

**A case of peculiar multiple sebaceous cysts (steatocystoma multiplex) / by J.J. Pringle.**

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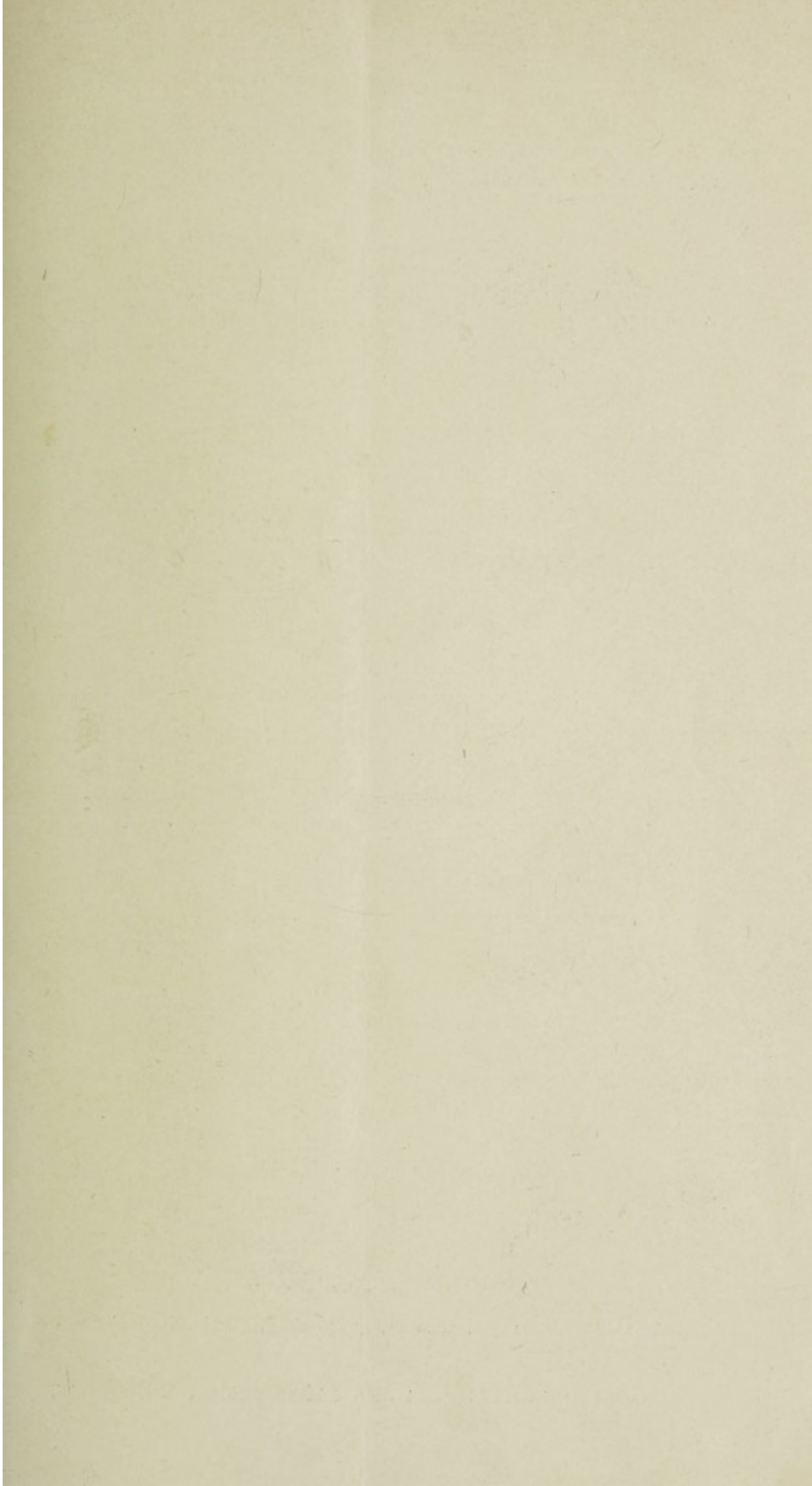
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Pringle

Hommage amical.

J.J.P.





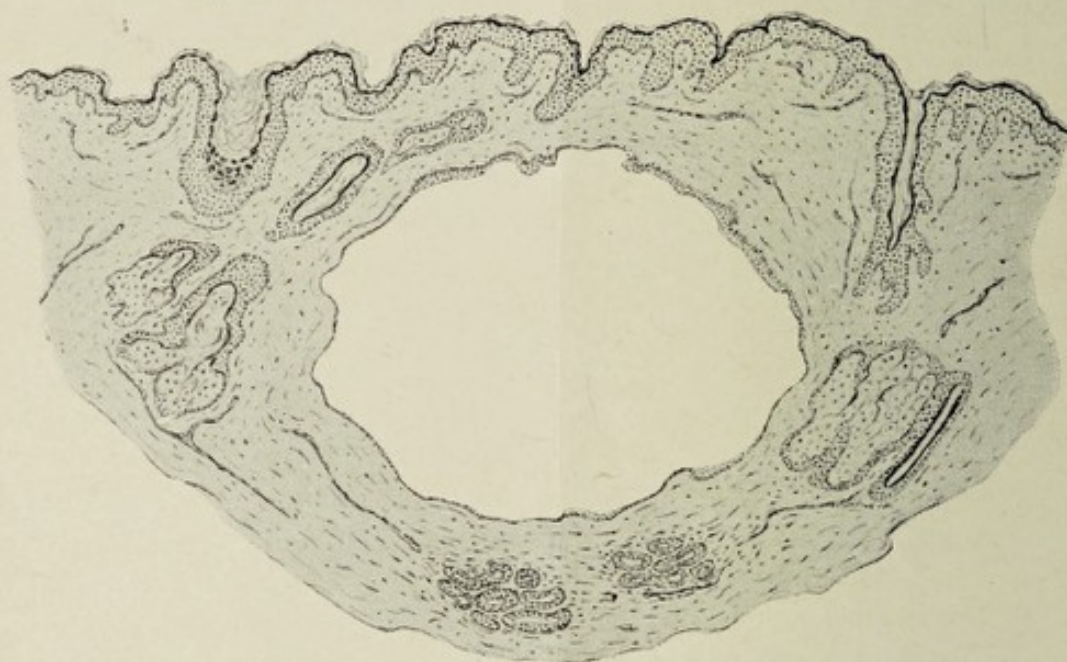


FIG. 1.—General microscopic view of a lesion.

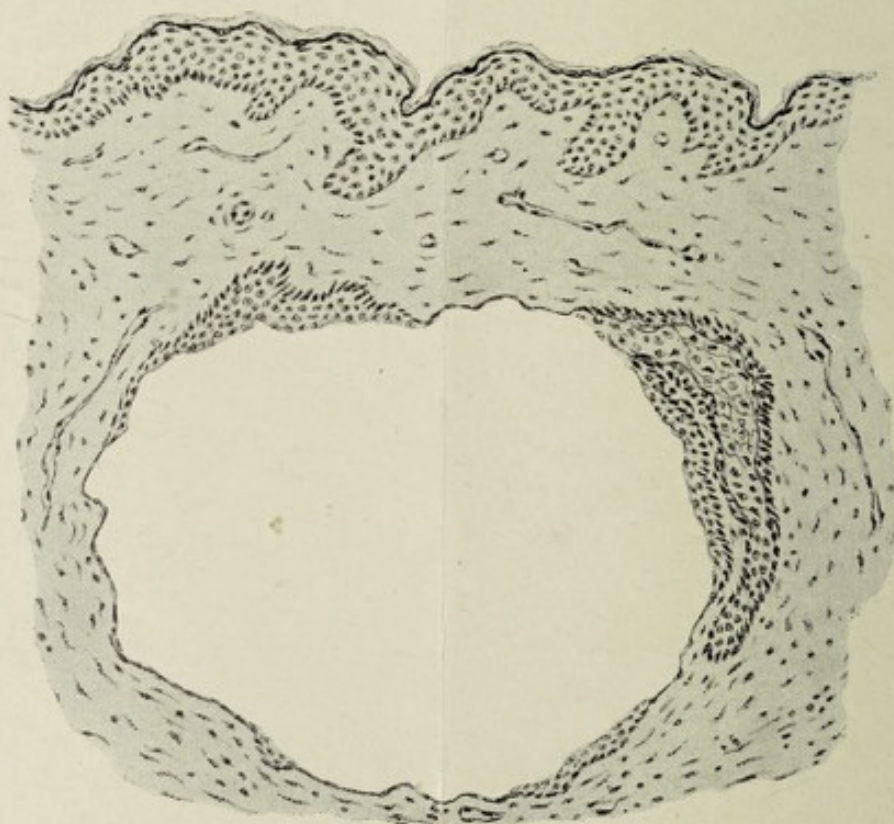
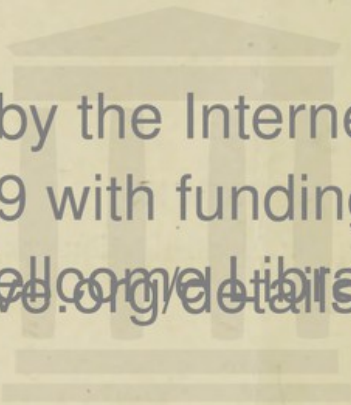


FIG. 2.—Another cyst, more highly magnified, showing its relation to a sebaceous gland.

DR. J. J. PRINGLE'S CASE OF STEATOCYSTOMA MULTIPLEX.

ERRATUM.

Page 5, line 2 from bottom, *for* deratinisation *read* “keratinisation.”



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A CASE OF  
PECULIAR MULTIPLE SEBACEOUS CYSTS  
(STEATOCYSTOMA MULTIPLEX).

By J. J. PRINGLE.

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THE following case appears to be worthy of publication, on account of its great rarity and the obscurity of its causation.

Mr. X. Y. Z., aged 21 years, was sent to me for opinion in March, 1898, by Dr. C. H. Gage-Brown. He gave the following history of his life: he was born in Aliwal North, on the Orange River, South Africa, in 1875, his father being a Wesleyan missionary there; at the age of two years he was brought to England, where he remained for four years; he then returned to South Africa, but was brought back to England at eleven years of age and placed at school in York, where he remained till fifteen years of age. Nothing was noticed amiss with his skin in any way until four years ago, when, during the sea-bathing season at Yarmouth, he observed "a little lump just against the navel." Similar "lumps" continued to appear till about eighteen months before coming under observation, since which time he thinks their number has diminished, some having suppurated, but others, he is confident, having simply "been absorbed."

His family history was excellent, both his father and mother being alive and well. No one in his family, or of his acquaintance, was known to have any similar affection.

The patient was a particularly well-developed young man of athletic build and habits, a total abstainer and of superior intellectual powers.



He was anxious to join his father in missionary work, and was referred to me with regard to his fitness for such duties. His hair was dark and complexion swarthy. He had some scurfiness of the scalp, with slight loss of hair, and some oily seborrhœa of the nose and adjacent parts of the cheeks. The skin over the trunk and limbs was fairly fine and supple, but greasy to touch. Over the back and sides of the neck, but nowhere else, were a few comedones.

He presented an innumerable number of prominent little tumours over the neck, thorax, abdomen and back; some sparsely scattered over the groins and thighs. These varied in size from a millet-seed to a large pea; a few were somewhat bigger; all were more or less rounded, hemispherical or semi-oval, standing out boldly from the general skin surface, but the smaller were more pointed than the larger tumours. All were freely movable over the subcutaneous tissues. The majority were of the same swarthy tint as the surrounding skin, but a few of the largest were of bluish colour from dilated venules coursing over them; when the blood was expressed from the superjacent skin, which was distinctly thinned, they had a slightly semi-translucent, gelatinous look. They were painless to touch, and the larger ones somewhat elastic, semi-fluctuating. The distribution of the growths was very roughly symmetrical; a large number of small ones were thickly agglomerated in both anterior axillary folds and over the adjacent pectoral regions and anterior aspect of the upper arms. The largest tumours were comparatively closely aggregated in a band about two inches wide, extending from nipple to nipple and in a vertical process of the same width derived from the centre of this, and extending for three inches downwards in the xiphoid region to the umbilicus. Over the back the lesions were by no means so abundant, and presented no grouping, but were on the average of large size, three or four attaining the size of a bean. Below the level of the dorsal spine there were no tumours. The skin all over the back was conspicuously greasy, and orifices of the sebaceous ducts universally patulous, but not more so over the tumours than elsewhere; there were no comedones nor acne. In the epigastric region there were three suppurating lesions, and over the back a few deep cicatrices resulting, as the patient stated, from the spontaneous suppuration of pre-existing tumours.

The differences from minute lipomata, myomata, or so-called

sebaceous cysts (which are not sebaceous cysts at all), mollusca and neuro-fibromata were obvious, and the idea that the cysts were cysticercal first occurred to me, especially as the patient admitted to a special fondness for pork in any form as an article of diet. An exploratory puncture of one of the larger growths was therefore resorted to; the result being the outflow of an abundant fluid like thin skim-milk. This fluid was neutral in reaction, and under the microscope only very numerous large fat cells were discovered; no epithelial cells, crystals, micro-organisms or hooklets were present.

The patient was absent from town for some time, but was shown to the Dermatological Society of London at its meeting in June, where he was exhibited as a possible case of Dubreuilh's *Kystes graisseux sudoripares*. No member having seen a similar case, it was generally felt that no firm diagnosis could be established without a microscopic examination of an excised lesion, to which the patient gave his consent. A large and a small tumour were therefore removed and submitted to Dr. Galloway, who kindly furnished me with the ensuing report:—

(a.) This is a portion of skin including both epidermis and cutis, containing a cystic tumour about 5mm. in its longest diameter. The contents of this cyst were fluid in consistence, of a milky white colour, and dissolved almost immediately and completely on the tissue being placed in ether to prepare for celloidin embedding. Over the most prominent part of the tumour is a distinct orifice.

*Microscopic Examination.*—Six sections were prepared for the purpose of this report. In each the epidermis runs uninjured over the surface of the tumour, the only difference noticeable being that on account of the flattening of the papillæ over the convexity of the tumour, the interpapillary processes of epithelium are also flatter than in the surrounding skin. The cyst approaches very near the surface, but in the sections is distinctly separated by a considerable layer of corium from the epidermis. The cyst is now quite empty.

A distinct epithelial lining surrounds the cyst, only one or two layers of cells thick in some parts, several layers thick in other parts, but always present. The shape of the cells forming this epithelial lining is oval or spheroidal, sometimes a little elongated

apparently on account of the pressure of the cyst contents, but never resembling in appearance the upper epithelium of the epidermis, nor showing any tendency to become transformed into horny epithelium. On the contrary, it is of glandular type. The inner layers of the epithelial lining are seen to be undergoing necrosis, but the outer layers are vigorous, and rest with the intervention of a "basement-membrane" on the connective tissue of the corium, which is arranged in concentric layers on account of the pressure of the tumour. Adhering to the side of this cyst can be seen in places lobules of glandular structure, which appear on careful examination to be lobules of sebaceous gland, in some places atrophied by pressure, in others apparently quite healthy. The epithelium of these lobules is seen to be in direct continuity with the epithelial walls of the cyst.

In the immediate neighbourhood of the tumour, situated in the usual position in the cutis, are numerous large hypertrophied sebaceous glands. In some of these glands secretion has collected, in others the epithelium is swollen and seems on the point of breaking down. In the sections examined the actual course of the duct from the cyst cannot be definitely traced, but lying between the cyst and the surface are sections of hair follicle and sebaceous duct.

Coils of sudoriparous glands are to be seen lying deeper in the corium, in some sections directly below the cyst, and these sweat coils are apparently unaffected in any way.

The tumour, therefore, seems to be caused by the hypertrophy of a sebaceous gland, the liquefaction of its contents, and the retention of its secretion. All the lobes of the gland do not appear to undergo distension and atrophy at the same time, and those lobules retaining their normal appearance are pressed to the side by the increasing tumour, but remain in continuity with it. It is possible that these normal lobules continue their function, and pour secretion into the cyst which is formed by the remainder of the gland. The tumour, then, is not merely a retention cyst of the gland which is undergoing atrophy, but acts as a receptacle for the secretion of the portion of the gland which remains normal. If the orifice of the gland is completely obstructed, in time the whole of the gland must distend and its epithelium will become atrophied.

(b.) This is another portion of skin from the patient, containing one or two solid glandular tumours. On microscopic examination they are found to consist of hypertrophied and distended sebaceous glands which have not become cystic.

The microscopic appearances of the cystic growth are illustrated in the accompanying drawings by Mr. Colhoun.

*Remarks.*—The only similar case which I have been able to trace is recorded by Bosellini in the forty-fifth volume of the *Archiv. fur Dermatologie und Syphilis*, 1898, p. 81, the patient having been under observation in the clinic of Professor Majocchi of Bologna. The case is so obviously identical in nature with my own, that only the points of difference between the two—and that in mere matters of detail—will here be indicated. First as to clinical characters:—Bosellini's patient was a powerful labourer, aged 40 years, living in conditions of physiological poverty, who had noticed the gradual development of the growths for about eight years; he had frequently eaten measly pork, and Bosellini's fancy naturally also turned to thoughts of cysticercus. None of the cysts are reported to have suppurated, nor is there any note of the presence of scars from antecedent lesions, but the tumour in the cruro-perinæal fold caused the patient pain when walking. The contents of the cysts were odourless and "of syrupy consistence, yellowish white in colour, like half-frozen olive oil or fluid vaseline"; and this description corresponds with the characters of the fluid obtained by puncture of some of the medium-sized tumours in my case. Chemical analysis revealed the presence of fatty substances only—chiefly oleine and palmitrine—and the absence of albumen, butyric or valerianic, acid, etc. The numerous and admirable microscopical drawings, illustrating Bosellini's paper, depict the various stages of the pathological process from its commencement to its end, and testify to a wealth of material for section-cutting which a private patient, such as mine, could scarcely be expected to yield.

For details, reference may be made to the original paper, in which Bosellini's conclusions are thus epitomised:—

(1.) The prime cause of the formation of the cysts is a process of deratinisation, which causes an impediment to the outflow of the (sebaceous) glands.

(2.) The fluid poured into the follicle is arrested there, and causes a dilatation at the point of entrance of the gland duct into the hair follicle.

(3.) The dilatation remains exclusively confined to the follicle, so, that the sebaceous glands and their cells never contribute to the formation of the cyst wall. (? J. J. P.)

(4.) The dilatation appears to be arrested as soon as the gland or its acini cease to pour out fat into the cavity of the cyst; and this only happens when all remains of the acini have disappeared.

(5.) This disappearance is brought about by a progressive atrophy, to which the acini are subjected as the result of pressure between the cyst wall and the surrounding sclerosed connective tissue, which becomes thickened around the cyst.

(6.) The contents of the cyst are always pure fat, as they represent the simple secretion of sebaceous glands.

(7.) The participation of the sweat glands in the formation of the cysts in question can be excluded with the utmost certainty.

The condition described by Dubreuilh and Auché of Bordeaux, under the title of *Kystes graisseux sudoripares*, presents many points of resemblance to that under consideration, and Bosellini indicates some hesitation in accepting the correctness of their conclusions in localising the changes in the sweat glands and ducts. They report three cases in persons respectively 77, 71, and 40 years of age, the first and last being men, the second a woman. As a microscopic examination was carried out in the first of these cases only, it will be solely considered here, the clinical features of differentiation from the case which I have described not being sufficiently definite to warrant any conclusion based upon them. The patient, a healthy man of 77, consulted Dubreuilh on account of troublesome itching all over the body; his skin was xerodermic, and he had never sweated. The follicular orifices over the trunk and limbs were marked by small black points; there was seborrhœa of the scalp. He presented various senile skin conditions (seborrhœic warts, molluscum pendulum, senile angiomas), as well as innumerable little tumours all over the trunk and less abundant over the limbs, some subdermic, some intra-dermic, some superficial; these growths corresponded very closely with those I have described in Mr. Z's case, and were extremely

abundant in both axillæ. Over both palms and soles were some small horny cones situated over the orifices of sweat ducts. After puncture of these cysts over the body odourless fatty matter was extruded, resembling, in some instances, thick olive oil, in others thick cream or butter. Microscopic examination of this revealed fatty crystals and some epithelial débris, possibly accidental. A very careful and elaborate account of the histology of cysts excised from the axilla by so skilled and reliable an authority as Dubreuilh seems to leave no doubt that the cyst formation occurred in sweat ducts. His remarks upon the relationship of the cysts to the sebaceous glands, however, in specimens taken from the back, merit literal transcription. They are as follows:—

“ Les rapports du kyste avec les glandes sébacées, assez nombreuses dans cette région, sont intéressants à étudier. Parfois, les glandes, à peu près normales, entrent simplement en contact avec la surface externe du kyste ; ailleurs, elles sont déformées, allongées et aplaties sur le kyste, mais sont séparées de la couche épithéliale par une cloison plus ou moins épaisse de tissu conjonctif. D'autres fois, cette cloison conjonctive n'existe pas ; la glande sébacée est directement en contact avec le revêtement épithélial du kyste, aminci et formé à ce niveau de cellules plus plates, mais non interrompu. Ailleurs, la glande sébacée est incluse complètement ou seulement en partie dans le revêtement épithélium du kyste. Ce dernier s'épaissit en approchant de la glande, se bifurque, et tandis qu'un feuillet continue son chemin, l'autre gagne la surface de la glande sébacée, se confond avec les cellules les plus externes de celles-ci, s'arrête et se perd sur la glande ou la recouvre complètement et revient se fusionner avec l'autre feuillet épithélial de façon à reconstituer le revêtement épithélial du kyste. Quelquefois, le revêtement interne manque au niveau de la glande sébacée, et les éléments cellulaires de celle-ci sont libres dans la cavité kystique. Les cellules des glandes sébacées restent d'ailleurs saines et conservent partout leur aspect normal. Les glandes sébacées plus éloignées sont tout à fait saines.

“ Les glandes sudoripares, très rares d'ailleurs dans la préparation, ne sont pas dilatées et ne paraissent pas altérées.”

Unfortunately no microscopical drawings illustrate the paper.

Dubreuilh's observations suggest to my mind the possibility of a

pathological process, probably of a hyperkeratotic nature in some cases, affecting simultaneously the excretory ducts of both sweat and sebaceous glands.

However that may be, the disease that Bosellini and I have described is a distinct clinical entity, and merits a special, distinctive title. I would suggest that "Multiple Steatocystoma" is warranted by analogy, and adequately meets the requirements of the case.

#### REFERENCES.

- Bosellini, Pier Ludovico, *Archiv. f. Derm. u. Syph.*, 1898, Vol. LIV., p. 81.  
Dubreuilh and Auché, *Archives Cliniques de Bordeaux*, 1896, No. 9, p. 191 ;  
and *Trans. of Third Internat. Congress of Derm.*, 1898, p. 818.  
See also Unna, "Histopathology of Diseases of the Skin," English translation by Walker, p. 891, "Follicular Cysts."





