Diagnosis: Squamous cell carcinoma in situ arising in seborrheic keratosis (Malignant seborrheic keratosis)

M 85, right cheek lesion

Fig 1. Seborrheic keratosis (SK), acanthotic type on the right merging into in-situ squamous cell carcinoma (SCC) in the left.

Fig 2. Seborrheic keratosis, acanthotic type on the right merging into in-situ squamous cell carcinoma in the left.
Fig 3. Higher power view of the benign SK area

Fig 4. High power view of the SCC area
Fig 5. High power view of the SCC area

Diagnosis: Squamous cell carcinoma in situ arising in seborrheic keratosis (Malignant seborrheic keratosis)

REF:

- Seborrheic keratosis with in-situ squamous cell carcinoma changes
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- We are reporting a rare case of seborrheic keratosis with Bowenoid changes occurring in an 80-year-old man. The English literature on the topic is briefly reviewed.
- Clinical synopsis
- An 80-year-old man presented with a long-standing skin lesion on his mid forehead, clinically thought to be squamous cell carcinoma. An excisional biopsy was performed. The specimen consisted of a rounded piece of skin measuring 0.8 cm in maximum dimension that featured a raised verruciform epidermal lesion. Microscopic examination revealed a raised stuck-on epidermal neoplasm showing basaloid dark epidermal cells over the deep part of the lesion. There were several benign squamous eddies suggesting irritated pattern of seborrheic keratosis. A few horn cysts were noted. The superficial part of the lesion showed papillomatosis and hyperkeratosis (Fig. 1). The benign basaloid squamous cells gradually blended with areas of markedly dysplastic squamous cells with numerous mitoses in a disorderly growth pattern, indicative of in-situ carcinoma. The entire lesion also showed areas of acantholysis (Fig. 2).
Seborrheic keratosis is a common benign epidermal neoplasm occurring in about 20 percent of the elderly population. Malignant transformation of such a tumor is a very rare event. Sloan and Jaworsky noted 60 cases of in-situ squamous cell carcinoma occurring among 4310 cases (1.4%) of clinically diagnosed seborrheic keratosis [1]. Malignant change seems to occur in the lesions located in the head and neck, typically exposed to solar degeneration. In addition to in-situ squamous cell carcinoma, invasive squamous cell carcinoma and basal cell carcinoma arising in seborrheic keratosis have been reported [2, 3]. Malignant change, mostly in-situ carcinoma, is usually detected on the microscopic examination of a long-standing seborrheic keratosis located in the head and neck, and with a recent history of ulceration or increasing size. Many of these
cases are probably histologically interpreted as an in-situ carcinoma because the residual seborrheic keratosis may be difficult to detect.

- **References**


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