SKIN CANCER (OTHER THAN MELANOMA)

SEBACEOUS CARCINOMA SECONDARY TO NEVUS SEBACEOUS OF THE SCALP

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Background: A 53-year-old man presented to our dermatology clinic with lesion on the scalp. The lesion initially was a yellowish papule since birth. Approximately 50 years ago, exogenous nodule appeared on the papule after trauma. The nodule which increased slowly appeared ersion intermittently with no apparent cause during the 6 months before presentation. In his medical history, there was no significant finding. On physical examination, reddish, hairless, irregularly surfacedmass localized in the parietalarea of the scalp was noticed. There was no evidence of lymphnode metastases or distant metastases.Surgical resection was carried out. The loss of follicles in the derma and tumor masses formed by basophils among which there were a number of cells with sebaceous glands differentiate could be seen under the microscope. The nuclei showed atypia and pleomorphism. Overexpression of P53 was seen in this case. Adipophilin was positive, while EMA was negative. Meanwhile, the Ki67 proliferation index was significantly increased. He received a diagnosis of sebaceous carcinoma secondary to nevus sebaceous. There has been no recurrence for 1year after surgery.

Observation: Recent reports have noted the frequency of secondary neoplasm in nevus sebaceous (NS) as only approximately 5–6% for benign tumors and a very limited number for malignant ones. Sebaceous carcinoma(SC) is one of the rarest secondary neoplasms developing in NS. This case seems interesting because of its long clinical history, the appearance on a previously existing lesion that can clinically be traced back to a NS of a SC that grew more and more over 50 years until it destroyed every trace of the lesion that had existed since the patient's birth.

Key message: Sebaceous carcinoma is a rare malignant tumor and even scarce on the scalp. Surgical treatment is effective.