

SEBACEOUS CARCINOMA OF PAROTID GLAND

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ABSTRACT

Sebaceous carcinoma is a very rare tumor of the salivary glands with most of the reported cases involving the parotid gland. We report a case of sebaceous carcinoma of right parotid gland of a 51 years old female patient diagnosed on histopathological examination following superficial parotidectomy.

KEY WORDS: Sebaceous carcinoma; Parotid gland.

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INTRODUCTION

Sebaceous carcinoma is an uncommon intermediate grade malignancy of ocular adnexae and skin. Very rarely it may involve the salivary glands, mostly the parotid gland.^{1,2,3}

Sebaceous carcinoma of the parotid gland may manifest as a solitary neoplasm in an otherwise normal gland, or appear concomitantly with other more common neoplasms such as pleomorphic adenoma or mucoepidermoid carcinoma.

This report depicts sebaceous carcinoma of parotid gland in a middle aged lady diagnosed on histopathological examination following superficial parotidectomy.

CASE PRESENTATION

A 51 years old female presented with a nine months history of a right sided parotid gland mass. The mass had slowly grown with occasional fever and pain. The right parotid gland was enlarged, firm and tender with overlying skin ulceration without cervical lymphadenopathy. On fine needle aspiration cytology, possibilities were given - acinic cell carcinoma or sialadenosis. Superficial parotidectomy was done as the tumour did not seem to involve either facial nerve or any adjacent bony structure. Grossly, the tumour with parotid tissue as well as overlying ulcerated skin measuring 4.5×3.3×3cm with skin tag measured 3×1cm. The tumour measured 3.5×2.5×2cm and on cut section appeared

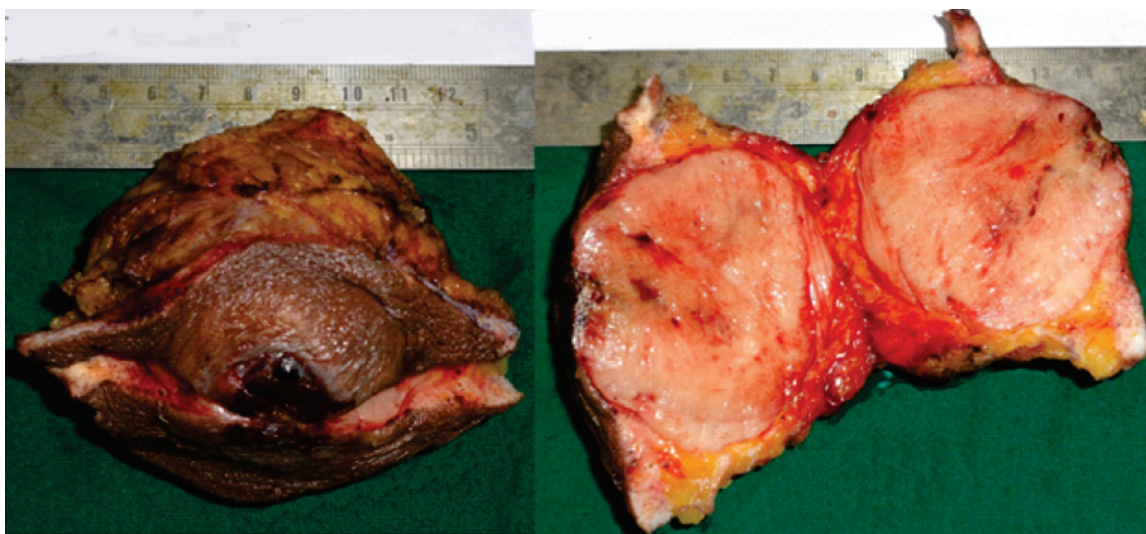


Figure 1: Gross appearance of sebaceous carcinoma of parotid gland in a 51 years old lady.

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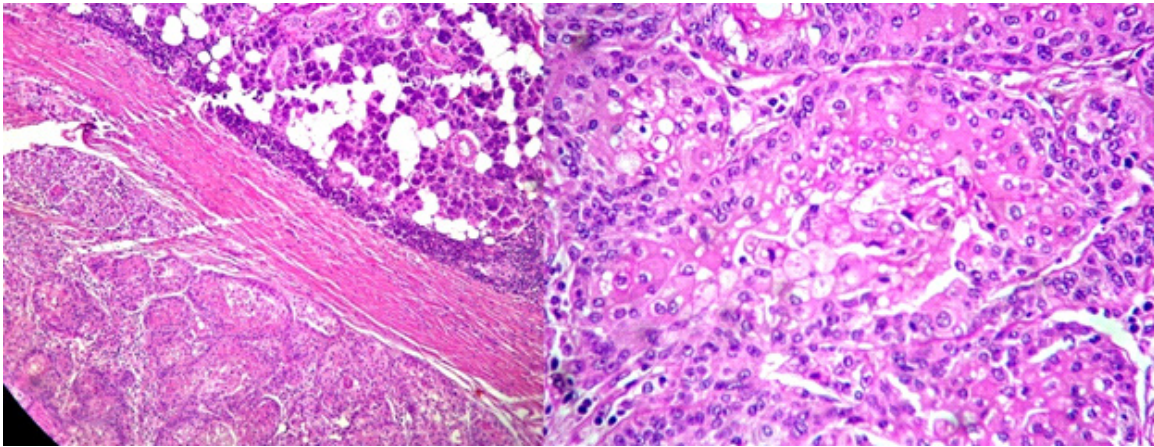


Figure 2: Microscopic appearance of sebaceous carcinoma of parotid gland in a 51 years old lady. (Left: low power, Right: high power)

yellowish white and lobulated with apparently normal looking salivary gland tissue at the peripheral margin. (Fig. 1)

Histopathological examination revealed a lobulated tumour consisting of tumour cells showing sebaceous differentiation with palisaded germinative cell nests at the periphery, fair amount of mitotic activity (maximum 7/10HPF), and cell nests containing central eosinophilic degenerated material and focally surrounded by lymphoid cells. (Fig. 2)

Resection margin was uninvolved by the tumour. On 6 months follow up there was no evidence of residual tumor but considering the aggressive progression of the disease, she was referred to oncology clinic.

DISCUSSION

Till date only handful cases of salivary gland sebaceous carcinoma had been described, most of them involving the parotid gland and few appear in the submandibular and minor salivary glands. There is a bimodal age distribution, with peaks in the third and seventh to eighth decades.^{1,2,3} Clinically the symptoms vary from an indolent, slow-growing, painless, asymptomatic mass, to a painful rapidly progressing swelling accompanied by facial paralysis.^{4,5} If the sebaceous tumor is associated with lymphatic structures, it will be named lymphadenoma or lymphadenocarcinoma. The etiology of sebaceous carcinoma in the salivary gland is a longstanding debate. The first suggested mechanism is malignant transformation and sebaceous differentiations within a pleomorphic adenoma or mucoepidermoid carcinoma.^{6,7} It may be also due to malignant transformation of the sebaceous cells represent ectopic ectodermal structures. The current hypothesis is that certain ducts in the salivary gland are pleuripotential, which can differentiate into a variety of cells like sebaceous, squamous, oncocytic and mucous cells.⁵

CONCLUSION

This case alarms us of a very rare aggressive neoplasm in the parotid gland which must be diagnosed timely to save the patient.

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CONFLICT OF INTEREST

Authors declare no conflict of interest.
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None declared.