SEBACEOUS CARCINOMA. STUDY OF TWO CASES

CARCINOMA DE GLÁNDULAS SEBÁCEAS: PRESENTACIÓN DE DOS CASOS CLÍNICOS

IGLESIAS I¹, TROYANO J¹, DÍAZ-VALLE D², GENOL I¹

ABSTRACT

Clinical cases: A 94-year-old woman, who had had a chalazion for a period of 8 months, presented because of thickening of the eyelid with necrosis, madarosis and adenopathy.

A 67-year-old woman, previously operated on for a sebaceous carcinoma, presented because of reddening of the conjunctiva and eyelid. Clinical evaluation revealed inflammation of the eyelid and an irregular and erythematous superior bulbar conjunctiva with disruption of the limbal architecture.

Discussion: A sebaceous carcinoma is a tumour which is difficult to diagnose and treat, because it can be patchy and has a tendency to pagetoid dissemination. Diagnosis requires a biopsy of the lesion and mapping of biopsies from the conjunctiva of the eyelid and eyebrow. The subsequent treatment depends on the extent of the tumour, and may involve simple cleavage, topical mitomycin C, radiotherapy or exenteration of the eyebrow (Arch Soc Esp Oftalmol 2008; 83: 445-448).

Key words: Sebaceous carcinoma, eyelid, blepharoconjunctivitis, chalazion, pagetoid spread, mitomycin C.

RESUMEN

Casos clínicos: Mujer de 94 años que consulta por chalazión de 8 meses de evolución. Presenta engrosamiento palpebral con necrosis y madarosis, y una adenopatía preauricular.

Mujer de 67 años operada de un carcinoma de glándulas sebáceas que acude por enrojecimiento conjuntival y palpebral. La biomicroscopía manifestaba inflamación del párpado y presencia de una conjuntiva bulbar superior irregular y muy eritematosa con desestructuración de la arquitectura limbar.

Discusión: El carcinoma de glándulas sebáceas es un tumor de diagnóstico y manejo difícil ya que puede presentarse de manera parcheada y tiene tendencia a la diseminación pagetoid. Para su diagnóstico se debe realizar biopsia escisional y mapa de biopsias de conjuntiva palpebral y bulbar. El tratamiento posterior dependerá de la extensión del tumor, bien escisión simple, Mitomicina C tópica, radioterapia o exenteración orbitaria.

Palabras clave: Carcinoma sebáceo, párpado, blefaroconjuntivitis, chalazión, diseminación pagetoid, mitomicina C.
INTRODUCTION

Sebaceous cell carcinomas are malignant neoplasms that appear in the preorbital region, usually on the eyelid. They may extend locally onto the eyelid and the ocular surface, and metastatize to regional lymphatic ganglia and to distant organs. This pathology is likely to be incorrectly diagnosed as a long-evolution chalazion, chronic blepharitis, conjunctivitis (1), blepharoconjunctivitis, upper limbic keratoconjunctivitis, and other types of ocular inflammation pathologies, such as papillary- or cicatricial pemphigoid conjunctivitis.

CASE REPORTS

Case 1

94-year-old woman, presented because of chalazion and unilateral blepharitis on left eye, with 8 month evolution. Treatment had been applied topically, with antibiotic ointment and palpebral washings.

Under examination an erithematous tumefaction was noted on the upper left eyelid. The tumor was hard, and affected mainly the pretarsal area, which was thickened, with madarosis also visible for the same area. Biomicroscopy showed a normal ocular surface, with no signs of conjunctival or corneal involvement. An ipsilateral preauricular adenopathy was visible. An incision biopsy of the lesion was taken, for which the pathologist reported palpebral sebaceous carcinoma. The CT scan revealed a large tumor involving the upper left eyelid, with infiltrated preseptal fat, and no osseous or retro-orbital fat infiltration.

Patient was referred to oncology for an extension study. No distant metastases were found. Given the age of the patient, and the presence of adenopathies, palliative radiotherapy was prescribed (Figs. 1, 2a, and 2b). The local tumor was reduced, but radiotherapy was not tolerated, and treatment was discontinued. The patient died one year later due to heart insufficiency.

Fig. 1: Appearance of the tumor involving the patient’s left eyelid in case 1, at the time of diagnosis. The figure shows thickening of the palpebral margin, significant necrosis, and madarosis.

Fig. 2A: CT scan for the orbit (Case 1), showing the large left palpebral mass.

Fig. 2B: CT scan for the orbit (Case 1), showing infiltration of preseptal fat, and the lack of involvement of retro-orbital fat and bone.
Case 2

67-year-old woman referred from another centre for treatment of sebaceous cell carcinoma of the right eye for which surgery was performed six times. The pathology made its debut as a pediculated lesion on the upper tarsal conjunctiva. A biopsy was carried out, reporting a sebaceous carcinoma. A number of surgical margin enlargements were applied for the posterior lamella of the upper right eyelid, until tumor-free limits were found. A report was produced for sebaceous carcinoma with page-toid spread.

The patient showed palpebral and conjunctival chronic inflammation. Examination revealed a mild thickening of the external third of the free edge of the upper right eyelid. Biomicroscopy showed an irregular, largely erythematous upper bulbar conjunctiva, a 6 mm-wide area with a destructured limbic architecture, with an infiltration of Vogt’s palisades by yellow sebaceous-like cordons, and conjunctivization of the upper corneal epithelium, and a shortening of the upper fornix and symblepharon in the external canthus area. No ganglionary involvement was noted upon palpation. CT scans for skull, abdomen, and thorax were normal. Bone gammagrapy was normal.

A wedge blepharectomy was performed for the thickened area in the upper right eyelid, together with a mapping of conjunctival biopsies. A sebaceous carcinoma was reported for the main piece. Conjunctival samples were tumor-free.

Blepharectomy was enlarged, awaiting treatment of the ocular surface with mytomicine C solution (Figs. 3, 4a and 4b). Follow-up of the case was not feasible, as the patient decided to continue treatment in her home town.

DISCUSSION

Sebaceous cell carcinoma affects mainly elderly patients. The average age is 72 in Shields’ series (2). Prevalence is higher for women, and the disease is much more prevalent in countries such as India and China (3).

There are still significant problems for a correct diagnosis, leading to delays in treatment, thus producing potentially fatal consequences, as shown in Case 1. Clinicians should not forget that sebaceous cell carcinoma must be discarded whenever a un-
lateral palpebral inflammation pathology is present in elderly patients. A biopsy must be performed in case of suspicion or lack of response to the treatment.

These tumors may disseminate inside the epithelium, thereby replacing the palpebral epidermis or the conjunctival and corneal epithelial surface, as shown for Case 2. This is known as a pagetoid pattern, and has been associated to a worse prognosis and a higher rate of exenterations, mainly when corneal involvement is present. When tumors present in this manner this is not always visible through biomicroscopy, so the extension of the tumor is difficult to be ascertained. Besides, the tumor may have a multicentric origin, showing a patched growth pattern, thus preventing free surgical limits or Mohs’ surgery to allow for full tumor removal.

Management must start with a biopsy, excisional if possible. The frozen cut technique or Mohs’ microsurgery may be performed, with the limitations described above. Intraepithelial spread must be discarded at the time of surgery, using a palpebral and bulbar and conjunctival biopsy map (4). Cryotherapy may also be applied on bulbar and palpebral conjunctiva as a coadjuvant (2) when pagetoid spread is detected. Mytomycin C (5) may be applied as topical chemotherapy whenever the cornea is involved or when the presence of residues on the bulbar conjunctiva is uncertain, as shown in Case 2. This has traditionally been considered as a radioresistant tumor, but good results have been obtained by some authors in selected cases, as in Case 1. Radiotherapy may be considered as an alternative to exenteration for patients with a short life expectancy, and uncertain systemic involvement. Despite all the options described above, exenteration remains as the treatment of choice for those cases where the orbit is invaded. Prescriptions have decreased for extensive conjunctival involvement.

REFERENCES