INTRODUCTION
Malignant rhabdoid tumor (MRT) is a well-established clinicopathological entity classically occurring in the kidneys and central nervous system in children. Congenital occurrence is rare and initial presentation as skin tumour is extremely unusual. We report a 2 months old baby with multiple cutaneous nodules noted at birth and diagnosed MRT by histopathological and immunohistochemical studies. At 1 month of life the baby developed metastases to liver, kidneys and lung and succumbed before commencement of chemotherapy.

CASE REPORT
One week old baby girl was referred for multiple cutaneous nodules that were noted at birth. She was a term baby with birth weight of 3.0kg. These nodules were painless, bluish in colour and involved the whole body including scalp, face, trunk, limbs, palms and soles. The number of nodules and the size of each nodule increased rapidly over the first month of life.

On examination she was well and thriving, noted multiple non-tender, bluish nodules of varying size, measuring 0.5cm to 2cm in diameter, involving the whole body (figure 1). They were firm and some had bleeding and ulceration (figure 1a). She also had hepatosplenomegaly. Skin biopsy of the nodule was consistent with rhabdoid tumour (Figure 2). Ultrasound of the abdomen showed multiple hyperechoic nodules in liver, spleen and both kidneys.

The baby deteriorated rapidly and succumbed due to pulmonary metastases while awaiting for staging and commencement of chemotherapy.

DISCUSSION
MRT is uncommon and highly aggressive neoplasm. It occurs most often in infancy and early childhood and has a tendency to affect the kidneys. Congenital MRT is extremely unusual. A number of reports have documented the occurrence of extrarenal sites. Cutaneous MRT either primary or metastatic is rare. The tumour might clinically resemble haemangiomas.

Reviewing the English literature, there are less than 10 case reports of cutaneous MRT. All cases of cutaneous MRT developed metastases months later and average survival time is 10 months after diagnosis. Lung and liver were the most common sites for metastasis. Most, regardless of the primary site have poor prognosis. The presence of metastasis at diagnosis seems to be the prognostic factor of outcome. Multimodal therapy with surgery, chemotherapy and radiation therapy has been recommended. MRT possesses a diverse histology and immunohistochemical profile that may mimic a variety of neoplasms, and rhabdoid features are most frequently observed in metastatic melanomas. The likelihood of misdiagnosis is increased in an unusual clinical setting. The recent discovery of a candidate tumour suppressor gene for MRT, INI1 on chromosome (Ch)22q11.2, has re-established this neoplasm as a distinct entity.

CONCLUSION
Primary cutaneous MRT is a rare malignant tumour. Although MRT occurs in infancy and early childhood, congenital occurrence is very rare. MRT in an uncommon location is easily misdiagnosed as other types of tumour. Thus diagnosis should be made by histology and immunohistochemical studies. This case report emphasizes the importance of considering the possibility of MRT in neonates with skin tumours.

REFERENCES

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