

Squamous Cell Carcinoma Arising from a Sebaceous Cyst, Case Report

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ÖZET

Sebace Kistten Kaynaklanan Squamoz Hücreli Karsinom, Olgu Sunumu

Sebace kistten kaynaklanan squamoz hücreli karsinom nadir görülen bir klinik antitedir. Bu yazıda, saçlı deride 13 yıldır mevcut olan sebace kistten kaynaklanmış bir in-situ squamoz hücreli karsinom olgusu sunulmuştur.

Anahtar Kelimeler: Squamoz hücreli karsinom, Sebace kist, Skalp.

SUMMARY

Squamous Cell Carcinoma Arising from a Sebaceous Cyst, Case Report

Squamous cell carcinoma arising from sebaceous cyst is a rarely encountered clinical entity. In this paper, a patient with in-situ squamous cell carcinoma from a sebaceous cyst on scalp for 13 years before admittance is presented.

Key Words: Squamous cell carcinoma, Sebaceous cyst, Scalp.

INTRODUCTION

Cebaceous cysts also called as epidermoid cyst are the the most commonly excised lesions in outpatient clinics (1,2). There is the risk of transformation of much longer standing sebaceous cysts into carcinomatous ones (2-7). In this paper, a case with squamous cell carcinoma (SCC) originating from sebaceous cyst is presented.

CASE REPORT

In the physical examination of the male patient at the age of 48 who applied to our clinic there were multiple sebaceous cysts on the scalp among which giant cysts were present. All the lesions were painless and were mobile. A cyst was noted appearing different from others located on the vertex of the scalp and 6x5,4x2 cm in size being ulcerated and inflamed (Figure 1). It was found out that the cyst had the same appearance as the others for 13 years before admittance, and that it acquired a hyperemic appearance a year ago prior to presentation, and that there was no hystory of trauma. Lymphadenopathy was not encountered in the patient suspected of carcinoma. The pathologic examination of incisional biopsy revealed in-situ SCC. The wide excision of the lesion was performed and the defect was repaired by split thickness skin graft from the thigh (Figure 2). Except for this lesion, the pathologic result of four cysts excised was assessed as sebaceous cysts. No recurrence was noted during the two-year follow-up of the patient.

DISCUSSION

Sebaceous cysts and SCC are commonly encountered lesions. However, development of carcinoma from sebaceous cysts is quite rare (3,4). The most frequently seen malignancy from cystic origin is squ-

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Figure 1: Preoperative view of hyperemic, inflamed, and ulcerated cyst located on the vertex.



Figure 2: View of the region repaired after excision by skin graft on the postoperative 4th day.

amous carcinoma. Moreover, basal cell carcinoma, Merkel cell carcinoma, metastatic carcinoma, and Paget disease, Brown disease are reported in the literature (2, 4-7).

Cameron et al. found carcinoma in only one case among 2246 cysts resected in their comprehensive series (0.045%) (3). Similarly, Oztek (8), Bauer (6), Caylor (9) reported the incidence of carcinoma of 0.77%, 2.2%, 3.44% respectively. Of 115 patients 235 sebaceous cysts were excised in our clinic in the last two years and all the lesions were pathologically examined. Among these, only this case was determined to have carcinoma (0.42%).

It is unclear what stimulus causes the transformation of sebaceous cysts (4). Long standing cysts, trauma, prolonged chronic inflammation, and infection are thought to be predisposing factors responsible for the disease (2,4,10). All these predisposing factors, except for trauma, were present in our patient. Given that long standing cyst, chronic inflammation, infection also give rise to predisposition, the most important one of these factors has to be untreated long standing cyst.

As commonly seen sebaceous cysts may rarely have malignant transformation it is necessary that their treatment should not be ignored and every lesion excised should undergo pathological examination.

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