



## Sebaceous naevus of Jadassohn and primary mediastinal lipomatosis

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**SUMMARY.** A rare association of sebaceous naevus of Jadassohn and primary mediastinal lipomatosis is presented. These are two benign conditions that can have serious complications.

Sebaceous naevus of Jadassohn (SNJ) was first described in 1895 and carries a risk of carcinomatous

degeneration. There is no clear relationship to other diseases. We present a case of SNJ combined with primary mediastinal lipomatosis.



Fig. 1

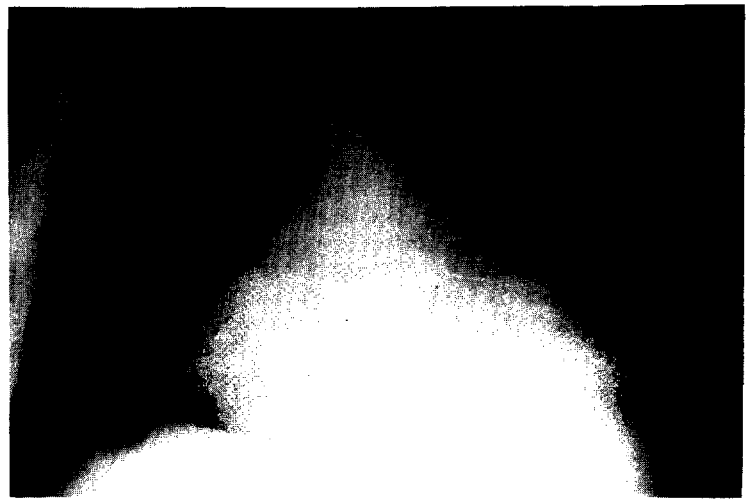


Fig. 2



Fig. 3

**Figure 1**—Large sebaceous naevus in the scalp. **Figure 2**—PA chest X-ray demonstrates bilateral mediastinal widening. **Figure 3**—CT scan shows abundant unencapsulated mediastinal fat with smooth, sharply defined margins (arrows).

## Case Report

A 32-year-old male mechanic underwent surgery to remove two masses from his scalp. When he was 15, a tumour was excised from his head in another hospital, confirmed as SNJ. The patient remained well until 5 years later, at 20, when he noticed the recurrence of two masses in the scar zone. He refused surgery at that time. He had two well defined masses in the occipital and left parieto-occipital regions measuring 15 × 5 cm and 11 × 5.5 cm respectively (Fig. 1); these were painless and had no hair on their surfaces. When he presented at 32 yrs these two areas were excised. Pathological examination confirmed hamartomatous lesions arising in the pilosebaceous follicles and the sebaceous glands. No malignant features were seen. Findings from blood chemistry and hormone studies were essentially normal. The patient had never received any systemic steroid therapy.

A chest X-ray revealed bilateral widening of the mediastinal silhouette (Fig. 2) and a computed tomography (CT) scan demonstrated abundant unencapsulated mediastinal fat with sharply defined margins (Fig. 3).

## Discussion

Sebaceous naevus of Jadassohn, considered as a benign congenital circumscribed hyperplasia of the sebaceous glands, is most frequently located on the face and scalp<sup>1-3</sup> and usually arises in childhood; rarely in adolescence or adulthood. A familial type has been reported.<sup>4,5</sup> The risk of malignant degeneration, most frequently in the postpubertal period, is present and the tumours which most frequently arise are syringocystadenoma papilliferum and basal cell carcinoma. Other, rarer tumours have been seen: trichilemmoma, sebaceous epithelioma, squamous cell carcinoma, undifferentiated carcinoma and even multiple tumours of the same lesion.<sup>1-3,6,7</sup> All these conditions justify prophylactic removal of sebaceous naevus before puberty.

In our patient there was no malignant degeneration in spite of the 12-year evolution of the lesions.

Association with other pathology has been seen, particularly in childhood *i.e.* infantile spasm,<sup>8</sup> cerebral arteriovenous malformations<sup>9</sup> and hemimegalencephaly.<sup>10</sup> Our patient's primary mediastinal lipomatosis has not previously been reported.

Mediastinal lipomatosis is a benign condition which can cause compression of vital structures. CT is helpful in reaching a definitive diagnosis of this entity, and in excluding other fat containing abnormalities such as cystic teratoma, lipoma, thymolipoma and liposarcoma.<sup>11-13</sup> Primary forms of the disease have been seen in association with Cushing's disease,<sup>14</sup> prolonged steroid treatment,<sup>15,16</sup> obesity<sup>17</sup> and within the context of symmetrical multiple lipomatosis or Madelung's disease.<sup>18</sup>

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Paper received 12 May 1992.

Accepted 24 November 1992, after revision.