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Sebaceous Carcinoma Arising from Sebaceoma: A Case Report

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Abstract: **Case Report**

Sebaceoma is a benign sebaceous tumor with differentiation towards sebaceous cells [1]. It was never reported as a known premalignant lesion. We present a case of a seventy-four-year old man who presented with an unusual malignant transformation of a trunk located recurrent sebaceoma which was excised twice. This indicates that sebaceoma may have a potential risk of malignant transformation, thus requiring bigger margins and postoperative adjuvant radiotherapy for a better outcome.

Keywords: Sebaceoma, Recurrent Sebaceoma, Sebaceous Carcinoma.

INTRODUCTION

While sebaceomas are benign sebaceous tumors, sebaceous carcinomas (SC) are aggressive malignant cutaneous neoplasms arising from sebaceous glands, divided into two entities: ocular and extraocular. It almost exclusively occurs in the head or neck [2].

CASE REPORT

At presentation, the patient reported a painless, progressively increasing left lumbosacral growth of about 2 years' duration. Systemic history revealed an excision of a mass at the same location 7 years ago that was reported as a sebaceoma de novo.

Clinical examination showed an erythematous, firm, nodular and circumscribed mass measuring 12x14x4 cm with no evidence of skin ulceration (Fig 1); the mass appeared to be arising from the soft tissue. Regional lymph nodes were not clinically palpable. Systemic examination was unremarkable.

MRI study showed a 11.8 × 13.9×6.5 cm, with irregular limits, heterogeneous signal intensity, mild T1 and T2, with strong heterogeneous contrast enhancement. The mass extends to, without invading, the lumbar muscles, left iliac bone and spinous processes.

This was managed by wide local excision of the mass with a free margin of 2 cms and negative pressure wound therapy. Anatomopathological studies revealed a sebaceoma. The patient had an uneventful postoperative period. Five months later, he presented with a local recurrence (Fig 2).

Anatomopathological findings showed a tumoral proliferation in the dermis with an ulcerated surface. It is made of irregular

lobules of variable size of cells with clear sebaceous differentiation. Tumor cells show moderate atypia with hyperchromatic, moderately anisokaryotic nuclei with presence of some mitoses. This proliferation seems to be deeply infiltrative in some areas with the presence of a fibroinflammatory stromal reaction and areas of tumor-like necrosis. Pathological findings were in favor of sebaceous carcinoma.

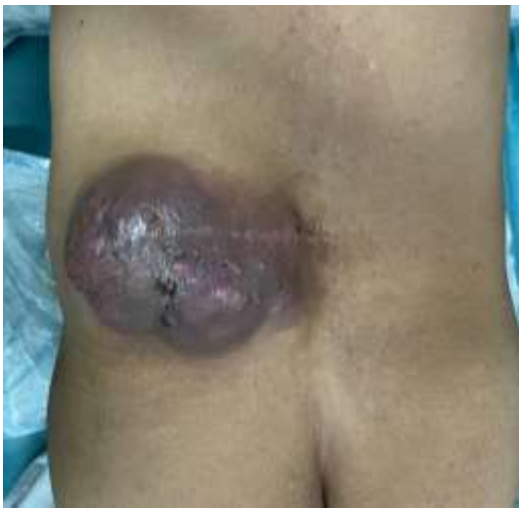

Figure 1: Original lesion

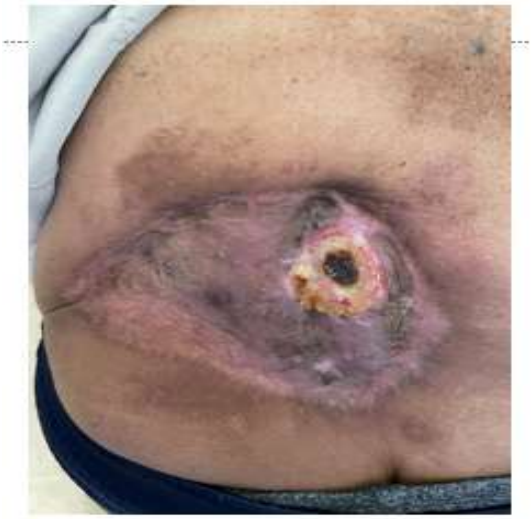

Figure 2: Recurrence of lesion

DISCUSSION

The term sebaceoma was first used in 1984 by Troy and Ackerman replacing the term "sebaceous epithelioma," to describe a benign adnexal tumor differentiating toward sebocytes [1]. It usually presents in fifty to sixty year old patients, as an orange-yellow papule, in the head and neck region [3].

The diagnosis of sebaceous carcinoma is a rare malignant tumor derived from the adnexal epithelium of sebaceous glands.It commonly manifests as a nodule but can go up in size up to 20 cm [4].

Histopathologically, sebaceous carcinoma can sometimes be difficult to differentiate from other skin neoplasms, including basal cell carcinoma and squamous cell carcinoma, especially if sebaceous differentiation isn't obvious [4]. Immunohistochemistry stains are helpful in this case to differentiate the tumors [4].

Compared to sebaceomas, sebaceous carcinomas show more nuclear atypia and more undifferentiated sebocytes with foamy cytoplasm than differentiated ones. The general architecture is infiltrative, and poorly circumscribed [3, 4, 7].

Similarly to our case, other studies have described degenerating sebaceomas [5-7] which suggest that sebaceomas might be predisposing lesions to sebaceous carcinomas. Currently, evidence based guidelines lean towards conservative treatment only recommending a wide local excision with peripheral surgical margin of 1 cm down to the fascial plane if complete circumferential peripheral and deep margin assessment (CCPDMA) and Mohs micrographic surgery aren't possible. Moreover, adjuvant radiotherapy is still controversial and only considered in individual cases [7].

CONCLUSION

Sebaceomas are benign tumors that are more frequent that sebaceous carcinomas [3]. As of late, some studies including our case have described malignant transformation of sebaceomas indicating that there may be a potential risk of malignant transformation, thus requiring bigger margins and postoperative adjuvant radiotherapy for a better outcome.

All authors declare that they have no conflicts of interest.

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