# Sebasceous Carcinoma: Is Skin Trauma Among the Etiologic Factors?: Case Reports

## *SEBASÖZ KARSİNOMA: TRAVMA, ETİYOLOJİK FAKTÖRLER ARASINDA MIDIR?*

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**Abstract**

Although sebasceous carcinoma is the second most common malignancy of the eyelids, overall it is a rare skin malignancy. Extraocular localization is even less frequent. Two cases are presented; one being a sebasceous carcinoma that developed on an infraorbital scar and the other is a sebasceous carcinoma that developed on a cat scratch on the upper eyelid. Etiology of sebasceous carcinoma is vague and trauma is not among various etiologies proposed up to date. In this paper presentation of a rare lesion, which is usually not easy to diagnose, is aimed and etiologic causes are discussed.

**Key Words:** Sebaceous, adenocarcinoma, cicatrix

**Özet**

Sebasöz karsinom, göz kapağının ikinci en sık malignansisi olmasına rağmen genel anlamda nadir bir tümördür. Ektraoküler lokalizasyonda da daha az görülür. Birisi infraorbital bir skar üzerinde gelişen, diğeri üst göz kapağında kedi tırmalaması sonrası gelişen iki sebasöz karsinom olgusu sunulmaktadır. Sebasöz karsinomun etiyolojisi tartışmalıdır ve travma, bugüne kadar öngörülen etiyolojik faktörler arasında yer almamaktadır. Bu yazıda genellikle tanısı kolay olmayan bu nadir olgular sunulmuş ve etiyolojik nedenleri tartışılmıştır.

**Anahtar Kelimeler:** Sebasöz karsinom, infraorbital, skar

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Sebaceous carcinoma is a rare malignant skin neoplasm.[1] The male population is more commonly affected. It is usually seen after 4th decade, in ages 60-64.[2,3] It occurs most frequently on face and scalp (75%) but it can also be seen on trunk (15%) and extremities (10%).[4] This neoplasm rarely metastases but when it occurs regional lymph nodes are first involved.[1,2,4] Although distant visceral metastasis can be seen so rarely, some cases have been reported previously in the literature.[1,2,4] In this study, we aimed to evaluate a rare case with sebasceous carcinoma which cannot be easily differentiated clinically and histopathologically.

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## Case Reports

### Case 1

A 67 year old male admitted with large tumor covering most of the left upper eyelid (Figure 1a). The lesion was thought to be a basal cell carcinoma and excised and reconstruction of the upper eyelid has been carried out. The pathology report revealed sebasceous carcinoma. Interestingly upon further interview the patient recalled a 12 year-old scar that used to be present at the same site prior to the lesion. However there was no trace of this scar on the pathological slides probably due to destruction by the advanced lesion.

### Case 2

A 73 year old male admitted with a 12 mm lesion on the infraorbital region. The lesion was located on a mature scar and the patient reported that the lesion developed within 6 months following a scratch inflicted by one of his grandkids that


**Figure 1a.** Preoperative view of case 1. reveals a large tumor covering most of the left upper eyelid.
**1b.** Postoperative view of case 2. reveals the location of the lesion and previously scarred lower eyelid.

healed without any medical treatment. The lesion presented as an unhealing small papule that was consistent for the last 3 years. It has grown in size in the last year. The lesion has been excised and the pathological examination revealed a sebasceous carcinoma located in close proximity with scar tissue (Figure 1b).

## Discussion

Although, sebasceous carcinoma is a rare malign skin neoplasm, it is the second most common malignant tumor of the eyelids after basal cell carcinoma.[4] Sebasceous carcinomas originate from Meibomian and Zeiss glands of the eyelids.[1,4,5] They are usually seen in face and hairy scalp skin.[1,2,4,6] These tumors usually present local aggressive behaviour but also they have capacity of regional lymph node involvement. In the literature, there are cases with distant visceral metastasis.[3]

Sebasceous glands are holocrine adnexial components of the skin and usually located near the hair follicles. Anatomically they are common in the head and neck areas. Although sebasceous gland cells present high mitotic activities, a sebasceous malignancy development is very rare. Frequently they originate from Meibomian glands of eyelids.[4,6] There are few cases that have been found in external genitalia, oral mucosa, parotis and submandibular gland, trunk and extremities as an extraocular location.[4,7-11]

The clinic features of sebasceous carcinomas are not pathognomonic. These lesions are usually slow growing masses bigger than 1 cm diameter. They vary in color from reddish to light pink.[4] The incidence of spontaneous bleeding is approximately 30%. Clinically, pain and facial muscle weakness or paralysis can cause great discomfort for the patients. Typically these tumors usually metastase to the regional lymph nodes and incidence of this is approximately 21% but very interesting and rare cases have been reported that metastased to the lung or CNS.[3,4,12]

Irradiation is the most common etiologic factor but there are cases that have been reported with no irradiation history and various etiological factors have been proposed.[1,2,4,8] Some authors believe that its onset is directly related to the p53 tumor suppressor gene mutation especially in the development of ocular sebasceous carcinoma.[1] Interestingly, in our cases, sebasceous carcinoma had developed on scar. There is no such etiologic factor in the literature. Such contaminated lacerations resulting in late healing chronic scars may be responsible for an increased cell turn over in these otherwise stable glands.

Muir-Torre Syndrome is an autosomal dominant disorder of multiple internal malignancies, cutaneous sebasceous carcinomas, keratoacanthomas, basal cell carcinomas and squamous cell carcinomas.[12-14] We have performed detailed systemic examination but we did not find any internal malignancy and as far as the patient was aware, the rest of his family was unaffected.

As a result, sebasceous carcinomas are very rare skin neoplasms and they cannot easily be diagnosed clinically. Immunohistochemical methods can be useful in the differential diagnosis. Although radiation therapy can also be used, we believe that -because of the risk of local recurrence- the surgical treatment must be done with adequate surgical margins and prognostic criteria must be evaluated carefully.[15,16]

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