Case Report
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Sebaceous cell carcinoma of the lower eyelid–case report

Abstract

We report an interest case of the lower eyelid nodule in a 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 nasal chondromucosal graft with a nasolabial flap. In this study, we describe a brief review of the primary disease and therapeutic options available.

Keywords: sebaceous gland carcinoma eyelid, eyelid tumors, malignant tumor, meibomian gland, diagnosis, medical disease, alcoholism, smoking, ophthalmologic

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Introduction

Eyelid cell sebaceous carcinoma, are rare malignant tumor of the periocular region, that origin in the meibomian gland with a lower incidence, 1-1.5%, female and oriental Asiatic predisposition. In five percent cases may have simultaneous involvement, 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. High incidence of recurrence, and metastases disease 41%. The literature has reported a mortality of 6%, the physician must have high suspicious of the disease to an early diagnosis.[1–3]

Case report

A 49 years old female, with no previously medical disease. No history of alcoholism or smoking. With history of progressively increased nodule in the lower eyelid of the left eye in March 2014, of approximately 10 mm. (Figure 1) (Figure 2). Was treated himself as a chalazion; which was removed by an ophthalmologic without complications; was not sent to histopathological study. In the next nine months, begin again a nodule and mucosa in the lower external eyelid with progressive growth. On physical examination on the lower left eyelid a nodule of 15 x 10 x 10 mm dimension was found accompanied of a firm consistency by pruritus and pain. Insicional biopsy was done on May 4, 2015 with histopathological report of sebaceous carcinoma with lobular pattern edema and infiltrated, surgical edges with tumor. We proceeded with wide local excision with margin expansion and reconstruction with flap rotation and septum graft on May 27, 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. The patient was sent to medical oncology, who considers leaving in observation not offering adjuvance until today without recurrence data (Figures 3).

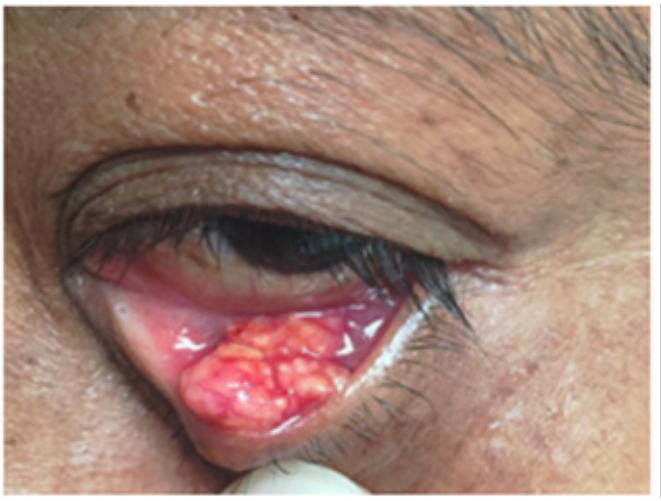


Figure 1 Carcinoma lower eyelid.

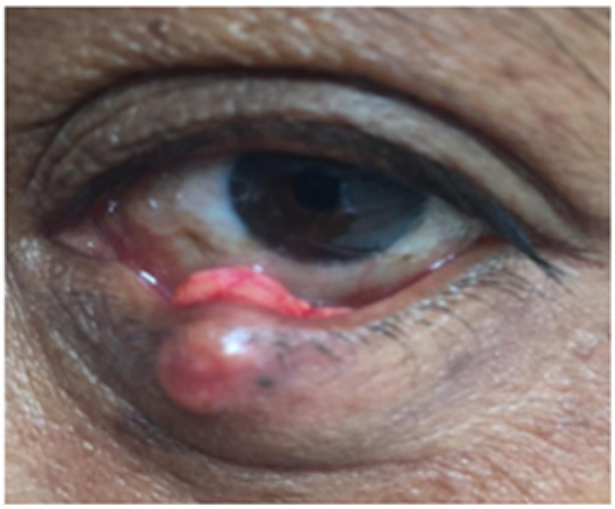
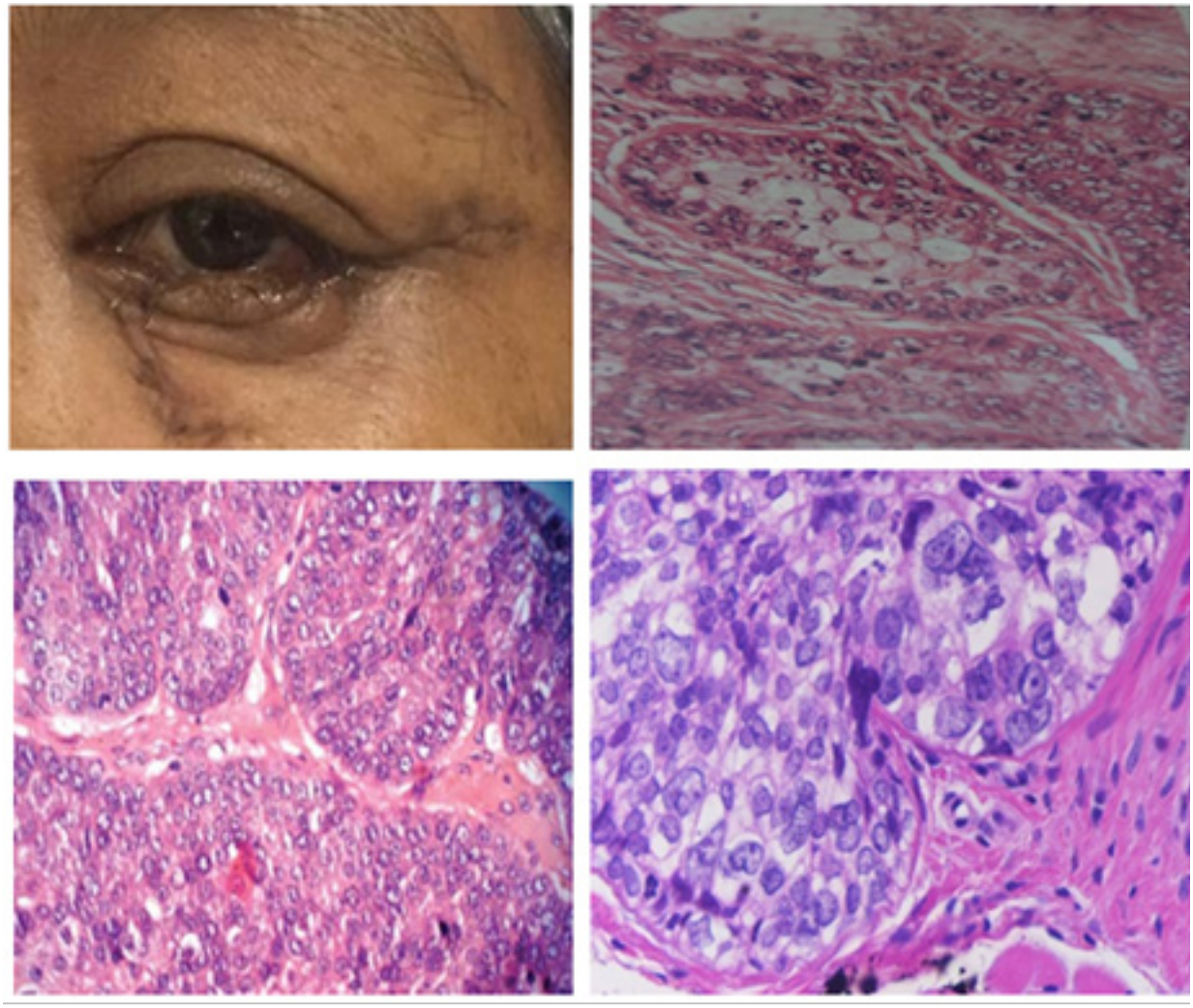


Figure 2 Tumor simulating chalazion.



Figures 3 Sebaceous carcinomas, lobular pattern. 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.

Discussion

Is common around 60 t0 80 years of age? The symptoms of 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 is does not improve after three months of observation, should be biopsied.[3,4] and send to histopathological study. If the diagnostic of malignant is made, we should look for metastatic disease. 4 the Immunohistochemistry study is required to establish a better diagnosis. There is a predisposing genetic syndrome as Muir Torre, these patients are younger. Treatment: Mainstay of treatment is surgical excision with a 4 mm tumors free margin with or without lynfadenectomy in advanced case 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 surgical contraindication. Also in patients who refuse exanteration.[5] The mortality from metastasis 30%, the overall mortality 6–11%.[6] The five-year observed survival was 78 percent (95% CI 76-80 percent).[6,7]

Conclusion

Sebaceous cell gland carcinoma of the eyelid has an aggressive behave, due 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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None.

Conflict of interest

The author declares there is no conflict of interest.

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