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SEBACEOUS CARCINOMA, PAPILLARY VARIANT AT LEFT AXILLARY REGION – UNUSUAL CASE REPORT

Pathology

Dr. Himani Y. Patel Shree Krishna Hospital, Sardar Patel University

Dr. Nikhil Patel* Jehangir Hospital, Pune.*Corresponding Author

ABSTRACT

Sebaceous carcinoma is an uncommon and aggressive malignant cutaneous tumor that commonly affects the elderly. This neoplasm is thought to arise from sebaceous glands in the skin and may originate anywhere in the body. Periocular region is rich in these glands and is a common site of origin but here it was found in the left axillary region. The objective of this presentation was to present a rare case of sebaceous carcinoma in axillary region. A 37 years old female presented with a lump in left axillary region with ulceration since 2 months. Wide excision biopsy from the ulcerated growth revealed sebaceous carcinoma, papillary variant on routine histopathological examination. Imunohistochemistry was adviced.The importance of early recognizing that sebaceous carcinoma can occur in young patients with no evidence for hereditary cancer risk or radiation therapy was challenging.

KEYWORDS

Axillary lump, sebaceous carcinoma, Immunohistochemistry.

INTRODUCTION

Sebaceous carcinoma is an uncommon and aggressive malignant cutaneous tumor1. 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 origin2 but in this case, it was found in left axillary region. Sebaceous carcinoma is generally considered to be a tumor of older patients3. For unknown reasons, sebaceous carcinoma is more prevalent in the ocular adenexa than elsewhere in the body4. It has been associated with Asians and Muir-Torre syndrome2.

CASE REPORT

A 37 years old female was diagnosed having sebaceous carcinoma of papillary variant in left axillary region.

History: The patient presented with a lump in left axillary region since 2 months, to the surgical out-patient department of Shree Krishna Hospital, Karamsad with no complaints of pain and fever. The lump had recently undergone ulceration.

A presumptive diagnosis of axillary lymphadenopathy was rendered by the clinician and wide excision of the ulcerated growth over left axillary region was performed and the specimen sent to the Histopatholgy section of Central Diagnostic Laboratory, Shree Krishna Hospital, Karamsad, Anand, Gujarat.

On gross examination: A skin covered, grayish white fibro fatty mass measuring 4.5 x 3.0 x 2.0 cm was received. The overlying skin measured 3.8 x 3.0 cm. The ulcerated nodule measured 1.8 x 1.5 cm. The cut surface showed a friable granular, whitish soft tissue mass, measuring 2.0 x 1.5 cm. Relevant sections from the mass, surgical margins and base of resection were given and formalin fixed, paraffin embedded blocks prepared from them.

On microscopic findings: H and E stained sections showed tumour located in the dermis, invaginating from the epidermis. The tumour was composed of numerous lobules and papillae having fibrovascular cores. The lobules had cells with sebaceous differentiation in the center. The papillae were lined by cells having pleomorphism, numerous mitotic figures. The cells with sebaceous differentiation had foamy vacuolated cytoplasm. The closest margin was 0.6 cm, farthest margin was 1.1 cm and the base was 0.1 cm away from the tumour respectively.

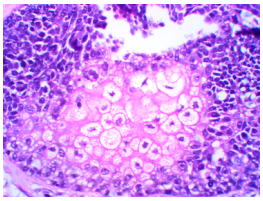


Figure 1: Microphotograph showing the lobules had cells with sebaceous differentiation in the center. The papillae were lined by cells having pleomorphism, numerous mitotic figures. The cells with sebaceous differentiation had foamy vacuolated cytoplasm (H & E stained, 400x).

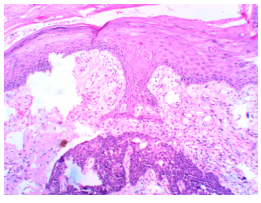


Figure 2: Microphotograph showing tumour located in the dermis, invaginating from the epidermis (H & E stained 100x).

Immunohistochemistry:

The tumour cells expressed p 63 and were immunonegative for CEA and GCDFP 15. The Mib-1 labeling index is approximately 10%.

DISCUSSION

Early recognition of sebaceous carcinoma is often challenging, requiring close collaboration between clinician and pathologist. Early stages of the disease can consist of only Pagetoid extension without tumefaction5. Sebaceous carcinoma is more common in women and is rare before the age of 40 years. Spread by direct extension is usual, but metastasis to lymph nodes, lung, liver, brain and skull are also possible. Features associated with poor prognosis include origin from meibomian glands or upper eyelid, duration of symptoms longer than 6 months, size greater than 10 mm, an infilterative growth pattern, poor sebaceous differentiation, pagetoid invasion and lymphatic, vascular or orbital invasion6. This case points to the importance of recognizing that sebaceous carcinoma can occur in younger patients with no evidence for hereditary cancer risk or radiation therapy. The present case underlines that younger age should not exclude consideration of sebaceous carcinoma.4 Muir-Torre syndrome, which is due to inactivation of MSH2 orMLH1, predisposes to sebaceous tumors and other neoplasms7. Genomic instability may provide a mechanism for the occurrence of sebaceous carcinoma with Muir-Torre syndrome8.

CONCLUSION

It is very rare to see sebaceous carcinoma in younger age without any specific history. So, corelation between suspected clinical features and histopathological findings are helpful for early diagnosis for the patient's further treatment and management.

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