Squamous cell carcinoma arising from a sebaceous cyst

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Abstract
Development of squamous cell carcinoma from a sebaceous cyst is uncommon. In this report, we describe a 77-old female patient who had a sebaceous cyst for 20 years. The cyst started to grow during the last year. The patient underwent an operation for excision biopsy, and the diagnosis was squamous cell carcinoma.

Key Words: Squamous cell carcinoma; Sebaceous cyst

Introduction
Sebaceous cyst is one of the most common skin lesions (1). This skin lesion, usually 1-4 cm in diameter, can occur in all age groups (2). The neck, the head, and the face are the most common sites for this cyst. However, the lesion has also been observed on the trunk and lumbar (3, 4). The development of this cyst into malignancy occurs more frequently in males, and the average age of growth is about 43. Although a clear factor is not determined for it, excessive exposure to sunlight, chronic irritation, and human papillomavirus infection are proposed as associated contributors (5, 6). Transformation of the sebaceous cyst into malignant cells is rare, but among these cells, subcutaneous cell carcinoma is more common than basal cell carcinoma (7). This case report describes a woman who had sebaceous cyst for 20 years, and now it has transformed to squamous cell carcinoma.

Cases
The patient is a 77-year-old woman who suffers from diabetes and has underwent coronary artery by-pass graft surgery. She has had a sebaceous cyst for 20 years; however, the cyst started to grow during the last year. She mentioned that the cyst had become itchy, the skin had got thin, and a watery discharge oozed out after scratching the area. After 15 days the discharge went septic. 2. It took the same period of time for the patient to refer to the doctor, and after 3 days, the infection got foul. The doctor requested a chest x-ray and an abdominal sonogram, a CT-scan and an examination for probable metastasis. Fortunately, the cyst had not developed a metastasis. Nevertheless, the result of the examination showed an increase in the white blood cell count (11.3), but there were reductions in red blood cell count (3.84), hemoglobin (10.1), hematocrit (32.6), and MCHC (31). The patient underwent an operation for excision biopsy (Figure 1).

The diagnosis was squamous cell carcinoma. After 5 days, the patient was operated on again for excision of all the cancerous tissues. Afterwards, in order to continue the treatment, the patient was referred to the radiotherapy department (Figure 2).
Excision of 4 mm by 6 mm for high risk squamous cell carcinoma. After the operation, we referred the patient for the follow-up treatment to radiotherapy. It is clear we needed to make sure the tumor has completely vanished.

Conclusions

Despite the fact that squamous cell carcinoma arising from sebaceous cyst is rare, according to our experience, it is potential that malignancy can occur in patients with chronic sebaceous cyst if they are exposed to sunlight. Thus, for accurate diagnosis, biopsy and microscopic examination are necessary.

References