SYRINGOCYSTADENOCARCINOMA PAPILLIFERUM OF THE SCALP ARISING FROM NAEVUS SEBACEOUS OF JADASSOHN IN ADULT MALE FROM RURAL SARAWAK: A CASE REPORT

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Abstract
Syringocystadenocarcinoma Papilliferum (SCACP) is an exceptionally rare cutaneous adnexal skin neoplasm of the apocrine or eccrine sweat glands or both. It may progress from pre-existing naevus of Jadassohn since birth. We hereby present a 68-year-old male who was referred to Neurosurgical department for wide local excision of scalp malignancy due to lack of plastic surgery service in rural Sarawak.

***Case presentation**:* A 68-year-old male presented with 6-month history of progressively increasing in size of vertex scalp swelling which he had it since birth but it was initially small, flat and constant. Clinically, the vertex scalp swelling measured 4x5cm and was asymmetrical and verrucous with sanguinopurulent discharge. Systemic examination was unremarkable. Contrast-enhanced computed tomography (CECT) brain showed no bone erosion and intracranial extension. CT thorax, abdomen and pelvis showed no distant metastasis. The patient underwent wide local excision. The tumour was resected with 1cm margin. Wound closure, however, was impeded leaving a 3x1cm defect despite extensive subgaleal undermining likely owing to dermal fibrosis. Daily ribbon gauze soaked with normal saline dressings were applied until wound was fully healed.

***Clinical discussion**:* Clinically this lesion could generate various differential diagnosis. HPE is needed for diagnosis. Histopathologically, the tumour resembles its benign counterpart, syringocystadenoma papilleferum (SCAP) but SCACP has variable degree of nuclear atypia and pleomorphism and exhibits numerous mitotic activity. Immunohistochemistry usually showed different immunoreactivities. In this case, it showed positive reaction to gross cystic disease fluid protein (GCDFP)-15. Complete surgical excision with 1cm clear margin is the treatment of choice but chemotherapy or radiotherapy can be offered in patient who refuses surgery or in inoperable cases.

***Conclusion**:* SCACP is a rare skin neoplasm in which its pathophysiology and histogenesis remain unclear. It can be associated with naevus sebaceous of Jadassohn. Histopathological diagnosis is needed. Wide local excision is the mainstay of treatment.