Read Item - Appendageal Tumours With Sebaceous Differentiation

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Abstract: Doctor's Resource on Appendageal Tumours With Sebaceous Differentiation

Appendageal Tumours With Sebaceous Differentiation

Introduction

Sebaceous hyperplasia is common, while benign and malignant tumours arising from sebaceous glands are rare. The Muir-Torre syndrome is an important autosomal dominant cancer syndrome characterised by the development of multiple sebaceous tumours in association with visceral carcinoma and keratoacanthomas.

Clinical Features and Investigation

Sebaceous hyperplasia appears on the face, neck and scalp of elderly people with sun-damaged skin. It presents with small (2 to 5 mm) yellow umbilicated papules that may be mistaken for an early rodent ulcer. Histology shows lobules of enlarged sebaceous glands surrounding a central hair follicle.

Sebaceous adenoma usually appear on the nose, face or scalp of men over the age of 40 years. They present as a slightly keratotic yellow nodule about 0.5 cm in size. Larger ones exist and ulceration and bleeding can occur. Histology shows multiple discrete, incompletely differentiated, sebaceous lobules in the mid to deep dermis, that are irregular in size and shape. The peripheral layer of baseloid cells is separated from the central foamy cells by one to two layers of transitional cells.

Sebaceous carcinoma tends to occur most commonly in the elderly on the eyelids as an aggressive, locally invasive tumour. They arise from the meibomian glands and the glands of Zeis. Sebaceous carcinoma accounts for 3% of all eyelid tumours. They present as solitary, solid or ulcerated, yellow, translucent nodule that enlarges slowly. It involves the upper eyelid more commonly than the lower. Occasionally lesions may masquerade as chalazion or a chronic conjunctivitis. Metastasis is relatively common and the 5 year survival is around 80%. Sebaceous carcinoma may also occur away from the eye, usually on the face and scalp. Histology demonstrates lobules of sebaceous cells in various stages of differentiation, separated by a fibrous stroma and deeply invading the dermis, subcutis and underlying muscle. There are numerous atypical cells and mitoses and there is often focal necrosis . Pagetoid intraepidermal or conjunctival spread occurs in ocular lesi
ons which makes complete excision difficult.

Sebaceoma or sebaceous epithelioma is a BCC with sebaceous differentiation. Clinically the lesions is a solitary yellow nodules on the face. It may occur as a part of the **Muir-Torre syndrome** or arise within an organoid naevus. Histology shows a baseloid tumour arising from the epidermis with a random admixture of sebaceous cells. The baseloid cells outnumber the sebaceous cells, as compared to a sebaceous carcinoma where the sebaceous cells are in the majority.

Management

Sebaceous hyperplasia responds well to cryosurgery, but treatment is only required if they bother the patient. Surgical excision is the usually the treatment of choice for sebaceous adenoma to prevent progressive enlargement and to establish the diagnosis. Wide excision of sebaceous carcinoma is required to minimise the risk of local recurrence. Mohs surgery allows histological evaluation of the entire surgical margin.

Key Points

A dermal tumour with a yellowish colour is suggestive of a sebaceous neoplasm. Sebaceous hyperplasia is clinically distinctive and can be either left alone or frozen, while sebaceous adenomas and carcinomas require an excision biopsy.