A case series of rare cutaneous malignancies

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Introduction

Cutaneous malignancies are rare in people with darker skin types compared to fair skin. Cutaneous malignancies differ according to their origin. Squamous and basal cell carcinomas are by far the most common malignancies. Other types of malignancies are rarer. We report 3 cases of rarer cutaneous malignancies.

Case reports

A 77-year-old male patient presented with a slowly progressive painless ulcer over the left axilla for 3 years. There was no family history of malignancy or symptoms of pulmonary or distant metastasis. Examination revealed well-circumscribed large indurated ulcerated plaque with slough on the surface and a few telangiectasia at the margin, over left axilla measuring 10cm×15cm (Figure 1). There was a well defined hyperpigmented, violaceous patch over the right axilla. No regional lymphadenopathy was noted. A deep incisional biopsy from the plaque revealed malignant cells with foamy and eosinophilic cytoplasm with large nuclei, prominent nucleoli with mitotic figures arranged in lobules separated by fibrous septa suggestive of a sebaceous/apocrine carcinoma. The CECT chest showed multiple pulmonary metastasis. The patient was referred to an onco-surgeon for the excision and subsequent therapy.

A 71-year-old male, was referred from a medical ward for evaluation of multiple skin nodules over the trunk and a pigmented skin lesion over the back which was not noticed by the patient before. He had loss of appetite and generalized weakness for 1 year and, multiple skin nodules for 6-months. Examination revealed generalized lymphadenopathy and multiple firm non-tender subcutaneous nodules of varying sizes distributed over the anterior and posterior trunk. Some nodules showed a bluish hue. There was a well-defined blackish plaque of 3cm×4cm with irregular borders and a central nodule, over the lower back (Figure 2). The dermatoscopic examination was suggestive of a malignant melanoma. Excision of a subcutaneous lesion revealed a dark black, hard nodule suggestive of cutaneous deposits. Histology of the nodule showed clusters of malignant cells with abundant melanin pigment confirming the diagnosis. Right axillary lymph node biopsy revealed the same features. Non-contrast CT brain showed multiple hyper-dense and 'ring-enhancing' like lesions with significant perilesional oedema suggestive of metastatic deposits. The patient was referred to the oncology unit for immunotherapy.

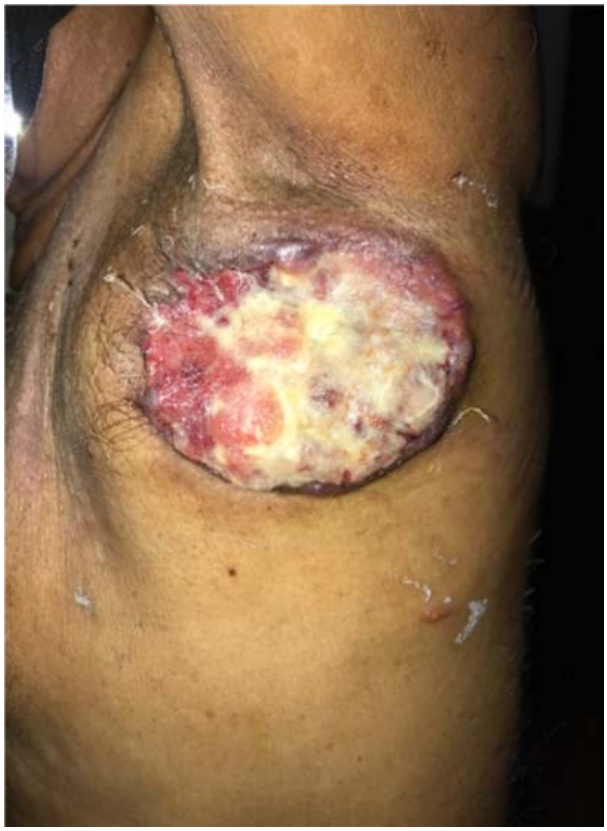

Figure 1.

A 67-year-old male presented with slowly progressing skin lesions over both arms, trunk, and lower limbs for 1-year duration. Some have become ulcerated and painful. There was no evidence of systemic metastasis. Examination revealed multiple

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plaques and nodules with ulceration over the left shoulder, dorsum of the left, hand, and lower limbs (Figures 3, 4). There was no peripheral lymphadenopathy or hepatosplenomegaly. A deep incisional biopsy revealed a diffuse population of small to medium sized lymphoid cells with pleomorphic vesicular nuclei, pale cytoplasm, and mitotic figures in the dermis. They were predominantly CD3 and CD5 positive suggesting the diagnosis of peripheral T-cell lymphoma not otherwise specified (PTCL_NOS).

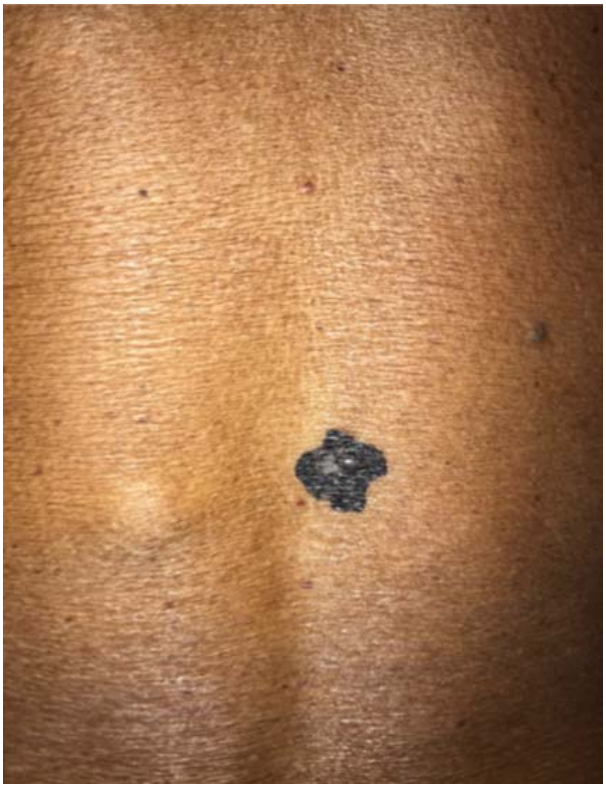

Figure 2.

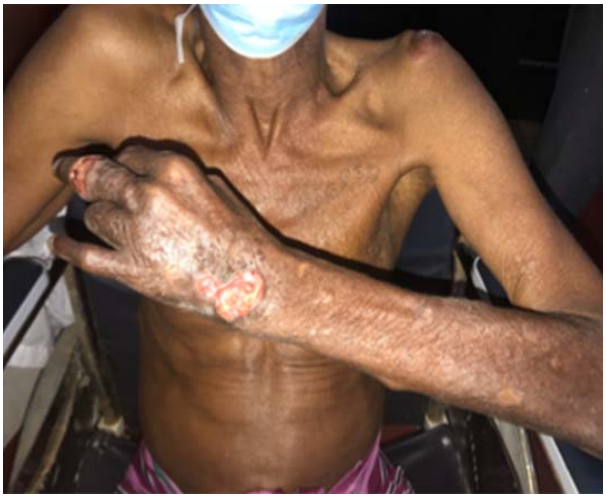

Figure 3.

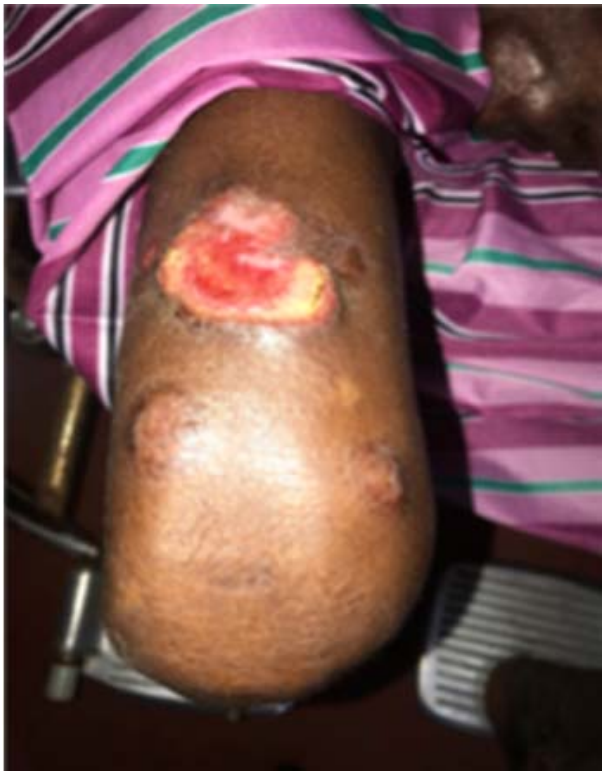

Figure 4.

Discussion

Cutaneous apocrine carcinoma, a subtype of sweat gland carcinoma, is a very rare malignant neoplasm arising in areas of high apocrine sweat gland density. Apocrine adenocarcinoma usually develops de novo but has also been observed to arise in association with other benign tumours such as apocrine adenoma and apocrine hyperplasia. Most of the neoplasms are relatively indolent and slowly developing over months to years, but some are rapidly progressive and extremely aggressive. One third of the patients have regional lymph node involvement at diagnosis. The histology shows well, moderate, or poorly differentiated adenocarcinoma containing ductal or glandular structures with apocrine features. The treatment of choice is wide local excision with clear margins, with or without regional lymph node dissection. Postoperative radiotherapy and chemotherapy are used as adjunctive treatments but have shown little benefit on mortality. There is a high incidence of local recurrence and carries a poor prognosis in metastatic disease[1].

Melanoma represents a malignant tumour that arises from melanocytes and has a higher potential for metastasis. Although the detection of melanoma at an early stage carries a good prognosis, late detection often carries a poor prognosis due to metastasis[2]. In this case, the diagnosis was delayed due to its unseen

location and the bluish hue of some nodules mimicking sebaceous cysts. This emphasizes the importance of increasing awareness among patients about self-examination concerning skin lesions.

Peripheral T cell lymphoma is a heterogeneous group of lymphomas accounting for 5% to 15% of non-Hodgkin lymphomas (NHL). Clinically, these lymphomas are often aggressive. PTCL-NOS most commonly expresses CD4 and much less commonly CD8. Expression of both CD4 and CD8 is very rare. Other T cell markers such as CD2, CD3, CD5, and CD7 are variably expressed[3].

Though rare, vigilance on cutaneous malignancies is important when we encounter patients with rare or unusual clinical pictures.

References

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