

Sebaceous Cell Carcinoma of the Lower Eyelid - A Case Report

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ABSTRACT

We report an interest case of the lower eyelid nodule in Mexican women referred because of recurrence of the tumor previously removed misdiagnosis' chalazion. For which wide local excision was done and the lower eyelid reconstructed using a composite flap of the nasal chondromucosal graft with a nasolabial flap. In this study, we describe a brief review of the primary disease and therapeutic options available.

Key words: Sebaceous gland carcinoma eyelid, eyelid tumors, chalazion tumors

INTRODUCTION

Eyelid cell sebaceous carcinoma is a rare malignant tumor of the periocular region that origin in the meibomian gland with a low incidence, 1–1.5%, female and oriental Asiatic predisposition. In 5% of the cases may have simultaneous involvement, and it is the third most common eyelid malignancy. Is more common in the upper eyelid, has a slow growing. In 5% cases may have simultaneous involvement of both eyelids. This disease has a high rate of local recurrence, and metastases of 41%. The literature reported a mortality of 6%, the physician must have high suspicious of the disease in order to make an early diagnosis.^[1-3]

CASE REPORT

We report a case of a 49-years old female, no history of alcoholism, smoking or another medical disease. She has history of progressive growth nodule in the low eyelid of the left eye in March 2014, of approximately 10 mm [Figures 1 and 2]. Was treated as a chalazion; was removed by an ophthalmologist without complications; the lesion not was

sent to histopathology study. In the next 9 months, begin again a nodule and mucosa in the low external eyelid with progressive growth. On physical examination on the low left eyelid, a nodule of 15 × 10 × 10 mm dimension was found accompanied of a firm consistency by pruritus and pain.

Incisional biopsy was done with malignancy report. We proceeded with wide local excision with margin expansion and reconstruction with flap rotation and septum graft-with transoperative study, confirm negative margins, intervention performed without complications. The patient had a good postoperative evolution; the suture was removed on the 8th postoperative day well healed flap [Figure 3]. The patient was sent to medical oncology, who considers leaving in observation not offering adjuvance until today without recurrence data. The definitive histopathology report of sebaceous carcinoma with lobular pattern edema and infiltrated. Immunohistochemistry, molecular biology, and electron microscopy have greatly improved the diagnosis, management, and prognosis of SGCs overall. Delineation of tumor margins, even with excellent paraffin-embedded sections is difficult due to either intraepithelial pagetoid spread or multi centric pattern [Figure 4(a-c)].

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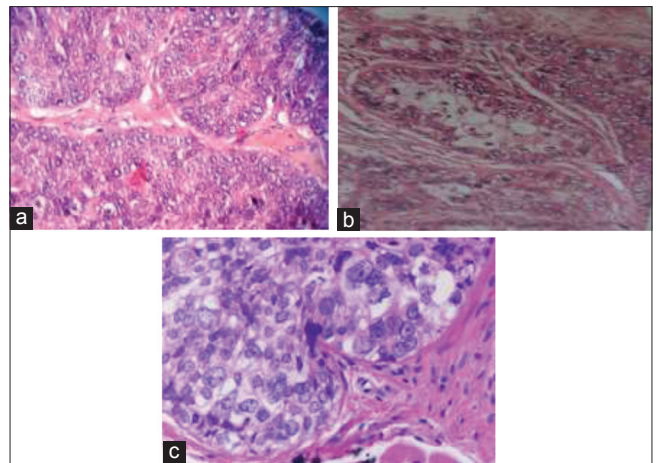
Figure 1: Carcinoma lower eyelid



Figure 3: Post-operative results



Figure 2: Tumor simulating chalazion



Figures 4: (a-c) Sebaceous carcinomas, lobular pattern. Immunohistochemistry

DISCUSSION

Is common around 60–80 years old. The symptoms of the sebaceous cell carcinoma eyelid are eyelash loss and a yellow-nodule of indolent course, simulating a benign disease; as blepharitis, chalazion, or conjunctivitis. If any of these does not improve after 3 months of observation, should be biopsied.^[3,4] If the diagnostic of malignant is confirm, we should look for metastatic disease, the immunohistochemistry study aid to establish the diagnosis. There is a predisposing genetic syndrome as Muir Torre, and these kind of patients are younger.^[4]

Treatment

Mainstay of treatment is surgical excision with 4 mm tumors free margin with or without lymphadenectomy, in advanced disease, the orbital exenterating is the option. Surgery with frozen section is a more effective method of treatment.^[3,4]

Approximately 30% recur after resection. Radiation is only indicating in advance disease with a surgical contraindication. Furthermore, in patients who refuse exenteration. The mortality from metastasis 30%, the overall mortality 6–11%.^[5] The 5-year observed that the survival was 78% (95% CI 76–80%).^[6,7]

CONCLUSION

Sebaceous cell gland carcinoma of the eyelid has an aggressive behave, due to a delayed in the diagnosis, high incidence of metastasis, if it is not treated properly and poor response to other alternative than surgery.^[3]

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