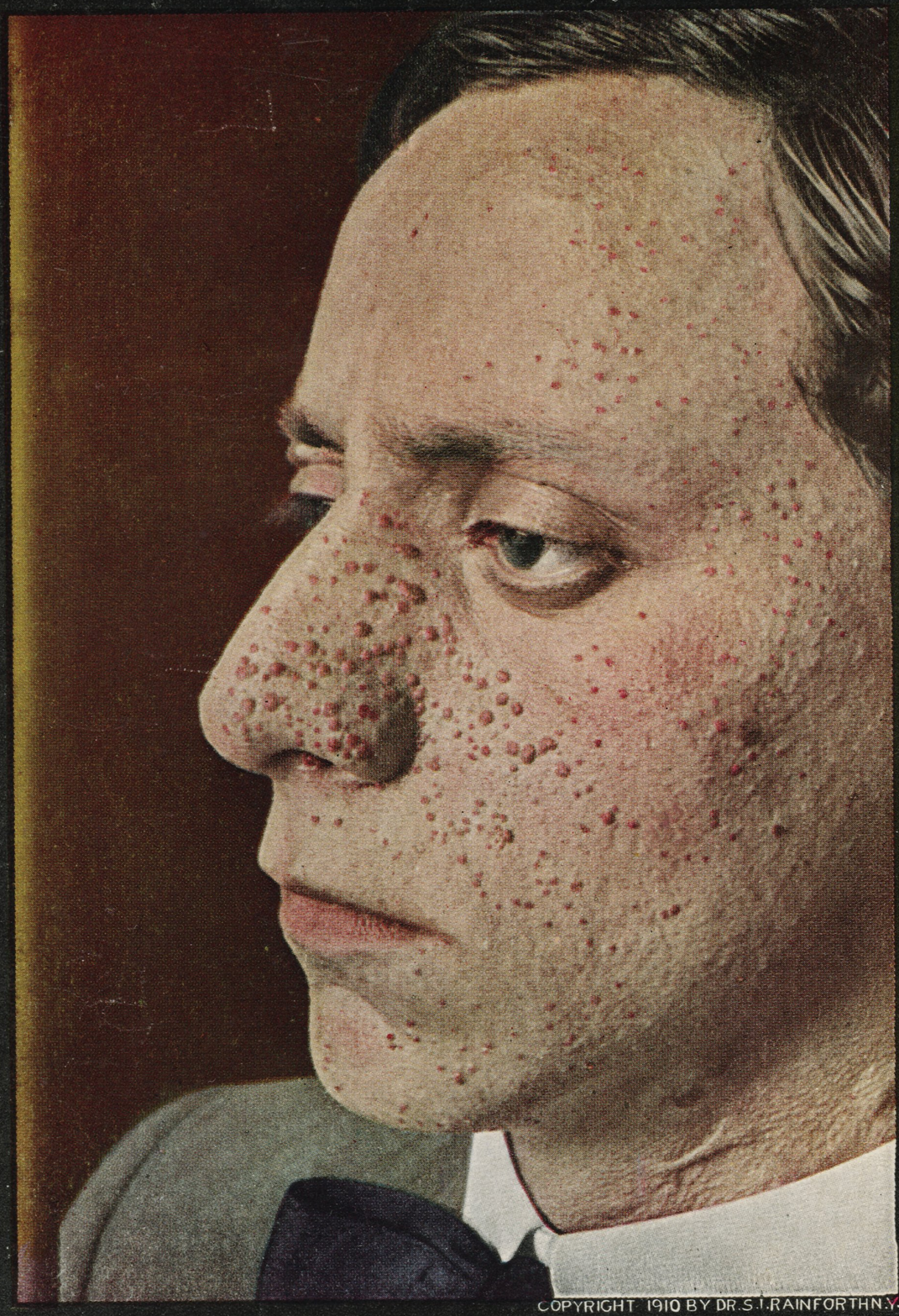

ADENOMA SEBACEUM

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The eruption in this disease consists of numerous small tumors of sebaceous gland origin, varying from pin head to split pea size and from normal flesh color to yellowish red or brown. The growths are most numerous about the naso-labial folds, but occur scattered over other parts of the face, especially upon the nose, chin, and cheeks. They are least numerous on the forehead, but here the lesions are apt to be large. The tumors are slightly firmer than normal skin. They are rounded and usually discrete except when they are very closely aggregated, in which case they may partially coalesce like the drupelets of a mulberry. Occasionally, and especially when their color is bright red, the little growths are marked on the surface by a fine network of dilated capillaries; nevertheless the color is little altered by pressure. Their surface is generally smooth but may be slightly roughened or warty. In many cases some of the growths are present at birth or appear soon afterwards. At puberty they increase considerably in number and size. After a time the condition becomes stationary. A few of the tumors have been seen to retrogress and disappear leaving insignificant scars, but spontaneous complete recovery is unknown. Adenomata sebacea are commonly associated with seborrhoea, acne or comedo, and, strange to say, with nevi, fibromata, pigmented spots and other skin deformities upon the trunk and limbs. The patients are also often mentally deficient, and the disease is met with most frequently among children in imbecile asylums. There are no subjective sensations. **DIAGNOSIS:** The early appearance of the rash, its localization and persistence, the association of telangiectases and the absence of suppuration and ulceration, make the diagnosis comparatively easy. **TREATMENT:** Removal of the growths requires their complete destruction, which may be accomplished with a curette and caustic, as in the treatment of verrucae vulgares; by electrolysis, or by congelation with carbon dioxid snow and ether. The snow should be molded to cover a part of the area in which the growths are closely aggregated. The surface of the mass of snow should then be moistened with ether and applied quickly with firm pressure for from thirty to sixty seconds. The blister which forms dries to a crust that falls off in about two weeks and leaves a smooth pink scar. The scar will in time become pale and inconspicuous.