

Sebaceous Carcinoma of Eyelid: Case Report

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Abstract

Sebaceous carcinoma of the eyelid is rare. The diagnosis might be difficult because of its ability to masquerade as other periocular lesions. This paper reports a case of sebaceous carcinoma of the eyelid in a 70-year-old man. The tumor was excised and histopathological examination revealed the characteristic features of sebaceous carcinoma.

Keywords: Sebaceous carcinoma, periocular lesions, eyelid.

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INTRODUCTION

Sebaceous carcinoma of the eyelid is the fourth most common malignancy in the periocular region in the United States and the second most common malignancy in China (basal cell carcinoma is the leading cause) [1, 2]. Diagnosis and therapy tend to be delayed because sebaceous carcinoma is often mistaken for benign entities such as chalazion, conjunctivitis, or blepharitis [3]. The most common treatment for eyelid carcinomas is surgical resection with frozen section examination for margin control, but exenteration may be needed when there is orbital invasion. Adjuvant radiotherapy may be needed in patients at high risk for local recurrence.

CASE REPORT

A 70-year old man consulted his ophthalmologist for a painless left ptosis associated with a tumefaction of the upper-eyelid. He had neither oculomotor disorders nor decreased visual acuity. He was referred to our clinic 6 months later; we noticed a worsening of the ptosis up to visual axis. Visual acuity was steady and the examination of the right eye was normal (Figure 1 & 2). Orbital scanner has objectified a palpebral mass without periorbital infiltration. A conservative surgery was suggested with palpebral reconstruction. The diagnosis was confirmed with histopathological examination.



Fig-1: Sebaceous carcinoma of the left upper lid presenting as a firm, nodular, and non-tender mass



Fig-2: Sebaceous carcinoma of the left upper lid

DISCUSSION

Sebaceous carcinoma is an uncommon skin tumor which accounts for less than 1% of malignancies of the skin [4]. It occurs most frequently on the eyelids, where it comprises 4.7% of malignant epithelial tumors [5]. The incidence on the eyelid is subject to considerable geographical variation.

The median age of patients at diagnosis is 63 years [1, 3-5]. Sebaceous carcinoma of the eyelid in younger patients is apparently a rare event and, not infrequently, appears to be associated with prior radiotherapy [6, 7].

The tumor originates in the upper lid more often than in the lower lid. The clinical diagnosis of sebaceous carcinoma may be difficult, partly because it is rarely encountered and partly because of its propensity to simulate other eyelid lesions [2, 8, 9]. Chalazion, followed by blepharo-conjunctivitis, was the most common misdiagnosis, with other benign and malignant neoplasms also causing significant problems.

In exceptional patients the presenting sign is enlarged cervical lymph nodes, the usual primary lid lesion being inconspicuous and easily overlooked [1].

These diagnostic difficulties must be accepted and emphasise the importance of biopsies in uncertain and suspicious inflammatory states which fail to respond to appropriate treatment [10-12]. A full thickness eyelid biopsy, combined with conjunctival biopsies in certain cases, is the appropriate approach. The importance of histological examination of all suspicious chalazia must also be stressed

Adequate therapy requires wide excision of the lesion with a tumor free margin of at least 4 mm. Frozen section control and Mohs' technique should only be employed in specialised centre with experienced ophthalmic pathologists, as these methods may alter the histological appearance of sebaceous carcinoma [13, 14]. Correct therapy in patients with multifocal tumors and extensive pagetoid spread through the conjunctiva is exenteration. Patients must be followed up at short intervals postoperatively as the

tumor has a fast growth potential. Adequate follow up includes meticulous inspection of the local site. Palpation of the pre-auricular, sub-mandibular, and neck lymph nodes is mandatory.

CONCLUSION

Sebaceous carcinoma of the eyelid may arise from the diverse sebaceous glands of the ocular adnexa (15). Owing to its rarity and its ability to masquerade as other periocular lesions, diagnosis of the disease might be difficult [1-9]. Prognosis is still regarded as being poor compared with most other malignant eyelid tumors with a mortality second only to malignant melanoma [5, 15-17].

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