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SEBACEOUS CARCINOMA ABOUT A CASE

Jessica Magali Herrera Abarca[1], Alfonso Darío Bermeo Villacrés[2], Luis Medardo Jara Orna[3], Tania Alexandra Lluma[4]

[1]Departamento de Medicina Facultad de Salud Pública Escuela superior Politécnica de Chimborazo (ESPOCH), código postal 060150 Riobamba – Ecuador, magali.herrera@espoch.edu.ec

[234]Departamento de Medicina Facultad de Salud Pública Escuela superior Politécnica de Chimborazo (ESPOCH), código postal 060150 Riobamba – Ecuador

Abstract

Sebaceous carcinoma is a rare and aggressive skin cancer that originates in the cells of the sebaceous glands. It mainly affects fair-skinned and chronically sun-exposed people, and is commonly located on areas such as the face, scalp, and neck. Diagnosis is based on clinical evaluation and biopsy. The treatment of choice is Mohs surgery and, in some cases, adjuvant radiotherapy. The prognosis is generally good, but the disease may be recurrent and, in advanced cases, there may be metastases. Long-term follow-up is important for early detection of recurrences and metastases. In this clinical case, the diagnosis and treatment of a patient with sebaceous carcinoma is presented. The importance of early detection, accurate diagnosis and a comprehensive approach to care to achieve positive results in the management of this disease will be highlighted.

Keywords: sebaceous carcinoma, Mohs Surgery, Radiotherapy, Biopsy.

1. INTRODUCTION

Sebaceous carcinoma is a rare form of skin cancer that arises from the cells of the sebaceous glands. Although it accounts for only 1% of all skin cancer cases, its aggressive nature and lack of a specific clinical presentation make it a diagnostic and therapeutic challenge. It is most common in people over the age of 60 and can appear anywhere on the body, although it is most common in sun-exposed areas such as the face, scalp and neck (1).

The clinical presentation of sebaceous carcinoma can range from a solitary skin lesion to multiple tumors. It can be confused with other benign skin lesions, such as sebaceous cysts, seborrheic keratoses, and nevi, which can delay its diagnosis and treatment (2).

Accurate diagnosis of sebaceous carcinoma is essential to establishing an effective treatment plan. It is performed by biopsy of the lesion and subsequent histopathological evaluation (3). Treatment depends on the size, location, and extent of the tumor, but usually involves complete surgical resection of the tumor and long-term follow-up for any signs of recurrence or metastasis (4).

TIMELINE

A 68-year-old male patient with an important pathological history of hypertension and diabetes mellitus under treatment (losartan 50 mg and metformin 500 mg), who 2 months ago presented a small pedicled papular lesion on the skin of the abdomen, the patient tied the lesion with a hair and after 8 days the lesion fell, posterior presents again rapid growth of the lesion the same that evolves to a tumor lesion of +- 2 cm in diameter, slightly suppurative and painful, goes to Dermatology for assessment where biopsy of the lesion is indicated, the result reports Sebaceous carcinoma. The patient is referred to oncological surgery for edge reprising, in the second intervention the histopathological report free edges of lesion at 1 cm deep edge, upper and lower lateral. Quarterly patient controls are indicated.

PATIENT INFORMATION

The 68-year-old patient, widower, born and resident in Riobamba, education (basic). With personal pathological history Hypertension and Diabetes Mellitus in treatment (losartan 50 mg and metformin 500 mg). He does not report a significant family history, is not allergic to any medication or food.

2. PHYSICAL EXAM

Blood pressure: 120/85 mmHg – Heart rate: 68 per minute – Respiratory rate: 1 2 per minute - WEIGHT: 78 Kg- Height: 1.63 cm.

The patient islucid, conscious, oriented, feverish, hydrated

Skin: normothermic (description in dermatological examination).

Heart: R1- R2 normal, no auscultation murmurs,

Lungs: preserved vesicular murmur; Abdomen: Mild depressible, not painful to superficial palpation, nor deep, hydro-aerial sounds present.

Extremities: symmetrical no edema, no lymphadenopathy palpable

Dermatological Examination:

Skin phototype III

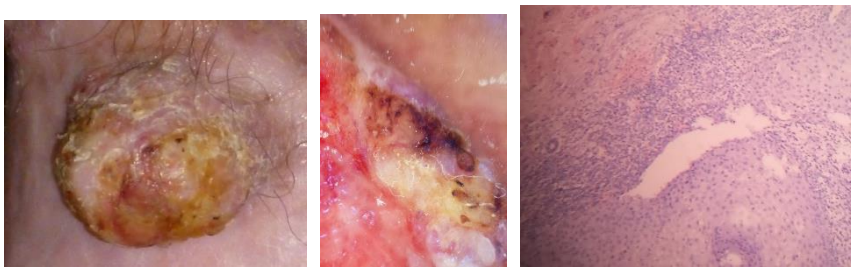
Type of lesion: exophytic tumor +- 2 cm in diameter, with bloody discharge

Location: abdomen

Distribution: localized

Dermoscopy: presence of atypical vessels in the periphery

Figure 1 Tumour lesion Figure 2 Dermoscopy Figure 3 Histopathology



3. DIAGNOSTIC EVALUATION: COMPLEMENTARY TESTS:

EXCISIONAL BIOPSY OF THE LESION: Gross findings:

Skin ellipse of 1.4 x 1 cm is received, epidermal face presents raised lesion, erosive, with irregular edges of 0.6 x 0.5 cm. Bloody opposite face. The entire sample is processed.

Microscopic findings:

The histological sections show skin with erosive epidermis, which exhibits in the dermis malignant neoplasm constituted by a disordered mixture of basaloid germ cells, with oval vesicular nuclei, conspicuous nucleoli, with sebaceous cells of mature appearance in an irregular lobular, trabecular and laminae growth. It is accompanied by some atypical mitoses and foci of necrosis.

4. THERAPEUTIC INTERVENTION

1. Surgical exceresis of the lesion without safety margins.

2. Interconsultation to Oncological Surgery

3. Second intervention with safety edges +- 1 cm: histopathological reports: edges free of lesion.

4. Dermatology controls every 3 months

5. MONITORING AND THERAPEUTIC RESPONSE

After the last intervention the wound with excellent healing, there was no evidence of recurrence in the following 3 months.

6. DISCUSSION

Sebaceous carcinoma is a rare and aggressive type of skin cancer that originates in the cells of the sebaceous glands. In this clinical case, a 65-year-old patient with a history of chronic sun exposure and multiple actinic keratoses on the face (5) was presented. The patient presented with an erythematous, ulcerated lesion with raised edges on the right cheek, which had grown in recent months. Biopsy confirmed the diagnosis of sebaceous carcinoma (6).

In the treatment of this neoplasm, Mohs surgery is the choice of choice due to the high recurrence rate (7). Mohs surgery is a surgical technique that allows removal of the lesion with precise surgical margins, resulting in a 99% cure rate. In addition, this technique allows the preservation of as much healthy and aesthetic tissue as possible (8).

In the case presented, Mohs surgery was successfully performed, and the patient subsequently received adjuvant radiation therapy to decrease the risk of recurrence. Long-term follow-up of the patient showed no evidence of recurrence or metastasis (9).

Importantly, sebaceous carcinoma can be recurrent and, in advanced cases, metastases may occur, so long-term follow-up is essential for early detection of any signs of recurrence. In addition, the use of preventive measures, such as adequate sun protection and early detection of precancerous lesions, such as actinic keratoses, is recommended (10).

7. CONCLUSION

In conclusion, sebaceous carcinoma is a rare and aggressive skin cancer that requires proper diagnosis and treatment to achieve complete cure and prevent recurrences and metastases. Mohs surgery is the option of choice and adjuvant radiation therapy may be necessary in some cases. Long-term follow-up is essential to detect any signs of recurrence.

8. PATIENT PERSPECTIVE

The patient's perspective on his sebaceous carcinoma was significant and emotionally challenging. Since receiving a diagnosis of skin cancer can generate fear, worry and anxiety.

First, the patient experienced fear and emotional distress when faced with the possibility of having a serious illness. In addition, the aesthetic impact of the injury and the prospect of undergoing surgery generated insecurity and affected the patient's self-esteem. Surgical treatment, such as Mohs surgery, or extensive surgery can be invasive and require

a prolonged recovery, which can raise concerns about functionality and appearance after surgery.

In addition, the patient had concerns about long-term prognosis, including the risk of recurrence and metastasis. Long-term follow-up and regular doctor visits can lead to anxiety and concern about early detection of any signs of disease recurrence or progression.

It was essential that the medical team provide a comprehensive approach to care, including emotional and psychological support for the patient. Effective communication, education about the disease and treatment, and active patient participation in decision-making were key aspects to provide peace of mind and confidence in the treatment process.

In addition, the support of family members was invaluable to the patient, providing an environment of understanding and emotional support throughout the process.

In summary,the patient's perspective regarding this picture of sebaceous carcinoma impliesor facing fears, worries and emotional challenges. Providing a comprehensive approach to care that includes emotional support, effective communication, and active patient participation in the treatment process was critical to providing better support and positive outcomes.

9. INFORMED CONSENT

We have the informed consent of the patient to publish her clinical case.

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