Sebaceous carcinoma is a rare cutaneous tumor that originates from adnexal structures of the skin. It is found predominantly in the head and neck and is most commonly found in the eyelid, in association with the meibomian and Zeis glands. It is the fourth most common tumor of the eyelids. It can occur anywhere in the skin where there are sebaceous glands. Risk factors for this disease seem to be advanced age, Caucasian race and genetic predisposition with Muir-Torre syndrome having high incidence of sebaceous carcinoma along with other cancers. Much light has been shed on this tumor with reports from the SEER database that before those reports our information was drawn from <200 cases in the reported literature. Those reports showed that there seem to be equal gender distribution, that the incidence seems to be rising, that advancing age is a risk factor and that this is predominantly a disease of Caucasians. Recently sentinel lymph node biopsy has been advocated for these tumors to stage to subsequent lymphadenectomy if found positive. We were interested in assessing the nodal status specifically of head and neck SCCs assessing which tumors have more tendencies for aggressive behavior and therefore are in need of more aggressive treatment with sentinel node biopsies or neck dissections.

The 17-registry SEER database was investigated over years 1973 to 2007. We considered all cases of sebaceous carcinoma (ICD-O-3 code 8410) of the skin (site codes 440-449) and genital areas (codes 510, 511, 519, 632) included in the database as of April 2010. This database collects comprehensive data on cancer incidence in 17 counties in the United States which comprise 26% of the population (reference below). We collected information on eyelid, extra-ocular head and neck, and non-head and neck skin. For our analysis we used the SEER*Stat software. Survival data was generated using the Kaplan-Meier curve in the SEER Stat software. Survival was calculated by comparing the Kaplan-Meier overall survival (OS) and the relative survival compared to the 2000 US standard population. This relative survival signifies the chance of surviving for the cohort of patients with sebaceous carcinoma compared with a standardized US population. Survival relative to population-matched US Census data was analyzed with SEER*Stat.

CONCLUSIONS
Taken together we conclude that poorly differentiated tumors of either the eyelid or skin outside the head and neck would benefit from lymph node sampling. All deeply invaded tumors would also most likely benefit from lymph node sampling. Whether that will affect survival in these patients remains to be seen and would need further studying.

REFERENCES