Case Report

An unusual rapidly enlarging nasal mass: Nasal sebaceous carcinoma

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Sebaceous carcinoma is a rare cutaneous carcinoma which is divided into ocular and extraocular types. We present a 66 years old lady who came with painful nasal mass for past 1 month. There was right nasal vestibule mass measuring 1cmx1cm, firm in consistency. Our probable diagnosis was benign nasal cyst. On her review 2 weeks later, the nasal mass is rapidly enlarging. Histopathological examination revealed poorly differentiated sebaceous carcinoma. A computed tomography (CT) scans of head to pelvis revealed large left lung lesion. However, she did not follow up until 6 weeks later, she presented with poor oral intake with bleeding from nasal tumour. Examination showed right nasal vestibule fungating mass measuring 10cmx10cm. (Rawal Med J 201;42:592-594)

Keywords: Nasal mass, sebaceous carcinoma, nasal tumors

INTRODUCTION

Sebaceous carcinoma is a rare cutaneous carcinoma. It arises from sebaceous gland epithelium. This malignancy is divided into ocular and extraocular types. It very rarely involves extraocular sites. We present a case of extraocular sebaceous carcinoma in an elderly lady with painful nasal vestibular mass.

CASE PRESENTATION

A 66 years old lady presented with painful nasal mass for past one month. There was no bleeding from the mass or nasal blockage. She was a reformed smoker, previously 7 pack years. Clinically, there was right nasal vestibule mass measuring 1cmx1cm, firm in consistency with well defined margin. Nasoendoscopy examination was unremarkable. There was no palpable neck node.

Fig. 1. Early small lesion.

Our initial clinical diagnosis was benign nasal cyst. We planned for elective surgical excision with local advancement flap. However, during the preoperative assessment, which was 2 weeks later, the nasal mass was noted to be rapidly enlarging (Fig. 1). Biopsy showed poorly differentiated sebaceous carcinoma. A CT scan revealed a multilobulated rim enhancing lesion at right nasal vestibule with no erosion of adjacent anterior wall of right maxillary sinus. Surprisingly, there was a large multilobulated hypodense lesion at posterior segment of left lower lobe with rim enhancement, which measured 7.5x5.5x3.0cm. She was referred to Respiratory team for lung biopsy. However, she defaulted all subsequent follow ups.

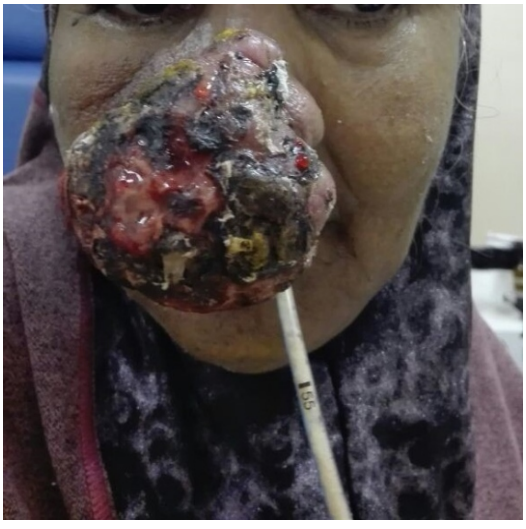

Fig. 2. Rapidly enlarged fungating tumor.

She presented 6 weeks later with poor oral intake with bleeding from nasal tumor. Clinically, there was right nasal vestibule fungating mass measuring 10cmx10cm with extensive overlying skin invasion (Fig. 2). There was no palpable neck node. She was still not keen for biopsy of lung but agreed to palliative hemostatic radiotherapy.

DISCUSSION

Sebaceous carcinoma is a rare cutaneous tumor. It was first described by Allaire in 1891.[1] It arises from any area that contain sebaceous glands. Over 70% of sebaceous carcinoma occurs in head and neck region, especially in periocular region (38.7%).[2] The extraocular sebaceous carcinoma over head and neck region commonly affect face (26.8%), scalp and neck (8.7%) and external ear (3.2%).[2] It is very uncommon for sebaceous carcinoma to involve the nasal vestibule. As far as we know, there are only 5 published cases of nasal vestibular sebaceous carcinoma in the literature.[3-7]

Anatomically, the nasal vestibule contains numerous hair follicles, sweat glands and sebaceous glands. It is lined by keratinizing squamous epithelium and the epithelium changes to pseudostratified columnar respiratory epithelium in proper nasal cavity.[8] It mostly presents as nodular mass except in one case in which the presentation is an ulcerative lesion.[3] Fortunately, nasal vestibular masses are commonly benign lesions.[9] More than 60% of clinical manifestation of benign lesions are also nodular mass, which mostly involve outer wall of nasal vestibule.[9] Other symptoms include nasal congestion, nasal discharge, epistaxis and nasal pain.

Clinical diagnosis of nasal vestibular mass is challenging due to various types of diseases that can affect the area. Differential diagnosis of benign lesion in nasal vestibule includes pseudoepitheliumatous hyperplasia, trichofolliculoma and squamous papilloma.[8] Sebaceous carcinoma is usually misdiagnosed as squamous cell carcinoma, basal cell carcinoma and cutaneous carcinoma in situ.[10] Therefore, histopathological examination and immunohistochemistry are important for correct diagnosis. Sebaceous carcinoma has various characteristics on histological examination. They are classified into lobular, comedocarcinoma, papillary and mixed forms.[11] It commonly stained positively for p53 and Ki-67.[12]

The risk factors to develop sebaceous carcinoma are advanced age, previous radiation exposure and Muir-Torre syndrome. The carcinoma may arise from long standing benign skin lesion as well as it can happen in previously cured basal cell carcinoma of nose.[3,6] In summary, sebaceous carcinoma should be considered in all nasal vestibular masses. An early biopsy is indicated in view of its aggressive nature and difficulty to differentiate from other benign or malignant condition as the clinical characteristics are similar with sebaceous carcinoma.

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