

## Comment on: basal cell carcinoma in a nevus sebaceous of the scalp

*Comentário: carcinoma basocelular em um nevo sebáceo do couro cabeludo*

Hugo J. Leme\*<sup>1</sup>, Marcelo Pacheco-Silva, Frederico Bonito, and Ana S. Pereira

Serviço de Dermatovenereologia, Hospital Garcia de Orta, Almada, Portugal

Dear Editor,

We read with great interest the recent case report by Carvalho and Silva describing a basal cell carcinoma arising within a nevus sebaceous of the scalp<sup>1</sup>. The authors highlight the clinical progression, histopathological findings, and the importance of excision in adult patients in whom malignant transformation is suspected.

We would like to contribute to this discussion by reporting a similar, yet more complex, case.

A 69-year-old man was referred to the dermatology department for evaluation of a congenital lesion on the scalp that had shown progressive growth over recent months. Clinical examination revealed a polymorphic plaque with erythematous, orange and violaceous tones, containing nodular and eroded areas (Fig. 1). Two incisional biopsies were performed, both revealing histopathological features typical of nodular basal cell carcinoma. However, in one of the specimens, cystic invaginations of the infundibular epithelium extending into the dermis, lined by a double layer of epithelial cells, were also observed, suggesting the concomitant presence of syringocystadenoma papilliferum. Surgical excision of the lesion was carried out, with closure achieved using a local rotation flap. Histological evaluation of the surgical specimen confirmed the diagnosis



**Figure 1.** Heterogeneous plaque on the scalp, at the junction of the interparietal and left parietal regions, showing erythematous-orange and violaceous hues, with nodular areas and surface erosions prior to excision.

**\*Correspondence:**

Hugo J. Leme  
E-mail: hugojleme@gmail.com

Received: 23-07-2025

Accepted: 28-08-2025  
DOI: 10.24875/PJDV.25000048

Available online: 07-10-2025

Port J Dermatol and Venereol. 2025;83(4):280-281  
[www.portuguesejournalofdermatology.com](http://www.portuguesejournalofdermatology.com)

2795-501X / © 2025 Portuguese Society of Dermatology and Venereology. Published by Permanyer. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

of a nevus sebaceous associated with both syringocystadenoma papilliferum and nodular basal cell carcinoma. Complete excision was achieved.

Nevus sebaceous, also referred to as nevus sebaceous of Jadassohn or organoid nevus, is an uncommon hamartomatous lesion occurring in 0.3% of neonates<sup>2,3</sup>. The lesion usually manifests at birth, undergoes changes during puberty, and may give rise to secondary tumors in adulthood<sup>4</sup>. Nevus sebaceous is of particular clinical relevance due to its potential to develop secondary neoplasms, from common benign tumors to rare malignant ones. Among benign tumors, the most frequent are trichoblastoma and syringocystadenoma papilliferum, whereas in cases of malignant transformation, basal cell carcinoma is the most prevalent, followed by squamous cell carcinoma and sebaceous carcinoma<sup>3,5</sup>.

Clinical indicators of neoplastic transformation include sudden growth, the emergence of nodular components or the presence of ulceration<sup>2</sup>.

What sets this case apart from the one reported by Carvalho and Silva is the presence of not only basal cell carcinoma but also syringocystadenoma papilliferum arising within the nevus sebaceous, the latter being one of the most common benign tumors associated with this hamartoma<sup>2</sup>. Two or more skin tumors rarely arise simultaneously from a single nevus sebaceous lesion<sup>4</sup>.

This case underscores the pluripotential nature of nevus sebaceous and supports the view that new or evolving changes in these lesions, particularly in adulthood, should require histopathological assessment and complete excision. In line with the authors' conclusions<sup>1</sup>, we emphasize the importance of clinical vigilance and early surgical management.

## Funding

None.

## Conflicts of interest

None.

## Ethical considerations

**Protection of humans and animals.** The authors declare that no experiments involving humans or animals were conducted for this research.

**Confidentiality, informed consent, and ethical approval.** The authors have followed their institution's confidentiality protocols, obtained informed consent from patients, and received approval from the Ethics Committee. The SAGER guidelines were followed according to the nature of the study.

**Declaration on the use of artificial intelligence.** The authors declare that no generative artificial intelligence was used in the writing of this manuscript.

## References

1. De Carvalho MM, Silva L. Basalioma in a nevus sebaceous of the scalp. *Port J Dermatol Venereol*. 2025;83:1-2.
2. Gupta S, Gupta V. Basal cell carcinoma and syringocystadenoma papilliferum arising in nevus sebaceous on face-a rare entity. *Indian J Dermatol*. 2015;60:637.
3. Dowdle TS, Mehegran DA, Maldonado D, McCaughey CD. Multiple secondary neoplasms in nevus sebaceous excision. *Proc (Baylor Univ Med Cent)*. 2022;35:241-2.
4. Jiang J, Chen Y, He Q, Yang J, Zhang Z, Yang H, et al. Syringocystadenoma papilliferum and basal cell carcinoma arising in nevus sebaceous. *Clin Cosmet Investig Dermatol*. 2022;15:2021-6.
5. Lee CA, Kang SJ, Jeon SP, Sun H, Kang MS. Simultaneous development of three different neoplasms of trichilemmoma, desmoplastic trichilemmoma and basal cell carcinoma arising from nevus sebaceous. *Arch Craniofac Surg*. 2017;18:46-9.