

## Taming the Masquerader – A Rare Case of Sebaceous Gland Carcinoma

### Abstract

The purpose of the study was to bring in perspective a rare case of exophytic, solitary, lower eyelid sebaceous gland carcinoma in an elderly male. A 70-year-old male presented with complaints of painless, progressive mass on the left lower eyelid for the past 6 years which grew rapidly in the past 4 months. Full-thickness wide local resection of the mass was done and sent for histopathological examination. Histopathological examination confirmed the tumor to be a grade-1 sebaceous cell carcinoma. This case report highlights the successful management of rare lower eyelid sebaceous gland carcinoma which is often misdiagnosed or undiagnosed leading to lethal consequences.

**Keywords:** Eyelid, sebaceous gland carcinoma, tumor

### Introduction

Sebaceous carcinoma, though rare (1%), most commonly involves the eyelids, comprising 4.7% of malignant epithelial eyelid tumors with an overall incidence as high as 32.7% in the oriental countries.<sup>[1-3]</sup>

Clinical diagnosis is often difficult as it masquerades as benign lesions and other tumors such as recurrent or chronic chalazion and basal or squamous cell carcinoma. Prompt wide surgical excision biopsy should be performed and it can lead to a better outcome and higher survival rates.<sup>[4-6]</sup>

The condition occurs more frequently in females. The upper eyelid accounts for the majority of cases. Muir-Torre Syndrome (MTS) is an important association with a high rate of metastasis and recurrence in 6%–29% of cases.<sup>[7-10]</sup>

This case was unique as the tumor was exophytic, involved the lower eyelid of an elderly male, and was not associated with any syndromic features, metastasis, and radiation exposure, and no recurrence was observed.

### Case Report

A 70-year-old male presented with lower left eyelid mass presented for the past 6 years and rapidly in size for the past 6 months.

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On examination, the left lower eyelid had a pedunculated, exophytic mass temporally. Mechanical ectropion with loss of eyelashes in the region of mass was present. Lateral margin of the mass was 1 cm lateral to the outer canthus, while the medial margin was in line with medial canthus. The dimensions of the mass were as follows: vertical: 3 cm; horizontal: 3.5 cm; and anteroposterior: 1 cm approximately with the stalk 1 cm from lateral canthus. On palpation, it was firm, nontender with rounded, irregular indurated borders free from underlying structures. Surface vascularization was noted with variegated coloration and fissuring superiorly [Figure 1].

On the basis of aforementioned features, namely a lower lid, firm mass with irregular borders, fissuring, ulceration, variegated coloration, loss of eyelashes, and vascularization in a 70-year-old male, a presumptive diagnosis of malignant eyelid tumor of left lower eyelid was made with squamous cell carcinoma, basal cell carcinoma, and sebaceous cell carcinoma among the chief differentials.

A contrast-enhanced computed tomography of the head and orbit revealed an exophytic mass lesion of approximate size 3.1 cm × 2.7 cm × 1.5 cm seen arising from the left lower lid region in lateral aspect and showing heterogeneous post-contrast enhancement. No lymph node enlargement or metastatic lesions were evident.

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Fine-needle aspiration cytology (FNAC) was done after proper consent and it displayed smears of moderate cellularity with sheets and clusters of mild-to-moderate pleomorphic cells. The cells were round to polygonal with moderate amounts of vacuolated foamy cytoplasm and round nucleus, resembling sebaceous cells. A few of the cells show scant cytoplasm and round-to-oval nuclei exhibiting nuclear overlapping and inconspicuous nucleoli. The impression was that of an adnexal neoplasm with a strong possibility of sebaceous cell carcinoma [Figure 2].

After informed consent, the patient was taken up for an excisional biopsy of the mass with lid repair. The mass was excised with wide clear margins, and lid reconstruction was done with direct closure. Orbicularis oculi muscle was apposed with 6-0 Vicryl and skin sutured using 5-0 silk. The eye was cleansed with povidone-iodine and was patched after applying antibiotic ointment [Figure 3].

The histopathological examination of biopsy revealed sebaceous carcinoma (GRADE I) with free margins, no lymphovascular/perineural invasion, and no intraepidermal

tumor. Mitotic figures were 10/10 high-power fields with Ki-67 proliferation index 20% [Figure 4].

This confirmed the final diagnosis of the mass as Grade-1 sebaceous cell carcinoma-PT<sub>3A</sub>CN<sub>0</sub>CM<sub>0</sub>-AJCC Stage II (R0 Resection).

Radiotherapy was not required in this particular case as full-thickness resection of the tumor was done (R0 resection), and no adverse features (pagetoid spread, lymphovascular space invasion, Grade-3, and multiple lymph nodes involvement) were present.

Regular follow-up for 10 months revealed excellently healed lower lid defect and no signs of recurrence. The management of this large lid mass was successful due to early diagnosis and proper surgical technique.

### Discussion

Sebaceous gland carcinoma, first described by Fuchs, has a preponderance for upper lids in elderly females around the sixth decade of life. In contrast to the earlier reported



Figure 1: Lower eyelid exophytic tumor oculus sinister showing variegated coloration with fissuring and hemorrhages on tumor surface with loss of eyelashes

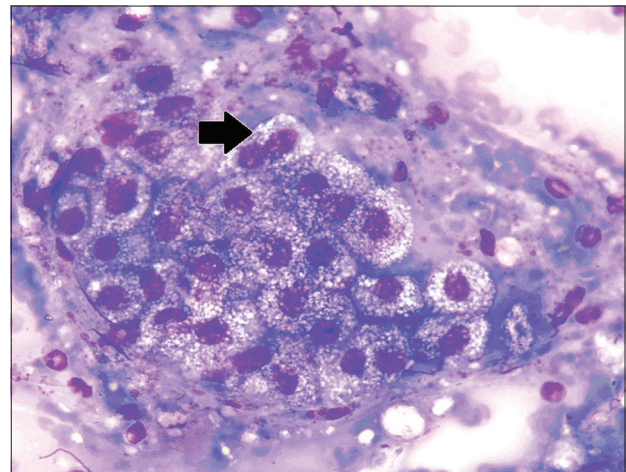


Figure 2: Fine-needle aspiration cytology sample depicts polygonal cells with moderate amounts of vacuolated foamy cytoplasm and round nucleus (black arrow), resembling sebaceous cells (Giemsa staining- $\times 40$ )



Figure 3: Resected tumor 3.2 cm  $\times$  2.7 cm  $\times$  1.5 cm in dimensions

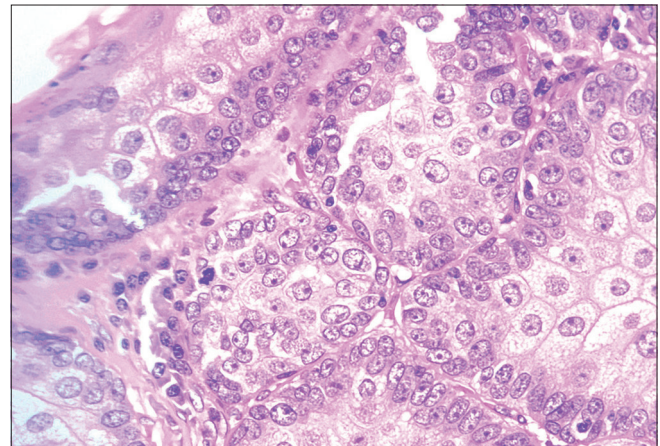


Figure 4: Histopathological examination of the excised tumor confirmed Grade-1 SGC with 10/10 high-power field mitotic figures ( $\times 40$ )

cases of sebaceous gland carcinoma (SGC), this case was peculiar in affecting the lower eyelid of an elderly male of 70 years. Although classically associated with cancer syndromes, immunosuppression, or radiation exposure, this case lacked any such association.<sup>[7-10]</sup>

SGC is commonly misdiagnosed because of varied history and clinical presentation, making the diagnosis difficult and treatment delayed. This often ends up with metastatic lesions, ocular morbidity in the form of exenteration of the orbit, and even mortality. In this particular case, a thorough history, clinical examination, and meticulous FNAC sealed the diagnosis, leading to appropriate surgical management and salvaging the eye.

### Conclusion

Sebaceous carcinoma is one of the great masqueraders – it can mimic other, more benign lesions making the clinical diagnosis difficult. This case represented a unique presentation of SGC – lower lid of elderly male without any associations or recurrence. A high index of suspicion with meticulous histopathology leads to the appropriate management of this rare carcinoma.

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient has given his consent for his images and other clinical information to be reported in the journal. The patient understands that name and initials will not be published and due efforts will be made to conceal identity, but anonymity cannot be guaranteed.

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### Conflicts of interest

There are no conflicts of interest.

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