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Extra-ocular Sebaceous Gland Carcinoma

N. Erverdi, C. Terzier, B. Bostanci and S. Kulaçoğlu

SEBACEOUS GLAND carcinoma is known to be an uncommon tumour with a tendency to occur on the eyelids producing frequent metastases [1]. However, it is even rarer in extra-ocular cutaneous locations with a relatively benign behaviour [2, 3]. Fewer than 100 cases have been reported in the literature, and because the clinical features are not distinctive, histological examination is essential for diagnosis [2–10].

A 40-year-old woman presented a 3.5 × 2.5 × 1 cm mass located infraclavicular on the right side of the chest in December 1992. She stated that it had been a soft yellow mass 0.5 × 0.5 cm in diameter when she had first discovered it nearly a year ago. Her medical and family history were unremarkable. On physical examination it was a yellow-reddish coloured, painless, nodular mass with a purple halo circumference. The overlying skin was tense with telengiectasies. It did not seem to be infiltrating the underlying structures, and regional lymph nodes were not palpable. A fine needle aspiration biopsy was performed and diagnosed as an adenocarcinoma. The lesion was then treated by wide surgical excision. Histological diagnosis revealed it was carcinoma of the sebaceous gland. Microscopically, tumour lobules were composed of undifferentiated cells showing mitotic activity at the periphery, and sebaceous cells with centralised nuclei and abundant foamy vacuolated cytoplasm in the centre of the tumour (Figure 1). The tumour invaded the surrounding stroma and exhibited necrotic centres in some areas. The margins of the surgical material were tumour free. Other physical examination findings, laboratory investigations, roentgenological and endoscopic studies, searching for an occult visceral malignancy (Muir-Torre syndrome), were all normal. The patient is free of disease after 22 months.

Extra-ocular sebaceous gland carcinomas often occur in the middle-aged or older patients in both sexes, and most frequently arise on the head [2–4]. The appearance of several cases in irradiated fields seems significant, suggesting an aetiological role for radiation [4, 5]. The trunk is a rare site of origin, but reported cases include: one on the clavicle [2], four on the anterior chest [2, 6,7], one on the posterior flank [8], one on the mammary fold [9], two on the back [2] and one on the abdomen [2]. Other rare anatomical locations are the shoulder [3], buttock [10], thigh [2] and toe [8]. Few cases have involved the skin of the external genitalia [3, 4].

Figure 1. Lobuler formations composed of undifferentiated cells at the periphery and sebaceous cells in the centre. H.E. × 100.

Generally, these tumours are 1–4 cm in diameter [2, 3] although they may be up to 8 cm [5, 7] or even 15–20 cm [4, 10]. They are often pink to red [3], but a reddish-yellow colour has also been observed in several cases [2]. The surface of the lesions may be ulcerated [2, 4, 5, 9], and bleeding can occur after trauma [3, 8]. Although extra-ocular sebaceous gland carcinomas are considered to be less aggressive than their usual counterparts, local recurrences are not unusual [2–5,8,9], and they can produce metastases to regional lymph nodes [4–6, 9]. They can also produce distant widespread metastases to the lungs, small intestine, urinary bladder, liver, kidney and brain [4, 5, 7, 9]. A radical surgical excision is the best form of treatment, with lymphadenectomy if the lymph nodes are involved [2–6, 8–10]. The efficacy of radiotherapy still remains unknown as it has been received by only a few cases [4, 7].

Correspondence to N. Erverdi at Kirkpinar sokak 24/17, Çankaya, Ankara, Turkey.
C. Terzier and B. Bostanci are at the Department of General Surgery; and S. Kulaçoğlu is at the Department of Pathology, Ankara Numune Hospital, 06100 Ankara, Turkey.
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