Be Aware of the Adenoid Cystic Carcinoma of the Skin!: Letter to the Editor

Dikkat, Cildin Adenoid Kistik Karsinomu Var!

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Unusual skin malignancies other than squamous cell or basal cell carcinoma are very uncommon.[1,2] Primary cutaneous adenoid cystic carcinoma (PCACC) is one of these rare skin neoplasms with a high potential for recurrence after local excision.[3] Unexpected localization and the aggressive nature of the tumor led us to notify other professionals. Sixty-two year-old male patient, previously received chemoradiotherapy for resectable T3,N0,M0 gastric adenocarcinoma referred for adenoid cystic carcinoma of the scalp. Review of the pathology of the excised specimen excluded metastasis. As a separate entity, local excision was performed (Figure 1). However, surgical margin on the deep side of the lesion was positive for tumor. For this reason the patient received 60 Gy of external radiotherapy in 30 fractions with 6 MeV electron beams. No acute reaction excluding mild erythema was observed as a side effect. During follow-up period of one year, physical findings and imaging studies were completely normal. After that, the patient complained of severe pruritus on the radiotherapy site. Despite the fact that there was no evidence of disease relapse, second surgery was performed since there was a high risk of recurrence. Pathology report excluded presence of tumor.

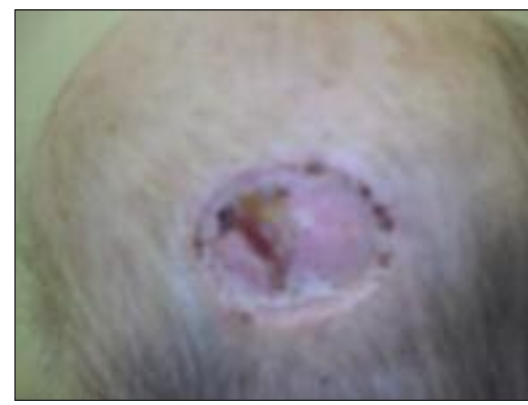

FIGURE 1: Postoperative lesion (2.5 x 3.5 x 0.5 cm) just before radiotherapy.

Salzman and Eades reported that approximately 40% of tumors arose in the scalp, like our case.[4] The standard treatment for PCACC is

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wide local excision with tumor-free margins established by permanent sections.[5,6] However, perineural invasion may be discontinuous and may lead to false-negative margins with a higher recurrence rate.[5,6] Some authors advocate a combination of excision, radiation, and chemotherapy.[7] In a report, the interval between surgery and recurrence ranged from four months to 20 years.[8] For this reason long-term follow-up is essential.

Unusual presentations of rare tumors can pose diagnostic and therapeutic dilemmas. Awareness of these rarities is important to ensure the best patient care, and to avoid unnecessary investigations and therapeutic procedures.

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