SEBORRHEIC KERATOSIS OF CONJUNCTIVA: A CASE REPORT

QUERATOSIS SEBORREICA DE LA CONJUNTIVA: INFORME DE UN CASO

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ABSTRACT

Case report: Pigmented conjunctival lesions are a diagnostic challenge for the clinician. A 37-year-old man presented with a pigmented mass involving the conjunctiva of his right eye. Clinically, a diagnosis of malignant melanoma was made and a wide excision of the tumor was performed. The histopathologic diagnosis was seborrheic keratosis.

Discussion: Seborrheic keratosis is a benign lesion which occurs on the eyelids and face of middle-aged and elderly individuals. The occurrence of this lesion on the conjunctiva is rare, however there are 2 cases reported in the world literature. Seborrheic keratosis should be considered in the differential diagnosis of conjunctival pigmented lesions (Arch Soc Esp Oftalmol 2006; 81: 217-220).

Key words: Conjunctiva, seborrheic keratosis, conjunctival pigmented tumors, conjunctival melanoma, inverted follicular keratosis.

RESUMEN

Caso clínico: Las lesiones conjuntivales pigmentadas representan un reto diagnóstico para el clínico. Hombre de 37 años de edad quien presentó una masa conjuntival pigmentada en su ojo derecho. Clínicamente se diagnosticó como melanoma, por lo que se realizó escisión completa del tumor. El diagnóstico histopatológico fue de queratosis seborreica.

Discusión: La queratosis seborreica es una lesión benigna que se presenta en los párpados y en la cara de individuos de edad media y adultos mayores. El desarrollo de esta lesión en la conjuntiva es poco frecuente, solo se han informado 2 casos en la literatura. La queratosis seborreica debe ser considerada en el diagnóstico diferencial de lesiones conjuntivales pigmentadas.

Palabras clave: Conjuntiva, queratosis seborreica, tumores conjuntivales pigmentados, melanoma conjuntival, queratosis folicular invertida.
INTRODUCTION

Pigmented conjunctival lesions are a diagnostic challenge for the clinician. In some cases, apparently indolent lesions represent diagnoses with a bad prognosis. In others, rapid growth tumors which suggest a malign neoplasia are in fact benign lesions with good prognosis. Accordingly, it is very important to be acquainted with the clinical aspect and histological diagnosis of the different conjunctival entities which can produce confusion in diagnosis and lead to inadequate treatment.

CASE REPORT

A 37-year old man without relevant history who developed a conjunctiva mass in the right eye (RE) with an 8-month evolution. Clinically, we found a pigmented mass over the nasal conjunctiva which invaded part of the cornea but without affecting the visual axis. The initial ophthalmological exploration showed a visual acuity of 20/20 and an IOP of 12 mmHg in both eyes. The biomicroscopy and indirect ophthalmoscopy of the left eye (LE) were normal. The RE biomicroscopy revealed a high, densely pigmented mass of 9 x 4 mm with well-defined edges in the nasal section of the bulbar conjunctiva which invaded part of the cornea (fig. 1). The mass was surrounded by some prominent nutrition vessels. We found no evidence of primary acquired melanosis adjacent to the lesion. The rest of the ophthalmological exploration, including funduscopy, gave normal results.

A complete excision of the lesion was carried out, with broad surgical margins. The macroscopic view revealed a nodular lesion measuring 8 x 4 x 3 mm with smooth external surface, multi-lobulated, dark brown color and with mucous appearance.

The histopathological analysis evidenced conjunctival covering epithelium with papillomatosis changes and irregular acanthosis, the latter at the expense of a proliferation of basaloid cells which in turn were mixed with small groups of squamous cells and some dendritic melanocytes (fig. 2). In addition, the substance itself exhibited areas with elastotic degenerations, thin but dilated blood cells and variable accumulations of inflammatory infiltrates made up by mature lymphocytes, plasmatic cells and some melanofagues.

With the above findings, a diagnosis of conjunctival seborrhoeic keratosis (SK) was established.

DISCUSSION

SK is a benign epithelial neoplasia which occurs with relative frequency in the skin of the eyelids and on the face of individuals between 40 and 50 years old (1). It grows relatively quickly in the conjunctiva and frequently presents melanic pigment, both clinically and histologically (4), which leads us to think about a malign, melanoma-like neoplasia. For this reason, it is recommended to make a biopsy or complete resection of the lesion with histopathological study in order to determine a definitive diagnostic.

To date only two cases of this entity with involvement of the conjunctiva have been reported, one...
diagnosed as SK and the other as a variant thereof called inverted follicular keratosis (IFK) (2,3). Both cases belonged to male patients aged 66 and 21 respectively, without relevant histories, who exhibited a rapidly growing conjunctival mass. The lesions had a long axis of 4 and 8 mm respectively, with the former being densely pigmented and the latter having a yellowish color. Both lesions were in the para-limbic inter-palpebral area. The first case was clinically diagnosed as a malign melanoma.

In both patients the lesion was completely removed. The histopathological findings were similar in both cases and were characterized by the presence of acanthotic epithelium at the expense of a proliferation of basaloid cells, without cellular malformations, nuclear pleomorphism or myxosis. The first case also included slight keratinization, pigmentation increases in the conjunctival epithelium and the presence of some corneal cysts. In the second case the acanthotic basaloid cells were arranged around «squamous whirlpools» which pointed to the diagnostic of IFK.

Our case shares many characteristics of the two previous ones because it also involved a male (37) without relevant history with a rapid growth pigmented conjunctival lesion in the same location. The clinical diagnostic in our patient was probably «de novo» conjunctival melanoma, and therefore was treated with complete excision of the lesion. The histopathological findings were almost undistinguishable from those reported by Tseng et al (2) with the exception that in our case we did not find corneal cysts. It is important to mention that in the two previous cases (2,3) as well as in ours the involved conjunctival covering epithelium did not exhibit remainders of cup-shaped or mucous-producing cells, or dysplasic changes.

In the presence of a pigmented conjunctival neoplasia, it is a requirement to carry out a broad and complete removal of the lesion because, if a melanoma is suspected (although rarely in this location), its mortality rate ranges between 30 and 40% (4).

Conjunctival SK and its IFK variant exhibit histopathological findings which are very similar to those originating in the skin. It is important to emphasize that when some of them develop in the conjunctiva they are generally pigmented (5) and therefore should be considered in the differential diagnostics together with conjunctival melanoma.

REFERENCES