A specimen biopsy is obtained from a 62-year-old man who presented to his primary care physician (PCP) with a painless papulo-nodular lesion along his left nasolabial fold. He has a history of actinic keratosis treated with cryotherapy and an excised BCC along the helix of his right ear. A local excision of the lesion was performed due to clinical suspicion of malignancy. H&E staining and RCM imaging of the lesion are provided.

Which of the following is the most likely diagnosis?

**Answer Options**
A. Keratoacanthoma  
B. Sebaceous adenoma  
C. BCC  
D. Sebaceous hyperplasia

**Correct Answer**
D

**Feedback**
The correct answer is D. The histological image of the lesion represents sebaceous hyperplasia, as denoted by the multiple lobules of sebaceous glands, composed of mature, multivacuolated sebocytes, usually seen opening into pilosebaceous units (yellow). They are surrounded by a thin layer of basaloid cells, compared to sebaceous adenomas which have a much thicker basaloid cell layer. Clinically sebaceous hyperplasia is confused with BCC, which is why they often are biopsied. On RCM, you will note cuboidal cells with hyper-refractile/bright cytoplasm arranged in lobules pointing towards a dilated infundibulum (green).
Reference(s)