Case Report ISSN (O):2395-2822; ISSN (P):2395-2814

Sebaceous Cell Carcinoma- Two Rare Case Reports

Javia Singh Raina[1], Navjot Kaur[1], Ramesh Kumar Kundal[2], Lachhima Bhandari[1], Veerpal Kaur Dhaliwal[1], Pushpinder Kaur[1]

[1]Junior Resident, Department of Pathology, Government Medical College, Patiala.
[2]Professor and Head, Department of Pathology, Government Medical College, Patiala.

Received: July 2019
Accepted: July 2019

ABSTRACT

Bonafide sebaceous carcinoma is extremely rare neoplasm. It may be seen as a component of Muir-Torre syndrome. It should be distinguished from basal cell carcinoma with sebaceous differentiation.

Keywords: Carcinoma, Sebaceous Cell Carcinoma.

INTRODUCTION

Sebaceous carcinoma is rare neoplasm.Eyelid tumors originates from cutaneous sebaceous glands like meibomian glands, Zeis glands so it is included in the adnexal tumors of the skin.[1] They are more common in Asian countries.[2] Those occurring at the eyelid or orbit are more aggressive as compared elsewhere in the skin.[3] Sebaceous carcinoma on eyelid is considered to be associated with Muir-Torre syndrome.[4,5] Some carcinomas are secondary following the radiation therapy to retinoblastoma.[6]

CASE REPORT

Case Report 1: Sebaceous Cell Carcinoma of Skin of Breast

65 year old male presented to surgery OPD,Rajindra Hospital Patiala with history of fungating mass over right breast from one year, which progressed from swelling on same site.Patient started complaining of blood stained discharge from last 6 months.History of loss of weight also present.History of no other chronic illness.

Gross: A skin covered biopsy creamish white in color measuring 3.5*3 cms.

Microscopy: Section showed tumor tissue lying in lobules, alveoli and solid nests which were separated by fine fibrous tissue. The cells were large with small to large hyper chromatic to vesicular nuclei. Cytoplasm varied from clear to multivacuolated. At the margins of these lobules the cells had clear cytoplasm and small hyper chromatic nuclei.

Name & Address of Corresponding Author
Dr Navjot Kaur,
Junior Resident,
Department of Pathology,
Government Medical College,
Patiala.

Case Report 2: Sebaceous Cell Carcinoma of Left Lower Eyelid

Forty year old female presented to skin OPD, Rajindra Hospital Patiala with history of progressively increasing nodule from one year in the lower eyelid of the left eye of approximately 09 mm which was slightly painful. It was also associated with intermittent yellowish blood stained discharge. The patient had no other history of any chronic illness. On local examination on the lower left eyelid a nodule of 10 x 9 x 8 mm dimension was found accompanied by pain. Excision Biopsy of the nodule was sent for histopathology department, GMC Patiala.

Microscopy: Section showed tumor tissue arranged in form of solid nests separated by fibrous septa. Cells exhibit moderate nuclear pleomorphism, vesicular to hyper chromatic nuclei and abundant granular cytoplasm. Few cells had clear cytoplasm; abnormal mitotic figures were also appreciated. At one focus normal sebaceous glands was appreciated.

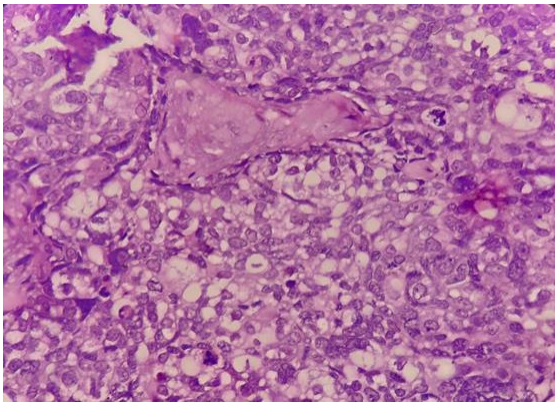

Figure 1: Photomicrograph showing tumor cells exhibiting abundant granular cytoplasm.

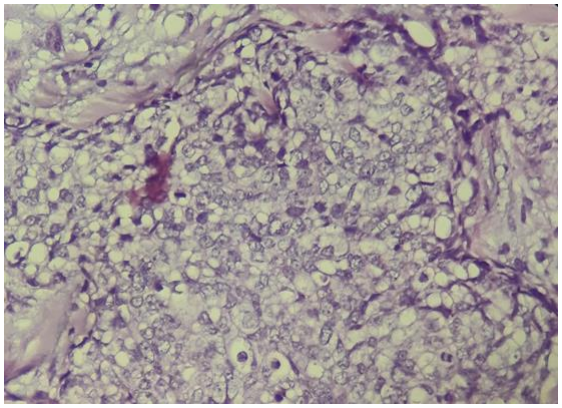

Figure 2: Photomicrograph showing tumors cells with clear cytoplasm and abnormal mitotic figures.

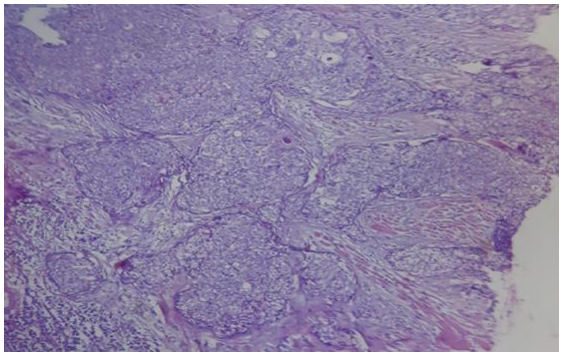

Figure 3: Photomicrograph showing tumor nests separated by fibrous septa.

DISCUSSION

Rao et al confirmed that sebaceous carcinoma is more aggressive when located on eyelid. Orbital or vascular invasion had poor prognosis. Other features of poor prognosis include involvement of both eyelids, poor differentiation, multicentric origin, large size and pagetoid spread.6Immunoreactivity for keratin and cytokeratin, EMA, Leu-M1 (CD15), androgen receptor, and adipophilin is seen in sebaceous carcinoma.[7-9]

CONCLUSION

Periocular sebaceous carcinoma mimics basal or squamous cell carcinomas.Once the diagnosis of malignancy is confirmed, look for metastatic disease. The Immunohistochemistry study is required for a better diagnosis. Younger patients have predisposition to genetic syndrome as Muir Torre.

REFERENCES

1. Buitrago W,. and Joseph AK,. (2008): Sebaceous carcinoma: The great masquerader: Emgerging concepts in diagnosis and treatment. Dermatol Ther,. 21:459 -466.
2. Izumi M, Mukai K, Nagai T, et al. Sebaceous carcinoma of eyelids: 30 cases from Japan.Pathol Int. 2008; 58(8);483-488.
3. Bailet JW, Zimmerman MC, Arnstein DP, et al. Sebaceous carcinoma of head and neck. Case report and literature review. Arch Otolaryngol Head Neck Surge 1992;118(11):1244-1249.
4. Jagan L,Zoroquianin P, Bravo-Filho V , et al. Sebaceous adenomas of the eyelid and Muir-Torre Syndrome. Br J Ophthalmol.2015;99(7):909-913
5. Rajan Kd A, Burris C,Iliff N, et al. DNA mismatch repair defects and microsatellite instability status in periocular sebaceous carcinoma. Am J Ophthalmol.
6. Howrey RP,Lipham WJ ,Schultz WH,et al.Sebaceous gland carcinoma: asubtle second malignancy following therapy in patients with bilateral retinoblastoma. Cancer.1998;83(4):767-771.
7. Muthusamy K, Halbert G, Roberts F.Immunohistochemical staining for adipophilin,perilipin and TIP47. J Clin Pathol. 2006;59(11):1166-1170.
8. Burgdorf WH, Pitha J, Fahmy A. Muir-Torre syndrome. Histologic spectrum of sebaceous proliferations. The American journal of dermatopathology. 1986 Jun;8(3):202-8.
9. Finan MC, Connolly SM. Sebaceous gland tumors and systemic disease: a clinicopathologic analysis. Medicine. 1984 Jul;63(4):232-42.

How to cite this article: Raina JS, Kaur N, Kundal RK, Bhandari L, Dhaliwal VK, Kaur P. Sebaceous Cell Carcinoma- Two Rare Case Reports. Ann. Int. Med. Den. Res. 2019; 5(5):PT26-PT27.

Source of Support: Nil, **Conflict of Interest:** None declared