

Case report

Sebaceous Carcinoma of the Eyelid; a pseudochalazion entity : A Case Report and Review of the Literature

ABSTRACT :

Palpebral sebaceous carcinoma (PSC), a rare malignant disease, is most frequently found in the ocular region despite the potential for extraocular occurrence. Known for imitating benign conditions, diagnostic delays are common. Primarily affecting females, the tumor typically appears in the upper eyelid, and surgery appears to be the preferred treatment for localized sebaceous cell carcinoma. This summary includes a case of a 42-year-old female patient and a literature review.

Keywords: Sebaceous carcinoma, eyelid tumor, Early diagnosis, Chalazion, Female, Middle aged

INTRODUCTION:

Palpebral sebaceous carcinoma (PSC) is an uncommon malignancy⁽¹⁾ originating from meibomian or the adnexal epithelium of sebaceous glands⁽²⁾. The tumor can mimic inflammatory conditions like blepharo-conjunctivitis, recurrent chalazion, or superior limbic keratoconjunctivitis. ⁽³⁾⁽⁴⁾⁽⁵⁾ leading to frequent delays in diagnosis ⁽⁶⁾. The clinical presentation of the condition may lack specific characteristics, underscoring the importance of a biopsy for both confirming the diagnosis and distinguishing it from similar-appearing conditions ⁽⁷⁾.

METHODS: The article presents a case of sebaceous carcinoma in a 42-year-old female with review of the literature and showing the importance of early diagnosis.

CASE REPORT:

A 42-year-old female patient without notable ophthalmological or general medical history was the subject of our observation. She came in with a painless lump on the upper right eyelid that had been developing for more than 8 months. During examination, a 1.8 cm Chalazion-like nodular lesion was noted. Eversion of the eyelid revealed a clear tarsus. A clinical examination indicated a clear orbital cavity, and there were no detectable cervical nodes upon palpation. The general examination did not reveal any other noteworthy findings.

The pathology results confirmed the presence of a sebaceous carcinoma measuring with clear margins.

The patient experienced positive results in terms of functionality, anatomy, and aesthetics.

According to the American Joint Committee on Cancer (AJCC) TNM classification for eyelid tumors in its 7th edition, the tumor was categorized as PT2aN0M0.

DISCUSSION :

Diagnosing the condition is frequently challenging, primarily because in the early stages, the external signs are subtle and may resemble benign lesions. In over 50% cases, sebaceous carcinoma (SC) may present as a pseudochalazion or a chronic blepharoconjunctivitis. ⁽³⁾⁽⁵⁾⁽⁸⁾⁽⁹⁾

Any chalazion displaying unusual consistency or recurring after incision and curettage on more than three occasions should be subjected to complete thickness resection and histological examination.

Sebaceous cell carcinoma is much more common in the upper eyelid due to the larger number of meibomian glands being present there, followed by the lower lid. (10) Upper eyelids SC tend to metastasize to preauricular and parotid nodes, which represent the most common sites of metastasis(11)

It is important to examine the patient carefully for evidence of pagetoid spread or multicentric origin by double eversion of the eyelids, and any conjunctival alteration such as telangiectasia, papillary change, or a mass. In such an instance, conjunctival punch biopsies should be taken in addition to surgical resection of the lid lesion(12)

We determined that deep biopsy is frequently necessary. Additionally, specialized histological stains can be employed to eliminate differential diagnoses that imitate the condition.

For treatment, the recommended first-line therapy is surgical removal, followed by margin assessment of the peripheral and deep tissue edges; conjunctival mapping biopsies can facilitate surgical planning(13) Radiotherapy can be considered for cases with nerve or lymph node involvement, and as the primary treatment in patients who are ineligible for surgery.(13)

Overall, the absence of a dedicated follow-up guideline for sebaceous carcinoma (SC) in existing literature is notable. Considering the infrequency of SC affecting the eyelid, the establishment of surveillance recommendations necessitates a comprehensive literature review on this subject, coupled with deliberations among expert groups.

Due to similar metastizing pattern, the guideline for melanoma follow-up (14) could probably be appropriated. It includes follow-up visit every 3 months until 2 years have passed from the diagnosis. Thereafter, follow-up is continued every 6 months for 5 years.

CONCLUSION:

Sebaceous carcinoma is uncommon but is associated with a serious prognosis. The condition can be easily confused with an inflammatory disorder. Consequently, any nodular or recurring lesions on the eyelid of an elderly individual should undergo histological examination.

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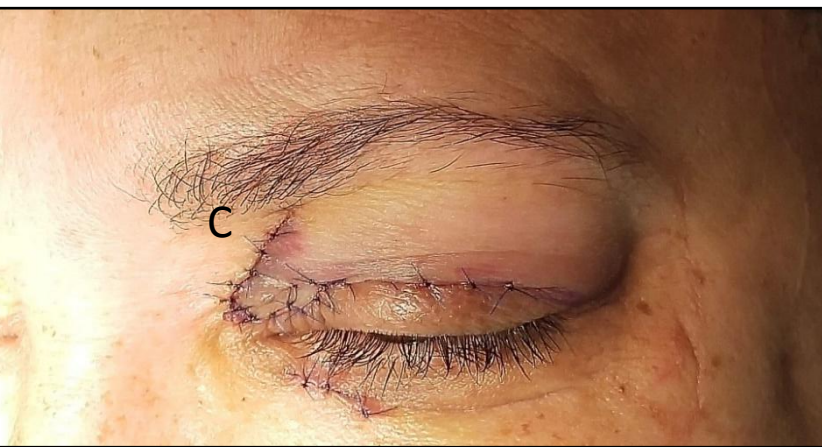
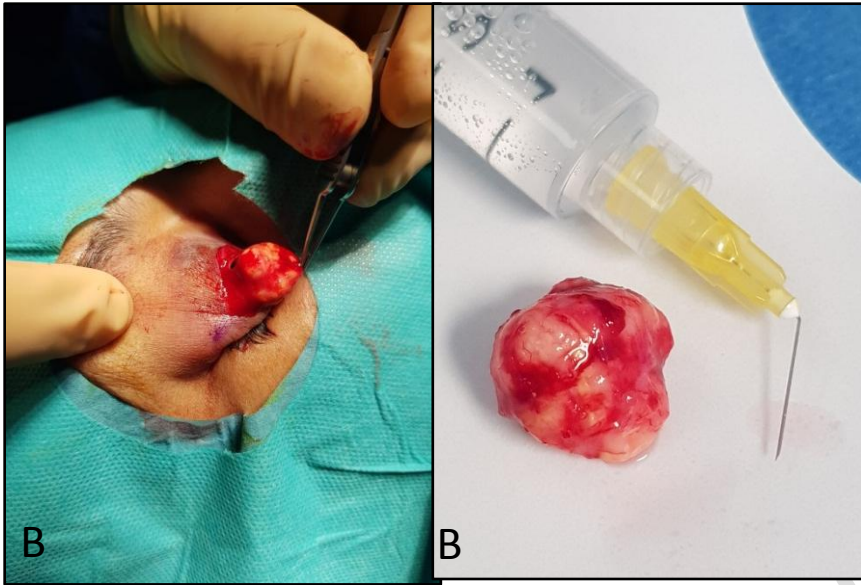
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Patient CONSENT :

Written informed consent for publication of their clinical details and clinical images was obtained from the patient.





Figures: A- Clinical presentation reveals a significant mass on the right upper eyelid. The predominant clinical manifestation is a painless, firm, sessile to round. The skin overlaying the lesion typically appears smooth and displays reasonable mobility. B- Perioperative imaging of the removal of a sebaceous carcinoma mass from the upper eyelid C- Immediately post-operative and two weeks after surgical resection of the tumor and reconstruction of the eyelid.

UNDER PEER REVIEW