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Sebaceous cell carcinoma of axilla: A rare case report

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ABSTRACT

Introduction: Sebaceous carcinoma is an uncommon and aggressive malignant cutaneous tumor. This neoplasm is thought to arise from sebaceous glandsin the skin and, therefore, may originate anywhere in the body where these glands are found. This region is a common site of origin because the periocular region is rich in this type of gland. However, axilla has rich sebaceous gland as well which may give rise to carcinoma.
Case Report: We hereby present a case of a 55-year-old female with sebaceous cell carcinoma of the axilla.
Conclusion: Though extra ocular sebaceous cell carcinoma is rare aggressive tumor.

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Keywords: Axilla, Malignant cutaneous, Sebaceous cell carcinoma, Tumor

How to cite this article

Shaikh A, Chincholkar R, Agarwal S, Singh A, Khan A, Patil D. Sebaceous cell carcinoma of axilla: A rare case report. Int J Case Rep Images 2016;7(5):350–353.

Article ID: Z01201606CR10651AS

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Received: 07 October 2015
Accepted: 28 January 2016
Published: 01 May 2016

doi:10.5348/ijcri-201663-CR-10651

INTRODUCTION

Sebaceous carcinoma is an uncommon and an aggressive malignant cutaneous tumor [1]. 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. This region is a common site of origin [2, 3] because the periocular region is rich in this type of gland. However, axilla has rich sebaceous gland as well which may give rise to carcinoma. We hereby present a case of sebaceous cell carcinoma of the axilla.

Sebaceous cell carcinoma is a disease of 6th and 7th decade of life and occurs more in women than men [4]. Sebaceous cell carcinoma form less than 1% of all cutaneous malignancies. Extra-ocular sebaceous carcinoma is rare comprising only 25% of all reported cases of sebaceous cell carcinoma. Overall only few cases of sebaceous carcinoma are reported in literature [5].

CASE REPORT

A 55-year-old female presented with ulceroproliferative growth over right axilla since two months. The swelling was small to begin with but then rapidly increased in size.

Since last 15 days swelling developed ulceration and a foul smelling discharge. On physical examination there was an ulceroproliferative lesion in right axilla of size 15x12 cm with presence of maggots. There was no regional lymphadenopathy (Figure 1).

Investigations were within normal limits with no evidence of metastasis which was ruled out clinically and radiologically. Edge biopsy confirmed malignant tumor suggestive of adenocarcinoma. Patient underwent wide excision with local axillary clearance followed by daily cleaning and dressing.

Histopathology on gross examination was suggestive of 12x12 cm size mass. Cut surface shows yellowish-

white tumor with areas of hemorrhage and necrosis. On microscopic examination the stratified squamous epithelium with underlying tissue showed pleomorphic, multi-vacuolated highly atypical cells arranged in rounded nests around the glands (Figures 2 and 3).

Five lymph nodes were examined. They showed inflammatory changes with no evidence of metastasis. Skin grafting was done (Figure 4) after six weeks of cleaning and dressing. The patient was followed up for a period of 12 months which was uneventful.

DISCUSSION

Sebaceous cell carcinoma is a rare but aggressive cutaneous tumor. It was first described by Allaire in 1891 [6]. This tumor arises from sebaceous glands in the skin and approximately 75% of these tumors arise from periocular region [7, 8]. Incidence among females is more as compared to males, 57–77% of patients being females [9, 10]. However, incidence of extraocular sebaceous cell carcinoma is higher among males.

Figure 1: Ulceroproliferative growth over right axillary region with maggots.

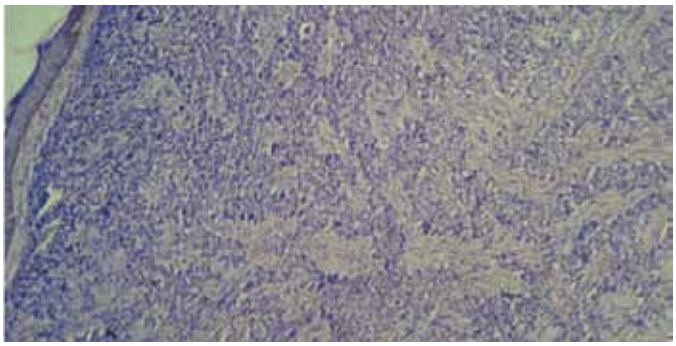

Figure 2: Stratified squamous epithelium with underlying tissue showing pleomorphic multivacuolated highly atypical cells.

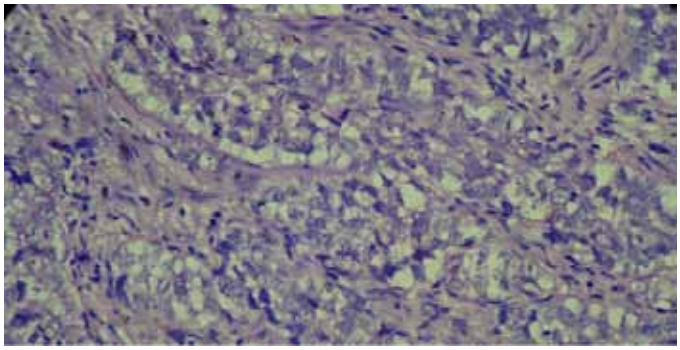

Figure 3: High grade pleomorphism, hyperchromatism, moderate to abundant cytoplasm with multi vacuolation.

Figure 4: Post skin grafting.

Although it is found from early childhood through the nineties, it is mostly seen in sixth and seventh decade of life [11]. It has been associated with Muir–Torre syndrome which is an autosomal dominant genodermatosis consisting of sebaceous neoplasm viz. sebaceous adenoma, sebaceous carcinoma, or sebaceous epithelioma with or without keratoacanthomas and associated with one or more visceral malignancies [12].

Clinical presentation of sebaceous gland carcinoma is often non-specific and is usually described as a nodule that is pink to yellow red. Most often patient presents with a firm, painless, enlarging nodule on the upper eyelid which is mistaken as chalazion. Present case is a female patient in fifth decade of life with extraocular sebaceous cell carcinoma of axilla with neither ocular involvement nor visceral metastasis.

Histological criteria for sebaceous carcinoma are high mitotic activity, nuclear pleomorphism, lobular architecture and foamy vacuolization of the cytoplasm. Histologically poor prognosis indicators are poor differentiation, presence of lymphatic or vascular permeation, presence of pagetoid cells shown in histology and immunohistochemical staining.

Treatment of sebaceous cell carcinoma requires local resection, cryotherapy, topical chemotherapy, and radiotherapy. We did a wide surgical excision with removal of regional lymph node. There is diverse opinion regarding postoperative irradiation and chemotherapy. Metastasis has been reported to occur as late as five years after the initial diagnosis, lending support to the surveillance of patients with sebaceous carcinoma [10]. Multimodal therapy has been shown to improve both visual prognosis and survival.

CONCLUSION

Though extra ocular sebaceous cell carcinoma is rare aggressive tumor, it should be considered as

differential diagnosis in ulceroproliferative cutaneous swellings in regions where sebaceous glands are found. Histopathology plays a key role in diagnosis.

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Author Contributions

Aftab Shaikh – Substantial contributions to conception and design, Acquisition of data, Analysis and interpretation of data, Drafting the article, Revising it critically for important intellectual content, Final approval of the version to be published
Rajesh Chincholkar – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published
Samarth Agarwal – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published
Aman Singh – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published
Arshad Khan – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published
Dhiraj Patil – Analysis and interpretation of data, Revising it critically for important intellectual content, Final approval of the version to be published

Guarantor

The corresponding author is the guarantor of submission.

Conflict of Interest

Authors declare no conflict of interest.

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Article citation: Shaikh A, Chincholkar R, Agarwal S, Singh A, Khan A, Patil D. Sebaceous cell carcinoma of axilla: A rare case report. Int J Case Rep Images 2016;7(5):350–353.

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