Malignant Tumors of the Lids and Adnexa

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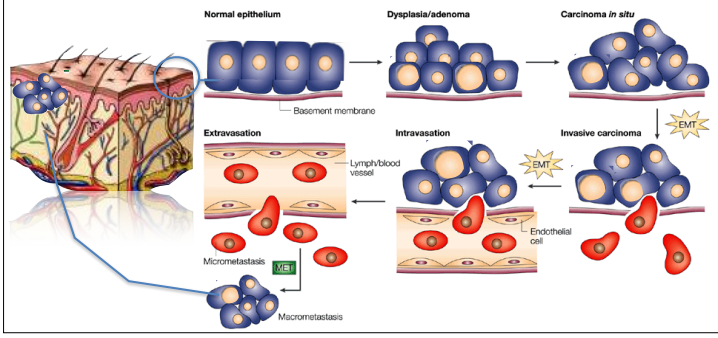
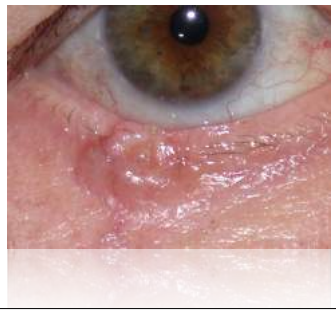
No Financial Disclosures

Benign vs. Cancer



Malignant Tumors: Basal Cell Carcinoma

- Description
  - Locally invasive proliferation of pluripotent epidermal basal cells
  - Most common skin cancer and most common eyelid malignancy
  - Slow growing with little metastatic potential
- Clinical Appearance
  - Usually on the lower eyelid
  - Non-tender ulceration
  - Irregular boarders
  - Possible keratinization
  - Destruction of eyelid architecture
  - Nodular type: pearl like appearance with dilated blood vessels on surface
  - Ulcerative type: central ulcer with raised pearly edges
  - Sclerosing (morphea) type: lateral, hardened, infiltration beneath the epidermis. May be confused with chronic blepharitis



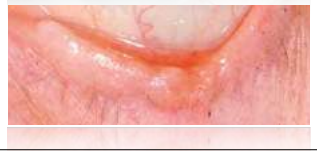
Malignant Tumors: Basal Cell Carcinoma

- Risks
  - Common in the elderly
  - Risk factors include fair skin and high cumulative sun exposure
- Clinical Management
  - Diagnosis confirmed with biopsy
  - Excision is the common removal technique
  - Mohs micrographic surgery removes the tumor along with a thin layer of surrounding tissue. The surround is immediately examined for tumor cells and the procedure repeated if any are found. Highest cure rate at 98%.
  - Recurring tumors tend to be more invasive and difficult to treat

Malignant Tumors: Basal Cell Carcinoma

Nodular BCC

Ulcerative BCC



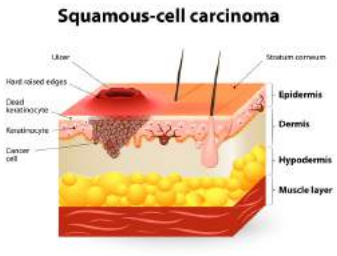
Morpheaform BCC

Malignant Tumors: Squamous Cell Carcinoma

- Description
  - Proliferation of invasive cells arising from the squamous cell layer of the epidermis
  - Can arise de novo or from existing actinic keratosis or keratoacanthoma
  - Less common, but more aggressive than basal cell carcinoma
  - Lymph node metastasis in 20% of cases
- Clinical Appearance
  - Variety of appearances and may be difficult to distinguish from BCC
  - Scaly with irregular boarders
  - Absence of surface vasculature
  - Extensive keratinization usually present
  - Lesions may bleed
  - **Nodular type:** keratinized nodule that develops erosions and fissures
  - **Ulcerating type:** everted boarders with a red, well defined base
  - **Cutaneous horn:** invasive growth underlies keratin horn

Malignant Tumors: Squamous Cell Carcinoma

- Risks
  - Most common occurrence is in the elderly
  - Risk factors include fair skin, sun exposure, and immune suppression
- Clinical Management
  - Can be fatal if left untreated (2,500 annual deaths in USA)
  - Confirmed with biopsy
  - Mohs micrographic surgery: highest cure rate 94-99%
  - Other options include standard scalpel excision, cryotherapy, and radiosurgery, and local radiation



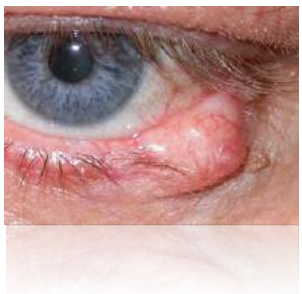
Malignant Tumors: Squamous Cell Carcinoma

Nodular SCC

Ulcerative SCC

Malignant Tumors: Sebaceous Gland Carcinoma

- Description
  - Slow growing tumor
  - Arises from the meibomian glands, glands of Zeis, or sebaceous glands in the caruncle
  - More likely to occur on the upper lid where glands are more numerous
- Clinical Appearance
  - No pathognomonic presentation
  - Initially can appear similar to chalazion or chronic blepharitis
  - Yellowish material may be seen within the tumor
  - Nodular type: hard, painless, immobile nodule similar to chalazion
  - Spreading type: thickened lid margin, loss of lashes, similar to chronic blepharitis



Malignant Tumors: Sebaceous Gland Carcinoma

- Risks
  - Females in their 60's and 70's most commonly affected
  - Youngest reported case was in a 3 year old
- Clinical Management
  - Because of appearance, diagnosis is often delayed
  - Mortality rate is 5-10%
  - Large (1cm) and non-resolving chalazion should be suspected
  - Cryotherapy and surgical excision are the standard treatments
  - Recurrence is as high as 33%
  - Little documentation for Mohs, but possibly lower recurrence rate

Malignant Tumors: Melanoma

- Description
  - Epidermal and dermal proliferation of transformed and invasive melanocytes
  - Arises from existing nevus, lentigo maligna (pre-malignancy), or de novo
  - High potential for metastasis
  - Potentially fatal (represents greater than 2/3 of all skin cancer deaths)
- Clinical Appearance
  - Rarely develops on the eyelid (1% of all eyelid lesions)
  - Half of those that do are non-pigmented
  - Asymmetric plaque or nodule
  - Irregular and indistinct boarders
  - Variable colors in the lesion (blue and black)
  - Diameter larger than ~6mm
  - Associated with destruction of local anatomy and loss of lashes

Malignant Tumors: Melanoma

- Risks
  - Most common in elderly individuals with light skin
  - History of sun damaged skin
- Clinical Management
  - Question any new, changing, or irregular appearing lesions
  - Melanoma confirmed with biopsy
  - Wide surgical excision with up to a 1 cm margin for confirmed malignancy
  - Local lymph node dissection if malignancy is more than 1.5 mm deep
  - Prognosis and recurrence is tied to size and any metastasis of original lesion
  - Patients should be followed closely following surgery

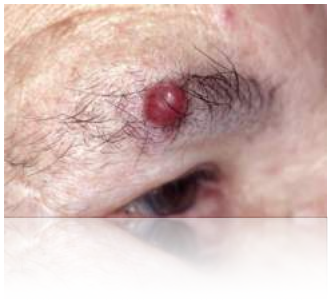
Malignant Tumors: Melanoma

Malignant Tumors: Merkel Cell Carcinoma

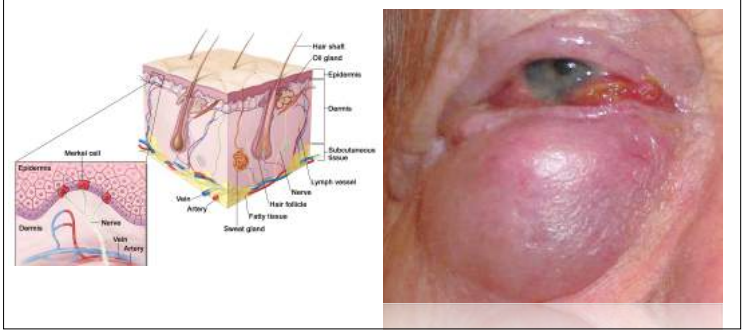
- Description
  - Very rare and fast growing form of skin cancer
  - Highly malignant and potentially fatal
  - Arises from Merkel cells located in the basal layer of the epidermis
  - Normal cells thought to play a regulatory role in epidermal growth
- Clinical Appearance
  - Frequently involves the upper eyelid
  - Red, purple, or violet colored, well defined nodule
  - Wide variation in size, from less that 2cm to larger than 15cm
  - Overlying skin is intact

Malignant Tumors: Merkel Cell Carcinoma

- Risks
  - Average age of diagnosis is 75
  - 20x more likely to occur in whites than blacks
  - No gender predilection
  - Risk factors include sun exposure and immune suppression
- Clinical Management
  - Many have metastasized by the time they are diagnosed
  - CT and/or MRI imaging used to evaluate systemic spread
  - Primary tumor removed with a wide excision (margins up to 3cm if possible)
  - Chemotherapy and/or radiotherapy depending on spread
  - 2 year mortality rate of 30-50%



Malignant Tumors: Merkel Cell Carcinoma



Basic Biopsy of a Nodular lid Lesion

Thank you!