SKIN CANCER CHAMPIONS COMMUNITY

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Understanding Sebaceous Carcinoma: A Guide for Patients

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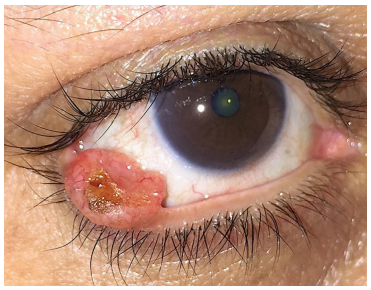
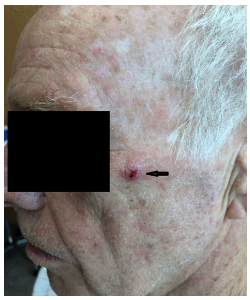
Sebaceous Carcinoma

Sebaceous carcinoma (SC) is a rare but potentially aggressive cancer that arises from oil-producing glands in the skin. There are an estimated 1-2 cases per 1 million individuals each year. SC most commonly occurs in those 80 and older, but younger adults and children can rarely develop this cancer. Typically, SC occurs around the eye (periocular) or in the head and neck region (extraocular), but can occur anywhere on the body where sebaceous glands are present. This tumor can cause destruction locally and spreads quickly to distant sites. Risk factors include ultraviolet radiation exposure, immunosuppression, prior radiation to the head or neck, and Muir-Torre syndrome.

Presentation

SC most commonly presents on the eyelid as a firm, round, painless bump or as thickening of the eyelid skin or crusting where the lid meets the lash. When involving the head or neck, SC can present as a sore that scabs, bleeds, or returns after healing. These lesions are typically yellow, orange, or red in color, and can grow quickly. At later stages, you may notice loss of the eyelashes, oozing from the area, appearance mimicking pink eye, or vision difficulty. Rarely, SC can appear on the ear canal, breasts, chest, back, abdomen, buttocks, or genitals as a slowly growing pink or yellow bump.

Diagnosis

Depending on the area of involvement, a skin doctor (dermatologist) or eye doctor (ophthalmologist) will perform a biopsy to remove a small amount of involved skin and look for cancer cells under the microscope. If the biopsy confirms SC, a comprehensive history and physical exam will be performed, with careful examination of nearby lymph nodes. Lymph node involvement may be determined via a sentinel lymph node biopsy (SLNB) for patients with periocular SC, but is not recommended for patients with extraocular SC. Most patients will not require imaging unless the lymph nodes are involved, at which point a CT, MRI, or PET scan

may be utilized to assess for distant involvement. Discuss with your provider whether screening for Muir-Torre syndrome is appropriate.

Treatment
Surgical excision is the treatment of choice for SC, regardless of location. Wide local excision entails cutting out the tumor with a margin of normal surrounding tissue, while Mohs micrographic surgery (MMS) involves cutting away thin layers of skin until there are no longer cancer cells, maximizing preservation of healthy tissue. MMS has been associated with lower recurrence rates. In patients who are not surgical candidates, radiation therapy is an option. For as many as 1 in 4 patients, SC will come back or spread after treatment. It is critical to perform regular skin self-exams, maintain dermatology follow-up, and minimize sun exposure.