

A new ERA for global Dermatology 10 - 15 JUNE 2019 MILAN, ITALY

SKIN CANCER (OTHER THAN MELANOMA)

## SEBACEOUS CARCINOMA IN RENAL TRANSPLANT RECIPIENTS: CASE REPORT

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Background: Sebaceous carcinoma (SC) is a rare and potentially aggressive skin neoplasm. It commonly arises in the periocular area. Some studies have shown that immunosuppression following renal transplantation is associated with an increased incidence of SC. In 2017, Hospital do Rim e Hipertensão - HRH performed 930 kidney transplants and followed 8350 patients with functioning grafts.

Observation: This is a case of SC in renal transplant recipient (RTR). According to literature, SC accounts for 0.2% to 4.6% of all cutaneous malignancies in general population. The estimated incidence rate is 1 to 2 cases per 1 million individuals per year, making it the third most common eyelid neoplasm. It is a disease with a median age of 72 years. It affects the Caucasians in 80% of the cases. There is a moderate predilection male-to-female ratio of 3:2. Clinical presentation is very similar to other nonmelanoma skin cancer, and the majority on ocular site, less commonly on trunk.

Case: 63-year-old male, phototype II. Six years before he received kidney transplant from deceased donor. He developed erythematous nodular lesion with central ulceration on his back that grew in 12 months. He was under immunosuppression with tacrolimus, mycophenolate sodium, prednisone. Histopathology was typical for sebaceous carcinoma with EMA+, MSH2+, MSH6+, MLH1+, androgenic receptor+ and PMS2-. Pigmented superficial basal cell carcinoma was also diagnosed. Although MSH6 was positive, Muir-Torre syndrome is under investigation. Until now, there is no evidence of local or systemic metastasis.

Key message: The diagnosis of SC among nonmelanoma skin cancer in RTR is crucial as it is a very aggressive carcinoma and should be associated with Muir-Torre syndrome. The main aspects in RTR: 1) suspicion of SC even on non-orbital area; 2) skin biopsy with











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immunohistochemical analysis; 3) endoscopy and colonoscopy for Muir-Torre syndrome suspicion.



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