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## Case Report: Cutaneous Involvement of Malignant Mesothelioma

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**P**resenting Complaint: A 69 year old Vietnamese male was referred to dermatology outpatient's clinic by his respiratory physician with an erythematous plaque to his right chest wall. He described the rash as pruritic but not painful. Background: The patient had been diagnosed with right-sided epithelioid mesothelioma several years previously. This was slowly progressing and not causing him many symptoms. He was trialled on chemotherapy but this was discontinued due to severe nausea and vomiting. He had a stable right-sided hydropneumothorax that was not for intervention. He also had a history of diabetes and hypertension and no known allergies. Examination: On exam the patient had a 10x15cm erythematous, thickened plaque over his right flank. Impression: Clinical appearance was consistent with a lichenified dermatitis. Investigations: A 4mm punch biopsy was performed to exclude angiosarcoma. Results: The biopsy revealed changes of lichen simplex chronicus. The dermis also contained numerous prominent angulated dilated lymphatic channels and mild per-vascular infiltrate including lymphocytes, histiocytes and plasma cells. The lymphatic channels in the deep dermis were filled with atypical epithelioid cells. These were strongly cytokeratin (MNFI16) positive with weak nuclear and cytoplasmic calretinin positivity. Findings/Significance: Given the patient's known history of mesothelioma the cells in the deep lymphatics were consistent with lymphatic permeation by mesothelioma. There was secondary lymphangiectasia and lichen simplex chronicus. Recent CT chest/abdomen also revealed slight increase in thickness of right-sided pleural mesothelioma with involvement of the right diaphragm and extension through the chest wall with marginal increase in size of mediastinal lymphadenopathy. Conclusion: Given cutaneous involvement of malignant mesothelioma the patient was for palliative radiotherapy to the right chest wall. He was advised to use topical diprosone ointment for symptomatic management and was discharged from dermatology clinic.

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## A case of squamoid eccrine ductal carcinoma on the scalp

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**W**e report a case of a 71-year-old Chinese male who presented with a large ulcerating nodular plaque on the scalp, which was rapid progressing. Histology from incisional skin biopsy showed typical features of squamoid eccrine ductal carcinoma (SEDC) with infiltrative pattern and deep perineural invasion. Further CT scan of brain showed infiltrative ulcerating enhancing soft tissue mass over the left parietal and temporal scalp without cervical lymph nodes metastasis. Interestingly, this patient had history of nodular plaque on the same region of the scalp over a decade ago for which he underwent wide excision. Although the histology report then was basosquamous carcinoma, we believed it was most likely SEDC and real pathology was missed out due to its extreme rarity and diagnostic challenge in that era. Therefore, our patient was likely to have recurrent SEDC. SEDC is an extremely rare variant of cutaneous eccrine tumors that usually occurs on head and neck. Its histology shows both squamous and adnexal ductal characteristics. It has strong predilection for local recurrence as well as a metastatic potential. Due to its rarity, there is no consensus on the treatment modality. Surgical excision is usually accepted as the primary curative modality. Mohs micrographic surgery has been shown as an effective therapeutic modality in some case reports. Radiation therapy can be considered for our case in view of perineural invasion, size of the lesion and high risk for general anesthesia during surgery due to his other underlying medical conditions.

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