



SKIN CANCER (OTHER THAN MELANOMA)

WHEN IS A CYST NOT A CYST

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Background: A 67 year old south East Asian male presented with a slow growing swelling on his right lower eye lid. Clinically this was thought to be either a sebaceous, dermoid or retention cyst and was excised by the oculoplastics team.

Observation: The biopsy results from the excision demonstrated fragments of mucinous carcinoma composed of malignant acini lying within pools of extracellular mucin. Immunohistochemistry revealed strong expression with AE1/3, CK7, GATA3, GCDPF-15 and oestrogen receptor. This lesion was in keeping with a primary eccrine mucinous carcinoma of the eye lid. However, due to the overlapping immune-profile, breast cancer needed to be excluded. The patient went through further investigations with CT chest, abdomen and pelvis and review by the breast surgeons. No underlying malignancy was found. The lesion was treated with Mohs Micrographic Surgery (Mohs') and successfully excised. 12 months post procedure, there has been no recurrence.

Key message: Primary cutaneous mucinous carcinoma is a rare non melanoma skin cancer; most cases are described in the literature as case reports or case series. It is essential to differentiate this, as primary or secondary growth from an underlying metastatic cancer, usually breast. As the tumour cells may stain positive immunohistochemically for specific markers of breast, lung, ovary, prostate and gastrointestinal cancers. Classically, this lesion appears on the head or neck, affecting patients in their 60's and 70's. There are no formal clinical guidelines for treatment of this rare entity, but the literature suggests complete excision with good margins or in areas where neighbouring tissue needs to be preserved, Mohs' surgery should be considered. This case highlights that this rare entity can present itself as a benign looking tumour. Therefore, histological assessments are essential for diagnosis. Further investigations may be needed to rule out any underlying malignancy.

