ECP 2019 · Nice
Casuistic introduction in ophthalmic pathology for trainees and general pathologists

Case 2

Luis Alfaro
Pathology Unit
FISABIO Medical Ophthalmology.
Valencia (Spain)
Disclosure Information

I hereby declare that I haven't had any business or personal interest in any industrial enterprises

**Name of the enterprise / Nature of the interest**

<table>
<thead>
<tr>
<th>Enterprise</th>
<th>Interest</th>
</tr>
</thead>
<tbody>
<tr>
<td>...</td>
<td></td>
</tr>
</tbody>
</table>
FISABIO Medical Ophthalmology FOM
Clinical data

• A seventy-three-year-old man presented a eyelid lesion affecting inner corner of left eye
• Previous medical reports included hypertension, anticoagulant therapy (sintrom). And had implanted a cardiac pacemaker
• The ocular lesion suspicious of epithelioma had been treated by his dermatologist with cryotherapy.
Bowenoid actinic queratosis with stromal microinvasion
Clinical data (II)

- Mohs surgery with reconstruction is proposed but thinking on difficulties of evaluation of dysplastic intraepithelial changes on frozen sections a conventional resection is performed.
- Margins are affected but no microinvasion is seen and conservative treatment is elected.
- After three month patient looks very good.
- After nine month itching and flaking is growing.
- At eighteen month recurrence is clear and Mohs resection is elected.
Bowenoid intraepithelial sebaceous carcinoma
Clinical data (III)

- Full resection is accomplished with diagnosis of Bowenoid intraepithelial sebaceous carcinoma with micronvasive foci.
- The sebaceous differentiation observed intraoperative leads to take eight mapped biopsies of surrounding area, all of them free from tumor.
- Postoperative evolution shows graft retraction of 50% with scarring ectropion after two months.
- A new reconstruction is performed and one year later patient remains well free of disease.
DIAGNÓSTICO

174.-pieza
Carcinoma escamoso microinfiltrante recidivado, con componente in situ extenso.
175.-borde temporal inferior
Carcinoma escamoso microinfiltrante afectando a la conjuntiva, sin alcanzar el borde de resección marcado con rotulador azul.
176.-borde temporal superior
Carcinoma escamoso in situ, afectando a la conjuntiva y a la epidermis.
177.-carúncula
Carcinoma escamoso infiltrante recidivado.
178.-borde nasal
Ausencia de lesiones malignas.
179.-conjuntiva
Ausencia de lesiones malignas.
HPV testing
(DNA amplification and reverse hybridization)

HPV positive: 70
HPV testing (control)

HPV positive: 18, 45, 51, 89

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>B</td>
<td>33</td>
<td>58</td>
<td>42</td>
<td>71</td>
<td>16</td>
<td>52</td>
</tr>
<tr>
<td>B</td>
<td>35</td>
<td>59</td>
<td>43</td>
<td>72</td>
<td>18</td>
<td>53</td>
</tr>
<tr>
<td>B</td>
<td>35</td>
<td>59</td>
<td>43</td>
<td>72</td>
<td>18</td>
<td>53</td>
</tr>
<tr>
<td>C</td>
<td>39</td>
<td>66</td>
<td>44/55</td>
<td>89</td>
<td>26</td>
<td>56</td>
</tr>
<tr>
<td>U</td>
<td>45</td>
<td>68</td>
<td>54</td>
<td>84</td>
<td>31</td>
<td>58</td>
</tr>
<tr>
<td></td>
<td>68</td>
<td>54</td>
<td>84</td>
<td>31</td>
<td>58</td>
<td></td>
</tr>
<tr>
<td>16</td>
<td>51</td>
<td>73</td>
<td>61</td>
<td>B</td>
<td>33</td>
<td>59</td>
</tr>
<tr>
<td>18</td>
<td>52</td>
<td>82</td>
<td>62/81</td>
<td>C</td>
<td>35</td>
<td>66</td>
</tr>
<tr>
<td>26</td>
<td>53</td>
<td>6</td>
<td>67</td>
<td>U</td>
<td>39</td>
<td>68</td>
</tr>
<tr>
<td>31</td>
<td>56</td>
<td>11</td>
<td>69</td>
<td>42</td>
<td>45</td>
<td>73</td>
</tr>
<tr>
<td>B</td>
<td>40</td>
<td>70</td>
<td>43</td>
<td>51</td>
<td>82</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>67</td>
</tr>
</tbody>
</table>
• HPV infections exist in a high percentage of sebaceous carcinomas of the eyelid in Japan
• Thirteen tumours (61.9%), including 9 cases of multiple infections, were positive for HPV DNA
Conclusions

1. Sebaceous differentiation may go unnoticed within the epithelium
2. Margin assessment can not be performed as in other tumors and even Mohs procedure can fail to achieve full resection
3. As in all in situ lesions metastasis are not expected but relapsing potential is very high
4. Microinvasion is very difficult to evaluate
5. Treatment?