

Keiichi Ohta, DDS

Department of Dentistry and Oral Surgery, Unit of Sensory and Locomotor Medicine, Division of Medicine, Faculty of Medical Sciences, University of Fukui, Fukui, Japan; Kobe University School of Medicine, Kobe, Japan

Hitoshi Yoshimura, DDS, PhD

Department of Dentistry and Oral Surgery, Unit of Sensory and Locomotor Medicine, Division of Medicine, Faculty of Medical Sciences, University of Fukui, Fukui, Japan

Asymptomatic granules on the buccal mucosa

AN OTHERWISE HEALTHY 35-YEAR-OLD man was referred to the dentistry and oral surgery department with asymptomatic granules on the buccal mucosa. Intraoral examination showed multiple small, white to yellow papules on both sides of the buccal mucosa (**Figure 1**). Extraoral examination showed no significant abnormalities. A clinical diagnosis of Fordyce spots was made.

■ FORDYCE SPOTS: PREVALENCE AND KEY FEATURES

Fordyce spots are ectopic sebaceous glands on the oral and genital mucosa and are considered a normal variant.^{1,2} In the oral cavity, the spots often present on the buccal mucosa, the vermillion border of the upper lip, and the retromolar region. The estimated prevalence of Fordyce spots is 0.5% to 6.6%.³ No genetic and geographic differences have been reported. They are mostly found in male adults or people with oily skin types, and the incidence increases with age, predominantly in the elderly.^{1,4}

Fordyce spots appear as multiple, small, slightly elevated, whitish to yellowish papules measuring 0.2 mm to 2 mm in diameter,^{1,4} and they cannot be removed by scraping. In most patients, Fordyce spots are asymptomatic, but some patients feel a rough mucosal sensation.²

The pathogenesis of Fordyce granules remains poorly understood,⁴ and no association between Fordyce spots and specific drugs has been reported.



Figure 1. The patient presented with multiple, small, white to yellow papules on the buccal mucosa (left buccal mucosa shown here).

According to a cross-sectional prospective study, hyperlipidemia has been associated with a high density of granules,⁵ and a case series showed the presence of Fordyce spots in patients with hereditary nonpolypoid colorectal syndrome.⁶

The lesions are often misdiagnosed as a fungal infection or oral lichen planus.² No treatment is required except for cosmetic reasons.^{1,4}

DISCLOSURES

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REFERENCES

1. Pinna R, Cocco F, Campus G, et al. Genetic and developmental disorders of the oral mucosa: epidemiology; molecular mechanisms; diagnostic criteria; management. *Periodontol* 2000 2019; 80(1):12–27. doi:10.1111/prd.12261
2. della Vella F, Lauritano D, Lajolo C, et al. The pseudolesions of the oral mucosa: differential diagnosis and related systemic conditions. *Applied Sciences* 2019; 9(12):2412. doi:10.3390/app9122412
3. Oivio UM, Pesonen P, Ylipalosaari M, Kullaa A, Salo T. Prevalence of oral mucosal normal variations and lesions in a middle-aged population: a Northern Finland birth cohort 1966 study. *BMC Oral Health* 2020; 20(1):357. doi:10.1186/s12903-020-01351-9
4. Lee JH, Lee JH, Kwon NH, et al. Clinicopathologic manifestations of patients with Fordyce's Spots. *Ann Dermatol* 2012; 24(1):103–106. doi:10.5021/ad.2012.24.1.103
5. Gaballah KY, Rahimi I. Can presence of oral Fordyce's granules serve as a marker for hyperlipidemia? *Dent Res J (Isfahan)* 2014; 11(5):553–558. PMID:25426145
6. Almeida FT, Gomes RR, Leite AF, Sousa JB, Acevedo AC, Guerra EN. Oral manifestations of hereditary nonpolyposis colorectal cancer syndrome: a family case series. *J Med Case Rep* 2014; 8:249. doi:10.1186/1752-1947-8-249

Address: Keiichi Ohta, DDS, Kobe University School of Medicine, 7-5-1 Kusunoki-cho, Chuo-ku, Kobe City, Hyogo 650-0017, Japan; 2021kohta@gmail.com