# Linear Steatocystoma Multiplex

#### Sir,

Steatocystoma multiplex is characterised by multiple skincoloured to yellowish elastic nodules, usually distributed over the upper trunk, arms and axilla (1). We report a patient who had lesions on the neck, distributed in a pattern that posed a diagnostic problem.

# CASE REPORT

An 18-year-old male presented with asymptomatic, non-progressive, skin-coloured nodules on the left side of the neck of 10 years' duration. There was no family history of similar lesions. Clinical examination revealed 10 nodules distributed in an irregular linear band, about 15 cm long, over the left side of neck (Fig. 1). The lesions were 1-2 cm in diameter, skin-coloured, dome-shaped and rubbery in consistency. The overlying skin was attached to the nodules but was normal in appearance, and there were no visible puncta. A cheesy white material was expressed on puncturing one of the nodules. Excision biopsy of one of the lesions showed features compatible with steatocystoma multiplex.

### COMMENT

Steatocystoma multiplex has been reported to occur in unusual distributions, including lesions confined to the scalp (2), face (3) and retroauricular region (4). The unilateral, linear distribution of lesions in our patient initially caused confusion with other linear/nevoid lesions. To the best of our knowledge, this distribution has not been reported so far. Awareness of this clinical variant of steatocystoma multiplex will permit prompt recognition and avoid diagnostic difficulties.

## REFERENCES

 Lever WF, Schaumburg-Lever G. Histopathology of the skin. 7th edn. Philadelphia: JB Lippincott, 1990: 523-567.



*Fig. 1.* Skin-coloured nodules distributed in an irregular linear band over the nape of neck.

- Belinchon I, Mayol MJ, Onrubia JA. Steatocystoma multiplex confined to the scalp. Int J Dermatol 1995; 34: 429–430.
- Requeria L, Martin L, Renedo G, et al. A facial variant of steatocystoma multiplex. Cutis 1993; 51: 449–452.
- Tsoitis G, Papadimitriou C, Asvesti C, et al. Retroauricular dermatitis of the "milia en plaque" type. Ann Dermatol Venereol 1993; 120: 58–64.

#### Accepted September 4, 1996.

Paschal D'Souza<sup>1</sup>, Arun Joshi<sup>1</sup>, Sumeet Gujral<sup>2</sup> and M. Ramam<sup>1</sup> Departments of <sup>1</sup>Dermatology & Venereology and <sup>2</sup>Pathology, All India Institute of Medical Sciences, New Delhi-110029, India.