Fordyce Spots

Fordyce spots, also known as Fordyce glands, are enlarged ectopic sebaceous glands that can occur on various body parts such as the lips, oral mucosa, penis, and labia minora. Some authors suggest that Fordyce spots are ectopic/heterotopic sebaceous glands. Other authors suggest that the lesions are not necessarily ectopic/heterotopic, as it is not uncommon to have subtle or invisible sebaceous glands on the lips. Although these glands are present at birth, they are usually not obvious until puberty when they enlarge in response to gonadal and adrenal androgenic hormones. Enlargement of these sebaceous glands renders them visible throughout the overlying epithelium. Fordyce spots differ from the typical sebaceous glands in that they lack an association with the hair follicles and their ducts open directly onto the mucosal surface or the skin. This condition is more common in adults than in children. The prevalence in adults is 70% to 80%. The male to female ratio is approximately 2:1. Fordyce spots are found among almost all patients with Muir-Torre syndrome and are a distinctive stigma of the syndrome. Clinically, Fordyce spots appear as asymptomatic, isolated or grouped, minute (pinhead-sized), yellow to yellowish-white, discrete papules. The papules are typically no more than 3 mm in diameter. Occasionally, the papules are lobulated or form plaques. Fordyce spots occur most commonly and most conspicuously on the vermilion border of the lips (Figure 1) and oral mucosa and, less commonly, on the penis (Figure 2), scrotum, vulva, and labia minora. Infrequently, they can be seen on the tongue, esophagus, areolar region of the breast, uterine cervix, and sole of the foot. The lesions are usually multiple, bilateral, and symmetrical. Fordyce spots on the penile shaft are characterized by minute whitish, yellowish, or skin-colored papules. Sometimes, a thick, chalky, or cheesy material can be expressed by squeezing the lesion. These papules are more obvious when the foreskin is stretched or during penile erection. Rarely, penile lesions may cause discomfort during sexual intercourse.

Figure 1. Fordyce spots occur most commonly and most conspicuously on the vermilion border of the lips.

Figure 2. Fordyce spots occur less commonly on the penis.
Fordyce spots can be cosmetically unsightly but are of no clinical significance and are not associated with systemic disease. In one study, individuals with elevated lipid profiles tend to have higher numbers of oral Fordyce spots. Further studies are necessary to confirm or refute this finding.

The diagnosis is mainly clinical, and no investigation is necessary.

Acrochordons

Acrochordons, also known as skin tags, molluscum pendulum, or fibroepithelial polyps, are the most common fibrous lesion of the skin. Histologically, the lesion has a flattened epithelium or a folded epithelium, which may be acanthotic and hyperpigmented. The stroma has loose connective tissue with dilated blood vessels. Skin appendages and nerves are usually absent.

Acrochordons occur in approximately 46% of the general population; the incidence increases with age. This condition is often associated with obesity and insulin resistance.

Typically, acrochordons present as soft, flesh-colored to dark brown, sessile or pedunculated skin growths with a smooth contour. Occasionally, the lesions may be hyperkeratotic or have a warty appearance. Most acrochordons are 2 to 5 mm in diameter, although they are often larger in the groin. Acrochordons are usually asymptomatic. Occasionally, they can be pruritic or painful when inflamed. Acrochordons can appear on almost any part of the body but are most frequently seen on the neck (Figure 3) and intertriginous areas (Figures 4 and 5). Acrochordons on the neck is a remarkable feature of tuberous sclerosis complex.

References

11. Rane V, Read T. Penile appearance,


