



Sebaceous Cell Carcinoma of Scalp-A Rare Case Presentation

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ABSTRACT	Sebaceous cell carcinoma (SC) is a rare malignancy of the skin appendages. It is a rare neo-plasm comprising only less than 1% of the skin malignancies ¹ . SC is most commonly seen in the orbital region. A 77 years old woman presents with swelling on the scalp for 3 years. The swelling was gradually increasing in size, and there was discharge from the swelling since 1 year back. Inside the swelling maggots are present and there were areas of ulceration and ne-crosis in the swelling with blood and purulent discharge oozing out. Surgical resection with wide margin was done under general anesthesia. The role of adjuvant treatment with radiation and chemotherapy after surgery is not clear in the extra ocular SC due to its rare presentation
KEYWORDS	

INTRODUCTION

Sebaceous cell carcinoma (SC) is a rare malignancy of the skin appendages. It is a rare neoplasm comprising only less than 1% (from 0.2% to 4.6%) of the skin malignancies¹. SC is most commonly seen in the orbital region. The most common site of sebaceous carcinoma is the eyelids. Extra orbital SC is very rare. So far only few cases (<150) of extra orbital SC were reported in the literature²⁻³. The extra orbital SC commonly occurs on head and scalp due to the abundant sebaceous glands. It is estimated that approximately 70% of the sebaceous carcinomas are in the head and neck region⁴. It typically presents in old-aged women with only about 0.6% in people below 20 years of age¹. However the incidence of metastasis is less than 10% in extra orbital SC⁵. Reported risk factors for sebaceous carcinoma include advanced age, Asian or South Asian race, women, previous irradiation to the head and neck, and a genetic predisposition for Muir-Torre syndrome or possibly familial retinoblastoma^{4,8,14-17}.

Complete surgical resection with wide margin is the treatment of choice. The role of adjuvant treatment with radiation and chemotherapy after surgery is not clear in the extra ocular SC due to its rare presentation.

CASE REPORT

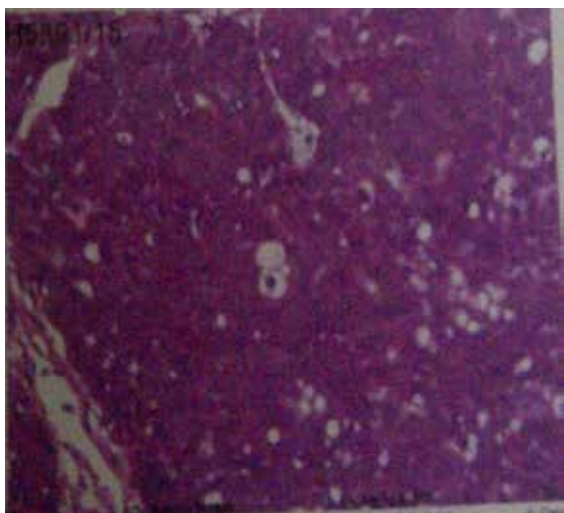
A 77 years old woman presents with swelling on the scalp for 3 years along with headache on and off for 1 year. The swelling was gradually increasing in size, with local pain at the swelling. She noticed a discharge from the swelling since 1 year back. On examination, the patient is conscious and oriented, thin built. The swelling was 10cm x 8cm in the occipital area, firm, mild tender, mobile over the skull, there was blood and purulent discharge oozing out. Inside the swelling maggots are present. There were areas of ulceration and necrosis in the swelling. Examination of eye reveals no abnormality. All other systemic examination reveals no abnormality

All routine blood investigations were within normal limit. CT

Scan of head reveals no skull or brain involvement. Ultrasound of abdomen shows no signs of metastasis. Chest Xray shows no abnormality. FNAC shows features suggestive of benign skin adnexal tumour with possibility of Cylindroma.

Surgical resection with wide margin was done under general anaesthesia. HPE of the swelling shows Sebaceous Carcinoma with all surgically resected margins uninvolved by malignancy. Subsequently, a CT scan of the head, neck, thorax and abdomen was done which showed no evidence of distant metastasis. He was referred to the oncology department whereby no further treatment was required at this moment of time.



Figure 2: Swelling showing ulceration and maggots**Figure 3: HPE showing features of Sebaceous cell carcinoma**

DISCUSSION

Sebaceous carcinoma is a rare malignant neoplasm, often occurs in adults with a slight male preponderance. This malignancy can occur as peri-ocular and extra ocular types and the former variant contributes to 75% of sebaceous neoplasms²¹. Extra orbital sebaceous cell carcinoma (SC) has a different behaviour compared to the orbital SC which is considered less aggressive than orbital SC⁶. Reported risk factors for sebaceous carcinoma include advanced age, Asian or South Asian race, women, previous irradiation to the head and neck and a genetic predisposition for Muir-Torre syndrome or possibly familial retinoblastoma²⁰.

The histological criteria for SC are high mitotic activity, nuclear pleomorphism, lobular architecture and foamy vacuolization of the cytoplasm⁵. Histologically the poor prognostic indicators are poor differentiation, presence of lymphatic or vascular permeation, presence of Pagetoid cells shown in histology and immunohistochemical staining^{12,13}.

In contrast to basal cell carcinoma, SC can be an aggressive form of cancer. Local recurrence rate after surgical excision within 5 years is found to be approximately 9% to 36% in sebaceous carcinoma and 10.1% in basal cell carcinoma. Distant metastases and recurrence rates are more common in the ocular type of sebaceous carcinoma when compared to extra ocular sebaceous carcinoma. Mortality rates irrespective of oc-

ular or extra ocular type ranges from 9% to 50%²¹

Extra ocular SC is known to recur locally and spread to lymph nodes and visceral organs. So far there is no single opinion on the aggressive nature of the disease. However in the present case there is no evidence of metastasis. The role of adjuvant treatment with radiation and chemotherapy after surgery is not clear in the extra ocular SC due to its rare presentation.

In this case, at 1 month and 3 month check-up, the patient recovered well and shows no sign of systemic involvement. Extra-ocular sebaceous cell carcinoma is an aggressive skin malignancy and needs to be treated surgically by wide local excision followed by adjuvant radiation or chemotherapy depending on the prognostic features as discussed above.

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