Sebaceous Carcinoma of the Vulva: Case Report and Review of Literature

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Abstract

Extraocular sebaceous carcinoma is an uncommon malignant tumor that usually affects the head and neck. Despite being rich in sebaceous glands, vulvar sebaceous carcinoma is extremely rare. We report a case of vulvar sebaceous carcinoma in a 64-year-old woman that presented as an asymptomatic nodule and was successfully treated by wide local excision. The number of reported cases of vulvar sebaceous carcinoma is very small, more cases need to be collected in order to identify prognostic factors and appropriate management modalities.

Keywords

Sebaceous carcinoma, Vulva, Local excision

Introduction

Sebaceous carcinoma (SC) is a well described type of malignant adenocarcinoma with sebaceous differentiation. However, this type of neoplasm is very rarely seen in the vulvar area. The most common malignant neoplasms of vulva are squamous carcinomas (87%) and malignant melanomas (6%) [1]. Today, there are only a few reported cases of sebaceous carcinoma of the vulva and they have varying clinical courses. Here, we report a case of vulvar sebaceous carcinoma that presented as a slow growing lump without any associated vulvar skin lesions or metastases that was successfully treated with local excision.

Case Report

A 64-year-old woman was referred to our Vulvar clinic by her primary care physician for a vulvar lump that developed over 12 months. The lump was relatively asymptomatic; there was no associated pain, pruritus, bleeding, or discharge. She had other comorbidities of diabetes, chronic renal impairment, and osteoporosis with a BMI of 18 kg/m². Her other personal and family medical was unremarkable. Physical examination revealed a 2 × 1.5 cm erythematous nodule on the right labium minus (Figure 1). The surrounding area was clear. No enlarged inguinal nodes were detected. Examination of vagina and cervix were within age-appropriate normal limits. A Keyes punch biopsy was performed and was suggestive of adnexal neoplasm. Computed tomography did not reveal any abnormality in pelvis and groin nodes. In view of the patient’s comor-

Figure 1: Microscopy-Nests and lobules of basaloid cells accompanied by a dense lymphoplasmacytic infiltrate low power. 2 × 1.5 cm erythematous nodule on the right labium minus (please locate the nodule).
limits the possibility of reliably estimating remission, recurrence, and survival rates. It is, hence, difficult to formulate treatment recommendations. The few cases in the literature have very differing clinical courses (Table 1). Khan, et al. reported a SC in a 49 years old woman with disease spread to the inguinal lymph nodes who underwent local excision and bilateral groin node dissection but recurred within 7 months [6]. In contrast to this, Kawamoto, et al. described a case that also had inguinal metastases at presentation; she was offered surgery with adjuvant radiotherapy and was recurrence free for the rest of the follow-up period [2]. Similarly to ours, a number of reported cases had not spread at presentation and did not recur after initial treatment [7-10]. To date, only one case was documented to have distant metastasis [11]. Commonly used treatment modalities include surgical excision (wide local excision or hemi vulvectomy with or without inguinal lymphadenectomy), chemotherapy and/or radiotherapy as adjuvant treatment or for recurrence.

It is difficult to identify clear prognostic factors due to the extremely small number of cases. Nonetheless, we note that only the case with local recurrence had local-regional lymphatic spread at presentation and was only treated surgically. The other case with lymphatic spread was successfully treated with surgery and adjuvant radiotherapy; no recurrence was noted by the end of follow up. This indicates a possibility of lymphatic spread being a predictor of recurrence and adjuvant radiotherapy an adequate treatment modality in such cases. Even though, extraocular SC is thought to be more aggressive than its periocular counterpart, these reports suggest that with appropriate management most cases can be successfully cured.

**Conflict of Interest**

I have no conflict of interest. This project was conducted at the KK Women’s and Children’s Hospital, 100 Bukit Timah Rd, Singapore. This project received no specific grant from any funding agency in the public, commercial, or not-for-profit sectors.
Table 1: Literature with differing clinical courses.

<table>
<thead>
<tr>
<th>Author</th>
<th>Year published</th>
<th>Age</th>
<th>Site</th>
<th>Symptoms duration</th>
<th>Lesion description</th>
<th>Size</th>
<th>Stage at presentation</th>
<th>Treatment</th>
<th>Follow-up period</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Current study</td>
<td>2018</td>
<td>64</td>
<td>Labium minorum</td>
<td>12 months</td>
<td>Exophytic lesion</td>
<td>2 × 1.5 cm</td>
<td>Stage I</td>
<td>Wide local excision</td>
<td>25 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Thakur, et al. [5]</td>
<td>2017</td>
<td>55</td>
<td>Right vulva</td>
<td>NR</td>
<td>Multiple nodulo-ulcerative lesions</td>
<td>2.5 × 2 cm, 1 × 1.5 cm, 1 × 1.5 cm</td>
<td>Metastasis to right inguinal LN</td>
<td>Radiotherapy</td>
<td>NR</td>
<td>NR</td>
</tr>
<tr>
<td>Sullivan, et al. [8]</td>
<td>2016</td>
<td>76</td>
<td>NR</td>
<td>NR</td>
<td>Asymptomatic papule</td>
<td>5 × 3 mm</td>
<td>Stage I</td>
<td>Local excision with left ILND</td>
<td>10 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Pusiol, et al. [7]</td>
<td>2011</td>
<td>51</td>
<td>Labium majorum</td>
<td>6 months</td>
<td>Exophytic lesion</td>
<td>2.5 × 1.5 cm</td>
<td>Stage I</td>
<td>Tumor excision</td>
<td>18 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Khan, et al. [6]</td>
<td>2003</td>
<td>49</td>
<td>Labium majorum</td>
<td>NR</td>
<td>Papilloma-like</td>
<td>5 mm</td>
<td>Metastasis to inguinal LN</td>
<td>Wide local excision with bilateral ILND Laparotomy with PLND</td>
<td>7 months</td>
<td>Recurrence</td>
</tr>
<tr>
<td>Escalonilla, et al. [3]</td>
<td>1999</td>
<td>76</td>
<td>Labium majorum</td>
<td>4 months</td>
<td>Exophytic red and white nodule Associated with Bowen’s disease</td>
<td>4 × 3 cm</td>
<td>NR</td>
<td>Adjuvant radiotherapy Excision biopsy Radical vulvectomy with bilateral ILND</td>
<td>12 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Carlson, et al. [10]</td>
<td>1996</td>
<td>46</td>
<td>Labium majorum</td>
<td>NR</td>
<td>Sebaceous cyst-like Pruritic</td>
<td>NR</td>
<td>Stage I</td>
<td>Left radical hemivulvectomy with left ILND</td>
<td>31 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Kawamoto, et al. [2]</td>
<td>1995</td>
<td>78</td>
<td>Labium minorum</td>
<td>6 months</td>
<td>Yellowish white nodule</td>
<td>2.5 × 1.5 cm</td>
<td>Metastasis to left inguinal LN</td>
<td>Simple vulvectomy with left ILND Adjuvant radiotherapy</td>
<td>17 months</td>
<td>No recurrence</td>
</tr>
<tr>
<td>Rulon, et al. [9]</td>
<td>1974</td>
<td>31</td>
<td>Labium minorum</td>
<td>6 months</td>
<td>Raw, yellow, slightly indurated plaque</td>
<td>2 × 1.1 × 0.3 cm</td>
<td>NR</td>
<td>Excision</td>
<td>13 years 7 months</td>
<td>No recurrence</td>
</tr>
</tbody>
</table>

NR: Not Reported; LN: Lymph Node; ILND: Inguinal Lymph Nodes Dissection, PLND: Pelvic Lymph Nodes Dissection.


**References**


