Sebaceous Cell Carcinoma- Two Rare Case Reports

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ABSTRACT

Benign 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 originate from cutaneous sebaceous glands like meibomian glands, Zeis glands so it is included in the adnexal tumors of the skin. They are more common in Asian countries. Those occurring at the eyelid or orbit are more aggressive as compared elsewhere in the skin. Sebaceous carcinoma on eyelid is considered to be associated with Muir-Torre syndrome. Some carcinomas are secondary following the radiation therapy to retinoblastoma.

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.

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.

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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.6 Immunoreactivity for keratin and cytokerin, 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


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