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The Disease of The Oral Sebaceous Glands

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ABSTRACT:-

Large clinical research have demonstrated that between 75% and 95% of people have intraoral sebaceous glands. These little, white to yellow macules and papules might be so abundant in some people that they completely cover the bowel mucosa. Despite their widespread occurrence, pathological alterations to these glands are not common. This paper addresses the pathogenic range of the intraoral sebaceous glands, excluding Dentodex infestation, cystic lesions, sebaceous hyperplasia, and neoplastie lesions. The first recorded instance of intraoral steatocystoma simplex is documented, and new information on the actual sebaceous cyst is offered.

Keywords*:* pathology; oral sebaceous glands.

INTRODUCTION: -

Pathologic changes seem to be extremely uncommon despite the fact that intraoral sebaceous glands are generally common. Certain, undefined entities that are obviously more prevalent are frequently misdiagnosed or thought to be variations on the norm. Reviewing intraoral sebaceous gland pathologic lesions and providing fresh information on a few selected entities are the goals of this research. The majority of sebaceous glands on skin are referred to be "pilosebaceous glands" since they are connected to hair follicles. The term "free sebaceous glands" refers to a variety of body parts where these glands are not connected to hair, such as the external ear, areola, and labia minora (I). On the vermilion of the upper lip and on the buccal mucosa, oral free sebaceous glands are a very common finding that affects the majority of people**.**

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Ectopic intraoral sebaceous glands

Eetopie refers to the presence of sebaceous glands in intraoral locations where they are not typically prevalent. According to HALI'HHIN, 53% of people have sebaceous glands in the "region" below the teeth (3). This high prevalence, which was not confirmed by Mtt,t;s (2) or SEWt;RiN (1), suggests that HALPKRtN's retromolar area included the adjacent posterior buccal mucosa. Only 1.2% of the population SEWERIN examined had sebaceous glands in the retromolar pad (1). It is possible to find ectopic intraoral sebaceous glatids on the palatoglossal fold (1), the alveolar mueosa (7), the gingiva (8), and, less frequently, the tongue (7, 9), the floor of the mouth, and the hard and soft palates (I)

Internal squamous cell hyperplasia

A gland's size might abnormally rise due to a cell proliferation condition called hyperplasia. For sebaceous glands, this may be brought on by a rise in the quantity of lobules, the number of cells per lobule, or both. Normal differentiation and operation are upheld. For the diagnosis of sebaceous hyperplasia of intraoral glands, there are no consistently accepted criteria. The phrase "Fordyee granules" or a similar word is frequently used to diagnose foetal masses of subepithelial sebaceous lobules, which are frequently thought to be within the normal range. When very large, these lesions may be incorrectly identified as sebaceous adenomas due to their size alone, disregarding established microscopic criteria.

Sebaceous adenoma inside the mouth

In the dermatological literature, histopathology criteria for the diagnosis of sebaceous adenoma have been established (II, 12). According to Li:vr;R, this tumour has a distinct border and is made up of incompletely differentiated sebaceous lobules with varying amounts of seboeytes and undifferentiated basaloid germinative eells (11). In contrast to sebaceotis hyperplasia, when some lobules only have a single layer of germinative cells that resemble typical sebaceous differentiation, other lobules may be mostly made up of basaloid cells or intermediate transitional cells (Fig. 2). According to PRioi.iiAU & SANTA C'Rtiz, mature cells exceed basaloid cells, which could create haphazard, peripheral layers around the central seboeyte differentiation (12).

Saline epithelium

The increased presence of basaloid and intermediate cells, which make up more than 50% of the tumour cells, sets this lesion apart from sebaceous adenomas in terms of its microscopic criteria (II). Because there are so many basaloid cells in some cases, basal cell carcinoma with sebaceous differentiation can be identified. & SANrA CRUZ PRK) LI: Occasionally employ interchangeably (12). These tumours act like basal cell carcinomas, which they clinically resemble, and are eireumseribed lesions rather than encapsulated lesions. Sun-exposed skin on the scalp and face tends to develop the lesions (12). In the oral cavity, none have been noted.

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Oral sebaceous cancer inside

Sebaceous carcinomas have been observed in the pharynx and the main salivary glands of the oral area (19). (20).Only recently did the first English-language report of an intraoral sebaceous carcinoma surface. A white 53-year-old man's buccal mucosa contained the lesion. According to DAMM et al., the tumour most likely developed from the parotid duct. Five years after the extensive loeal excision, there was no sign of a recurrence. Sebaceous carcinomas are invasive malignant neoplasms that occasionally contain keratin pearls, atypical sebaceous cells, cells with eosinophilic cytoplasm, and irregular lobules of undifferentiated cells (11, 21). Numerous cells have positive fat staining. Additionally to perineural invasion, typical malignant nuclear and cytoplasmic alterations are seen. Regional lymph nodes are typically the site of metastases. These tumours typically appear as nodules that may be ulcerated on the head and neck of middle-aged and older men and women. The mortality rate for sebaceous carcinomas of the meibomian glands of the eyelids ranges from 22% to 41%. (12)

Sebaceous gland cysts inside the mouth

Although it is frequently observed, cystic dilatation of a sebaceous gland's duct is surprisingly underreported. It appears to share a close relationship with sebaceous hyperplasia. An 86-year-old woman who acquired huge, yellow submucosal nodules of the lower lip was the subject of a case study by Si:vi:RtN & PRAlTORiti.s. Upon microscopic analysis, sebaceous lobules and desquamated keratin were found to be linked to cystic formations that were bordered with orlhokeratinized epithelium. Intraorally, In his classic study, Mii,i:s (2) noted "a number of instances" where "the duct orillces were almost completely filled with epidermal squames and there is little doubt that the large size of buccal sebaceous glands is often due to dilation by accumulation of the products of secretion as a result of blocking of the duel." MlLi:s added that a little sebaceous cyst would develop as a result of this process on rare occasions (2). In his extensive study (I), SEWIRIN discovered three cases: two patients with single cysts, both on the skin, and one patient with multiple sebaceous cysts of the buccal mucosa.

The dermoid cyst

In the oral cavity, dermoid cysts can develop that may have sebaceous gland lobules. But these lesions are different from steatocystoma simplex because they have other skin appendage structures, such smooth muscle, and they don't have the recognisable hyaline cuticle.

Teratoma of the cyst

Sebaceous glands may also be present in cystic teratomas, however they are distinguished by the presence of neoplastic tissue in all three germ layers.

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Infection with demodex

A commensal known as Demodex folliculorum frequently infests hair follicles, particularly those in the nose, nasolabial fold, and eyelids. Elderly patients are more likely to experience it. The mite has a colourless, spindle-shaped body. Demodex brevis, which is 0.3–0.4 mm long and has four pairs of short legs, is slightly smaller and likes to infest sebaceous glands. Demodex infestation of the intraoral sebaceous glands appears to be a rare condition, having only been documented twice in the English language literature by TRODAHL et al. (9) and by FRANKLIN & UNDHRWOOD. Tissue sections reveal the organism within the ducts and lobules of sebaceous glands. Probably Detnodex brevis is the source of the infection. In the instance of TROOAIIL, a 73-year-old man had ectopic sebaceous glands on the dorsum of his tongue. In contrast, Detnodex was described by FRANKLIN & UNtiiRwoot) in the sebaceous glands of a 65-year-old man's huccal niucosa**.**

CONCLUSION:-

Exclusionary of hyperplasia and ectopia. Late middle-aged and elderly men and women tend to be more susceptible to pathologic diseases of the intraoral sebaceous glands. Children were not found to have any lesions. This might be connected to the age-related rise in intraoral sebaceous gland prominence (I. 2). It's bad that the term "Fordyce" is connected to intraoral sebaceous glands. Although KOROYCI: did describe the clinical look in 1X96, he did not think that it was brought on by underlying sebaceous glands. As late as 1909. There were many eponymic words, including FORDYCI; granules, and FoRDYcii was still in doubt (2. 23). THE WORST PLACES IN FORUYCH. These typical structures have been labelled as FORDYCI; diseases (I), in an effort to streamline terminology and enhance understanding, it is advised that the usage of the eponymic form of the name FORDYCi: be eliminated.

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