

Nasal deformity accompanying upper lip sebaceous carcinoma without neoplasm extension

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Abstract Sebaceous carcinoma is very rare, occurring in less than 1% of cutaneous neoplasm. It may have numerous clinical presentations but typically appears as yellow or orange firm nodule in periorbital region. In the absence of usual clinical manifestations, diagnosis is difficult which calls for more studies to help with definitive diagnosis. We report an 81-year-old man whose sebaceous carcinoma was diagnosed by histopathologic and immunohistochemical studies. Our patient had clinical presentation as erythematous tumoral lesion, the unusual location of the lesion on the upper lip, very close to the nose, and nasal deformation similar to rosacea without any extension of tumour cells into nasal area. The mechanism by which sebaceous carcinoma resulted in nasal deformation is not clear.

Key words

Sebaceous carcinoma, nasal deformity, rhinophyma.

Introduction

Sebaceous carcinoma (SC) is a very rare neoplasm which usually involves eyelid and comprises 1% or more of eyelid cutaneous malignancy.^{1,2} SC has traditionally been classified in two groups: extraocular and ocular, the later being the most common. Extraocular SC is rare and usually presents as firm, often ulcerated and yellow colour nodule on the scalp and neck in senile patients.³ SC may accompany with Muir-Torre syndrome and often is associated with extraocular type.^{4,5} On histopathologic study, tumoral cells reveal irregular lobules and sheets with various size in which a number of cells are undifferentiated and show variable degrees of sebaceous

differentiation, presenting in the form of foamy cytoplasm especially in the center of most lobules.⁶ The diagnosis of SC may be delayed because of rarity, long course of disease, atypical clinical manifestation and lack of distinctive histopathologic finding. We report a patient with SC who had unusual clinical manifestations and nasal deformity without malignant cell extension.

Case report

An 81-year-old man referred to our clinic with a 6-year history of slowly growing tumoral lesion in upper lip close to nose. On examination he had an erythematous firm tumoral lesion about 3 cm size without any complaints such as pain, bleeding and breath distress. Along with growing tumoral lesion, deformation of nose was prominent which was characterized by thickened skin, severe telangiectasia, erythema and irregular enlargement that resembled rosaceous

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Figure 1 sebaceous carcinoma with nasal deformity, frontal aspect.



Figure 2 Sebaceous carcinoma in upper lip near to nose, inferior aspect.

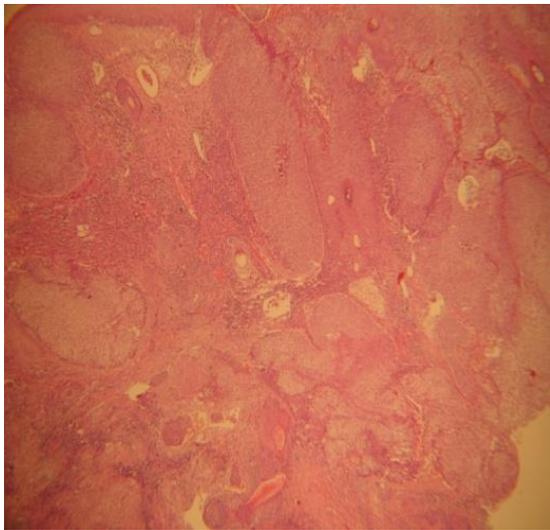


Figure 3 A number of lobules or sheets of cells separated by a fibrovascular stroma ((H&E) x40).

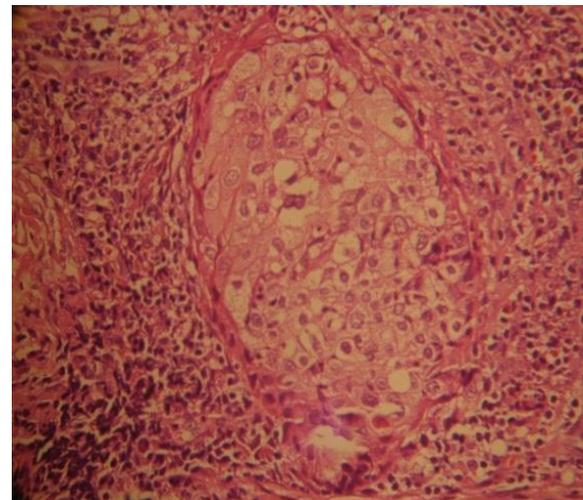


Figure 4 The cells that have large nuclei and show variable sebaceous differentiation (H&E stain x400).

rhinophyma (**Figures 1 and 2**). For definitive diagnosis, two biopsy samples were taken, one from tumoral lesion and the other from the skin of nose near tumoral lesion. The histopathology examination of tumoral lesion revealed that the tumor was composed of lobules or sheets of cells separated by a fibrovascular stroma. The cells extended deeply and involved subcutaneous tissue. Also, there was infiltration at the edges. The cells had a large nucleus and showed variable sebaceous differentiation manifested as finely vacuolated or foamy cytoplasm (**Figures 3 and 4**). However, histopathology examination of

nose showed large sebaceous gland and telangiectasia without any malignant cell. Immunohistochemistry findings were mostly in favor of sebaceous carcinoma in the tumor cells (EMA: positive, P53: negative, Ki67: positive in 5% of tumor cells). Muir-Torre syndrome was ruled out because of absence of cutaneous lesions such as keratoacanthoma and other sebaceous lesions. Moreover, primary laboratory evaluations such as stool exam, chest X-ray and ultrasonography did not show any internal neoplasm.

Discussion

Our case is interesting because of the rarity of the SC, its extraocular location and unusual clinical presentation and the associated nasal deformity.

In a study including 1349 patients with SC, it was concluded that this disease is a very rare cutaneous malignancy and skin of eyelid was the most common site of the disease; skin of lip was involved in only 10 cases (0.8%).²

Definitive diagnosis of this carcinoma is difficult and may be delayed because of its variable clinical presentation that results in more morbidity and mortality.⁷

Histopathologically, SC must be differentiated from basal cell carcinomas with sebaceous differentiation, squamous cell carcinomas with hydropic changes and other malignant neoplasms with clear cells.⁶

Immunohistochemical staining profile using the antibodies epithelial membrane antigen (EMA), BRST-1, and Cam 5.2, can be useful in distinguishing sebaceous carcinoma from basal cell carcinoma and squamous cell carcinoma.⁸

In a case report, a patient with a long duration of rhinophyma, SC developed as a rapidly growing lesion. It is thought that coincidence of rhinophyma and SC is random.⁹

In a 67-year-old Caucasian man who presented with multiple nodules on his nose which resembled rhinophyma, diagnosis of SC was confirmed by histopathologic and immunohistochemical studies.¹⁰

Here the nasal deformity accompanying SC may be accidental or induced by unknown mechanism affected by tumoral cells.

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