

Case Report

Advanced sebaceous gland carcinoma: A Case Report

Ramakrishnan K*, Shivaswamy B S, Rajashekara G Babu and Santosh C S

Department of General Surgery, Victoria Hospital, Bangalore Medical College and Research Institute, Fort, K.R Road, Bangalore-560002, India

* Correspondence Info:

Dr. Ramakrishnan K, M.B.B.S ,
Department of General Surgery,

Victoria Hospital, Bangalore medical college and Research institute, Fort, K.R Road, Bangalore-560002, India

Email address: ram_krishna85@yahoo.co.in

Abstract

Sebaceous carcinoma is a highly aggressive, uncommon potentially lethal tumour arising from the sebaceous glands in the skin. An advanced case of sebaceous carcinoma with distant metastasis is even rarer as most of them present in the periocular area and are easily visible. Here we present an elderly woman who presented with two exophytic masses over the right orbital region and neck that was confirmed on histopathological examination to be sebaceous carcinoma.

Keywords: Sebaceous carcinoma, eyelid, Meibomian glands

1. Introduction

Sebaceous gland carcinoma is an aggressive, uncommon cutaneous tumour accounting for 3.2% of all cutaneous malignancies and was first well described by Allaire in 1891.¹ 75% of these tumours arise in the periocular region an area rich in a variety of types of sebaceous glands². The cell of origin is often not known³. The periorbital primaries are reported to metastasize early with a significant mortality in most series⁴, where as those arising elsewhere on the skin infrequently cause metastasis⁵.

2. Case report

A 55 year old female presented with history of progressively increasing swelling in front of right lower eyelid for 3yrs associated with another swelling in the right side of face and neck for 1yr. Copious, foul smelling, blood tinged discharge was present. Local examination revealed 2 exophytic, pinkish, fungating masses in the right orbital region measuring 8 x7 cm and the right side of neck below right ear measuring 15 x10 cm. Large areas of ulceration and necrotic slough were noted (Figure-1). Severe pallor was present.

Figure-1. Showing the exophytic growth in right neck and orbital region



Basic investigations revealed a microcytic hypochromic anaemia with haemoglobin of 4.8g/dl and an ESR of 95 mm/hr. Renal and thyroid function tests were normal. Liver function tests showed severe hypoalbuminemia. CT scan of neck revealed a large, irregular, heterogenous mass lesion over the orbital region (Figure-2 & 3) and right side of neck with multiple necrotic areas suggestive of neoplastic growth.

Figure-2. CT showing the growth in right orbital region



Figure 3: CT picture showing the growth rtight side of neck with multiple necrotic areas



Multiple enlarged lymph nodes in bilateral supra clavicular and pre/ paratracheal region (Figure-4), multiple lytic areas in skull bones and well defined soft tissue attenuation area in mid zone lung field on left side (Figure-5) all suggesting metastasis were noted.

Figure 4. CT neck showin multiple enlarged lymphnodes in pre and paratracheal region



Figure 5. CT chest showing metastasis in the left lung mid zone



FNAC showed individual tumour cells with irregular hyperchromatic nuclei, conspicuous nucleoli and moderate amount of cytoplasm with vacuoles suggestive of a poorly differentiated carcinoma confirmed later on histopathological examination (Figures–6,7) and with special fat stains to be sebaceous carcinoma. Patient is currently awaiting radiotherapy.

Figure 6. Histopathological picture of sebaceous carcinoma

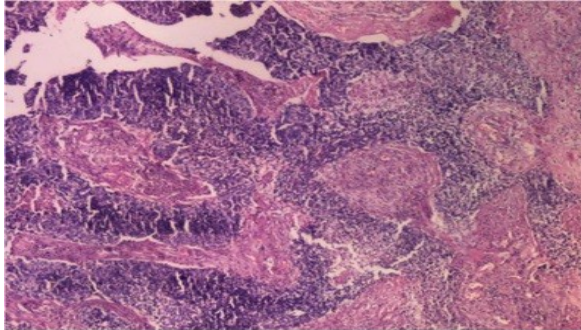
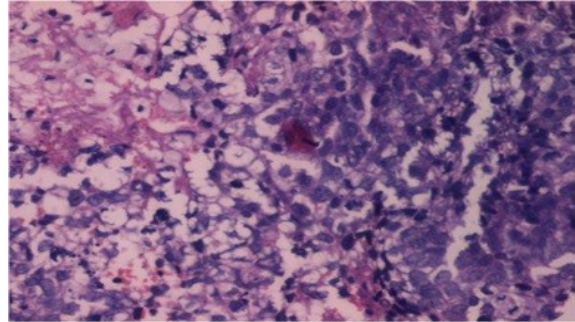


Figure 7. Hpe showing irregular hyperchromatic nuclei, conspicuous nucleoli



3. Discussion

Sebaceous gland carcinoma is a very rare malignant tumour primarily found in the area of eyelid. Most of these carcinomas originate in the tarsal Meibomian glands⁴. Tumours of the upper eyelid are 2-3 times more common than lesions of lower eyelid⁵. The clinical presentation is non-specific and is unusually described as a nodule that is pink to yellow red². In the present case an elderly lady presented with 2 pinkish exophytic growths over right orbital region and right side of neck that initially began in front of lower eyelid.

The rate of metastasis in extraocular and ocular sebaceous carcinoma is thought to be similar occurring in 14-25% of cases, first to the draining lymphnode and then to distant sites like liver, lungs, bones and brain⁵. The present case had features suggesting metastasis to skull bones, cervical lymphnodes and lungs on CT scan. FNAC suggested a poorly differentiated carcinoma confirmed on histopathological exam to be sebaceous gland carcinoma. Sebaceous gland carcinoma demonstrates disordered invasion of the dermis by lobules of poorly defined sebaceous cells or basaloid/squamous cells⁶. Sebocytes tend to have multivacuolated clear cytoplasm causing the nucleus to be scalloped from the lipid invasion. In many cases, moderate to severe atypia can be found as well as high nuclear cytoplasmic ratio and perinuclear halo³. Sebaceous gland carcinoma can be stained positively with Oil red O or Sudan black which are specific for cytoplasmic fat⁷. The therapy of choice for sebaceous carcinoma is primarily a surgical one⁴, but in view of such extensive lesions and distant metastasis patient is being considered for radiotherapy.

4. Conclusion

Sebaceous carcinoma is an uncommon and aggressive malignant cutaneous tumor. Most are typically about 10 mm in size at presentation. This neoplasm is thought to arise from sebaceous glands in the skin and, therefore, may originate anywhere in the body where these glands are found. Because the periocular region is rich in this type of gland, this region is a common site of origin. The etiologies of these lesions are, in the vast majority of cases, unknown.

This type of cancer usually has a poor prognosis because of a high rate of metastasis. This type of carcinoma is commonly managed by local resection, cryotherapy, topical chemotherapy, and radiotherapy. Multimodal therapy has been shown to improve both visual prognosis and survival.

References

1. Kass LG, Hornblase A. Sebaceous carcinoma of the ocular adnexa. *Surv ophthalmol* 1989;33(6):477-90.
2. Nelson BR, Hamlet KR, Gillard M, Railan D, Johnson TM. Sebaceous Carcinoma. *J Am Acad Dermatol* 1995;33(1):1-15.
3. Pang P, Rodriguez-Sains RS. Ophthalmologic oncology : sebaceous carcinoma of the eyelid. *J Dermatol Surg Oncol* 1985;11(3):260-4.
4. Alexander G, Christian R, Christian E, Baldissera I, Piza-Katzer H. Sebaceous carcinoma of the eyelid : a rarity worth considering. *Br J Ophthalmol* 2002;86: 243-4.
5. Rao NA, Hidayat AA, McLean IW, Zimmerman LE. Sebaceous carcinomas of ocular adnexa. *Hum Pathol* 1982;13:113-22.
6. Rapini RP. Sebaceous neoplasms. In: *Practical Dermatopathology*, Elsevier Inc; 2005:283-4.
7. Bolognia JL, Jorizzo JL, Rapini RP. Sebaceous carcinoma. In: *Dermatology* 2nd ed. Amsterdam: Elsevier;2008:1703.