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## Editorial

# Fordyce spots: What a pediatric dentist needs to know?

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Fordyce Spots or Fordyce granules are the sebaceous glands found ectopically on mucous membrane of the oral cavity instead of its usual presentation on skin.<sup>1</sup> A sebaceous gland is a microscopic exocrine gland (which releases its secretions through a duct) in the skin that opens into a hair follicle where it secretes an oily or waxy matter, called sebum. Sebaceous glands are part of the pilosebaceous unit and so are found wherever hair follicles are located.<sup>2</sup> The most commonly affected areas in human beings are on the face and scalp and also on all parts of the skin except the palms of the hands and soles of the feet. The sebaceous gland subsidises the immense majority of skin surface lipids through its main product, sebum, which helps to seal in moisture and prevent desiccation of the skin. Sebaceous glands empty into the hair canal where sebum escapes onto the skin surface involving the hair shaft. In addendum to cell debris and lipids, sebum also contains antimicrobial ingredients, free fatty acids, and matrix metalloproteinases. These altogether with the formation of a cutaneous lipid film, help to protect the skin surface from the external insults.<sup>3</sup>



**Fig. 1:** (Source: Department of Pediatric and Preventive Dentistry, Hazaribag College of Dental Sciences, Hazaribagh, Jharkhand, India)

## Facts to note:<sup>2-5</sup>

1. Description: described by Kölliken in 1861, named after Fordyce, who described them in 1896
2. Composition: they are sebaceous glands containing neutral lipids as found in skin sebaceous glands, but they are not associated with hair follicles.

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3. Incidence and Prevalence: most common structural anomaly found in the oral cavity, with a prevalence of 20% in children, 30% in adolescents, and 70–80% in adults.
4. Clinical evidence: not regularly evident in infants, appearing clinically in children after the age of 3 years, increasing in puberty and then again in later adult life
5. Sex Predilection: noticeable primarily in adults, with male predilection
6. Presentation: creamy yellowish soft granules present beneath the oral mucosa, frequently seen along the border between the vermilion and the oral mucosa of the upper lip and in the buccal mucosa inside the commissures, and also in the retromolar regions and lips and sometimes seen on the tongue, gingiva, frenulum, and palate.
7. Treatment: No treatment is necessary, other than reassurance.
8. Prognosis: totally benign, sometimes misdiagnosed as thrush or lichen planus.

### Conflict of Interest

None.

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