Short communication

Multidisciplinary management of an anaplastic sebaceous carcinoma of the eyelid in a 40-year-old woman


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ARTICLE INFORMATION

Article history:
Received on Nov. 13, 2007
Accepted on Feb. 8, 2010

Keywords:
Eyelid node
Sebaceous carcinoma of the eyelid
Homologous eyelid graft
Glabellar flap
Curietherapy

ABSTRACT

Case report: A 40-year-old woman was referred to our department due to an apparent indolent anterior blepharitis with an indurated node in her right upper eyelid, which had persisted for months. It was believed to be a chalazion associated with an ipsilateral swollen pre-aurical lymph node, which had not responded to conventional treatment. The extemporaneous biopsy was reported as sebaceous carcinoma. Complete exeresis was performed on that eyelid and it was reconstructed with a palate mucosa graft and a glabellar flap. A radical neck dissection was performed later, in order to remove the lymph nodes that appeared necrotic in several lymphatic areas. A biopsy was also performed on the lower eyelid, which was reported as positive for carcinomatous infiltration, and therefore it was treated with Curie-therapy.

Discussion: The precocity in diagnosing sebaceous carcinomas of the eyelids is the main prognostic factor. The reconstruction in cases with need of complete eyelid exeresis is feasible by means of a palate mucosa graft. In our case, both the anaplastic character and the high aggressiveness of the neoplasm were a therapeutic challenge.

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Abordaje multidisciplinar de un carcinoma sebáceo anaplásico palpebral en una paciente de 40 años

RESUMEN

Caso clínico: Mujer de 40 años remitida a nuestro servicio por persistencia durante meses
Introduction

Sebaceous carcinoma of the eyelids constitutes a diagnostic and therapeutic challenge due to its infrequency and aggressiveness. It is a malign tumor which usually originates in the Meibomium glands, although cases have been described as originating in the caruncle, the conjunctiva or Zeiss glands.

One of the main problems associated to sebaceous carcinoma of the eyelid is that it is very frequently confused with chalazion type injuries of chronic blepharitis. For this reason the diagnostic is delayed together with the establishment of a truly effective treatment.

From the epidemiological viewpoint, the sebaceous carcinoma of the eyelid is an entity of Caucasian women of advanced age. In general, the main factors which determine the vital prognosis in patients affected by this type of cancer are the existence of pagetoid conjunctival infiltration, the concomitant involvement of both the upper and lower eyelids and the origin in the Meibomium glands.

Case report

A 40-year old woman referred to our service due to an 8-month persistence of an anterior and apparently indolent blepharitis with the emergence of an indurated nodule in the upper right eyelid (fig. 1) assessed as “chalazion refractory to triamcinolone injection”, associated to ipsilateral pre-auricular adenopathy. The eyelid nodule was biopsied and reported after the histopathological analysis as a sebaceous carcinoma (fig. 2).

Subsequently, the upper right eyelid was removed, including the tarsus, and reconstructed with a free palatine mucosa graft covered with a pediculated frontal glabellar flap (fig. 3). The involvement of the edges in the resected surgical eyelid was discarded. In parallel, a radical cervical resection was carried out due to the presence of apparently necrotic adenopathies in several lymphatic territories (fig. 4).

The four quadrants of the conjunctiva and the lower eyelid were biopsied in the same operation. Anatomic-pathological study did not exhibit conjunctival infiltration and showed tumoral changes in the lower eyelid. Accordingly, treatment was established with brachytherapy totaling 94 sessions with the iridium 192 isotope and dosage of 0.67 Gy per session (total dose of 63.8 Gy). In addition, external radiotherapy was established over the cervical region to complete the surgical treatment carried out in the area.

Figure 1 - The lesion at the time of the first exploration, showing a nodule in the middle third of the upper right eyelid that induces complete mechanical ptosis.

Figure 2 - Histopathological study of the surgically removed upper eyelid, showing the neoplastic cells with focal sebaceous differentiation.
Discussion

A precocious diagnostic of sebaceous carcinoma of the eyelids is the main prognostic factor as after the diagnostic is reached a surgical operation can be carried out to radically eliminate the neoplasia. Accordingly, the differential diagnostic must consider said entity with respect to any eyelid nodule.

The surgical intervention must consider the broadest possible resection, with subsequent reconstruction with grafts or other oculoplastic surgery techniques. In this case we opted for a palatine mucosa graft and a pediculated glabellar flap.

In this case, the anaplastic nature and high aggressiveness of the neoplasia posed a therapeutic challenge which required, together with the surgical excision of the entire upper eyelid, the administration of brachytherapy over the infiltrated lower eyelid and external radiotherapy over the cervical lymphatic areas.

REFERENCES


