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Sebaceous Carcinoma Cytology

Marcela Daniel*

Centre of Dermatological Studies, Girona, Spain

Introduction

Sebaceous carcinoma of the ocular adnexa is a malignant tumour that can be aggressive locally and spread to regional lymph nodes and distant organs. The tumour has been reported to mimic other benign and less malignant tumours, causing diagnostic delays and a high rate of morbidity and fatality. Sebaceous carcinoma of the ocular adnexa is a malignant neoplasm that can spread to regional lymph nodes and distant organs and has an aggressive local nature. It's a malignant tumour that can seem like other benign or less malignant lesions, causing diagnostic delays and a high rate of morbidity and fatality. The cytological characteristics of this neoplasm aspirated have not been well described in the literature [1].

Description

The many sebaceous glands of the ocular adnexa can cause sebaceous cancer of the eyelid. Meibomian glands in the tarsus, zeis glands near the eyelid edge, and sebaceous glands in the caruncle or eyebrow can all cause a tumour. It can be used to simulate a variety of clinical disorders that affect the lids. Keratoacanthoma, chalazion, seborrheic keratosis, benign calcifying epithelioma, and inverted follicular keratotis are among the papillomas that must be distinguished. Because of its rarity and tendency to mimic other periocular lesions, identification of the disease may be challenging. In comparison to most other malignant eyelid tumours, the prognosis is nevertheless dismal, with a mortality rate second only to malignant melanoma [2].

Sebaceous carcinoma is a very rare malignant tumour that mostly affects the eyelid area. It is mostly found in elderly people with a female inclination. The many sebaceous glands of the ocular adnexa can cause sebaceous cancer of the eyelid. Malignant lesions cause a delay in diagnosis, as well as a high rate of morbidity and fatality. We present a case of sebaceous carcinoma of the eyelid with neck node metastases discovered by fine needle aspiration cytology, with a focus on the tumor's unusual cytomorphology. Sebaceous carcinoma of the ocular adnexa is a malignant neoplasm that can spread to regional lymph nodes and distant organs and has an aggressive local nature. It's a malignant tumour that can seem like other benign or less malignant lesions, causing diagnostic delays and a high rate of morbidity and fatality [3].

Sebaceous carcinoma is a rare malignancy that usually manifests as cancer of the meibomian glands in the ocular adnexae. The fact that cutaneous sebaceous carcinoma frequently coexists with other epidermal elements has led to some nomenclature misunderstanding; tumours dominated by sebaceous elements are uncommon. They are aggressive tumours that can occur anywhere, but are especially common around the ocular adnexae, demanding extensive excision and close monitoring to detect metastases. SGC is a malignant tumour with aggressive local behaviour and the ability to metastasize to regional lymph nodes and distant organs. It develops from sebaceous gland cells and is most commonly found in the periorbital area, mainly in the eyelid. This tumour is one of the deadliest of all the ocular adnexal cancers [4,5].

Conclusion

The growth features of sebaceous cell carcinoma are peculiar, making removal challenging. Pagetoid spread is the first. Intraepithelial sebaceous cell carcinoma can invade vast sections of the conjunctiva and disseminate superficially. Second, sebaceous cell carcinoma appears to be the result of several, non-contiguous tumours. Because of these qualities, removing sebaceous cell carcinoma is more difficult than removing other cutaneous cancers. Squamous cell and basal cell carcinomas have a same genesis and spread radially. Frozen sections can be used to confirm clinical margins that have been estimated. Because of the pagetoid spread, genuine pathologic margins in sebum cell carcinoma are frequently not clinically evident, even with slit lamp inspection. Because tumour origins are not continuous, intraoperative margin confirmation of tumour removal is uncertain.

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***Address for Correspondence:** Marcela Daniel, Centre of Dermatological Studies, Girona, Spain, E-mail: marcelad@gmail.com*

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