Unusual presentation of malignant tumor of the eyelid

Ahmed Ali Ahmed
3rd year resident
Ophthalmology department
Sohag University Hospital
A 45 years old lady presented to outpatient clinic with discharge and discomfort of her left eye for 2 years with redness and loss of lashes of the lower lid of the same eye.

During these 2 years, she had many ophthalmological clinics visits and she was told that she has chronic blepharitis and in all visits, she was advised to use eye drops and ointments that all were of no value.
We admit this lady in our department for full evaluation :-

**History :-**

- No history of previous similar attacks before 2 years
- She has no history of any ocular operations.
- She isn't known to be diabetic.
- She is hypertensive for 2 years and controlled on medications.
- She has no history suggesting other systemic diseases.

**Ocular examination**
<table>
<thead>
<tr>
<th></th>
<th>OD</th>
<th>OS</th>
</tr>
</thead>
<tbody>
<tr>
<td>VA</td>
<td>6/60</td>
<td>CF 30 Cm</td>
</tr>
<tr>
<td>Eyelids</td>
<td>Upper and lower eyelids are normal</td>
<td>Upper ..... Normal. Lower ......hyperemic, macerated margin , lost lashes with white patches of keratosis.</td>
</tr>
<tr>
<td>Conjunctiva</td>
<td>Normal</td>
<td>Hyperemic</td>
</tr>
<tr>
<td>Lens</td>
<td>Cataract</td>
<td>More dense cataract</td>
</tr>
<tr>
<td>Fundus</td>
<td>Normal</td>
<td>Pale optic disc</td>
</tr>
<tr>
<td>Tear film break up time (BUT):</td>
<td>15 seconds</td>
<td>6 seconds</td>
</tr>
<tr>
<td>Preauricular and submandibular LN</td>
<td>not clinically palpable</td>
<td>not clinically palpable</td>
</tr>
</tbody>
</table>
Systemic examination

- No other body swellings or masses.
- No signs of seborrhea.
- RBS 128 mg\dl.

Differential diagnosis

1. Chronic blepharitis.
2. Basal cell carcinoma.
3. Squamous cell carcinoma.
4. Sebaceous gland carcinoma.
With malignancy

1. Long duration.
2. Destruction of lid margin architecture.
3. Irregular borders of the lesion.
4. Lack of tenderness.
Basal cell carcinoma BCC

With
- Most common eyelid malignancy 90%.
- More frequently in lower lid.
- No metastatic lesions

Against
- No definite clinical type of BCC

Squamous cell carcinoma

With
- More frequently in lower lid.
- Keratosis.

Against
- Young patient.
- No lymph node involvement.
- Immunocompetent Pt
Preoperative biopsy

Preoperative biopsy taken from the hyperkeratotic area of the lesion and the histopathological examination reveals that the specimen is of actinic keratosis.
Actinic keratosis

- Hyperkeratotic plaque with well defined borders, scaly surface that may be fissured.
- Palpable more than visible.
- It has a potential transformation into a squamous cell carcinoma.
The decision was taken

To do surgery that involves total excision and reconstruction.

Reconstruction was done by 
Huges and Tenzel flaps.
Surgery was done by
Ass. prof.
Ali Mahmoud Ismail
Two postoperative specimens

Were taken and sent to 2 different laboratories
The results

The first specimen shows:

Actinic keratosis with foci of severe dysplasia (carcinoma in situ)
The results

The second specimen shows:

- Intra-epithelial squamous cell carcinoma grade II.
- Negative stromal invasion.
- Ulcerated and inflamed.
Take home message

• Cancer may presented with inflammation like condition.
• Malignant tumors appears not to respect the age.
• Any unilateral condition more than 4 weeks (chronic) should raise the suspicion of malignancy.
• Any excised tissue should be examined histopathologically.
• Follow up any patient with eyelid malignant tumor for at least 5 years for recurrence.
• To learn more, you should be adherent to a supervisor.

THANKS TO

• My Prof: Gamal Abdellatif Radwan.
• My ASS. Prof: Ali M. Ismail

And