years. It does not usually disappear on its own. Changes are often gradual, but no individual course can be guaranteed.

Once a lesion has been completely removed, it usually does not need ongoing treatment. You may have a small permanent scar. Follow the wound-care instructions you receive, and attend any arranged appointment for stitch removal or review of the pathology result.

A new bump near the scar does not necessarily mean the adenoma has returned. Scar tissue and other benign skin growths can look similar. Any persistent or changing area can be examined and biopsied if needed.

Most people with a single sebaceous adenoma continue their usual activities without long-term limits. Routine follow-up may be brief once the diagnosis and treatment are complete.

The outlook is different if an inherited mismatch-repair condition is found. The skin lesion remains benign, but you may need lifelong screening for cancers linked to Lynch syndrome. Relatives may also choose genetic counselling or testing. Screening plans can change over time as your age, medical history, or guidance changes.

When to get medical help

Arrange a routine appointment if you have a new skin bump that persists, particularly if it is yellowish, firm, or slowly growing. An examination is also appropriate if a previously diagnosed lesion is becoming irritated or you would like to discuss removal.

Seek prompt medical assessment if a growth:

You should also arrange a routine discussion if you have multiple sebaceous growths or a personal or family history of colorectal, uterine, or other Lynch syndrome-related cancers. This does not mean you have an inherited syndrome, but it may justify a fuller risk assessment.

A sebaceous adenoma itself almost never causes an emergency. Seek urgent care for bleeding that does not stop with firm, continuous pressure or for rapidly spreading redness with fever and feeling seriously unwell after a skin procedure.

- Enlarges quickly
- Bleeds repeatedly without being scratched
- Develops an open sore or persistent crust
- Becomes increasingly painful, red, or swollen
- Returns after removal
- Develops on or near an eyelid and affects the eye

Common questions

Is a sebaceous adenoma cancer?

No. It is a benign growth and does not normally spread. Because some skin cancers can look similar, a biopsy is usually needed to confirm the diagnosis.

Does a sebaceous adenoma mean I have Muir-Torre syndrome?

Not by itself. Most isolated sebaceous adenomas are not enough to diagnose Muir-Torre syndrome. Multiple tumours, younger age, tumour test results, and your personal and family cancer history help determine whether genetic assessment is useful.

Does it need to be removed?

Not always. Removal may already occur during the biopsy. A confirmed, stable lesion may sometimes be monitored, while a changing, irritating, cosmetically bothersome, or partly sampled lesion may be removed completely.

Can a sebaceous adenoma grow back?

It can return if part of the growth remains. Recurrence after complete removal is uncommon,

but any new or changing bump at the site should be checked.

Can I squeeze or pop it?

No. It is made of skin and oil-gland cells rather than trapped fluid. Squeezing it is unlikely to remove it and may cause bleeding, inflammation, infection, or scarring.

What is the difference between sebaceous adenoma and sebaceous hyperplasia?

Sebaceous hyperplasia is an enlargement of otherwise normal oil glands and often causes several small facial bumps. A sebaceous adenoma is a true benign tumour. They can look alike, so microscopic examination may be required.

Sources

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