

ECP 2019 · Nice

Casuistic introduction in ophthalmic pathology for trainees
and general pathologists

Case 2

Luis Alfaro

Pathology Unit
FISABIO Medical Ophthalmology.
Valencia (Spain)

31st European Congress of Pathology

Pathology is Nice

7 – 11 September 2019, Nice Acropolis Convention Centre, France

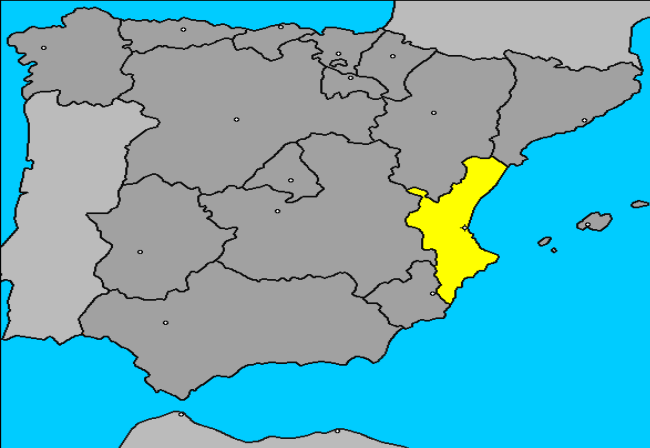
Disclosure Information

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

Enterprise | Interest

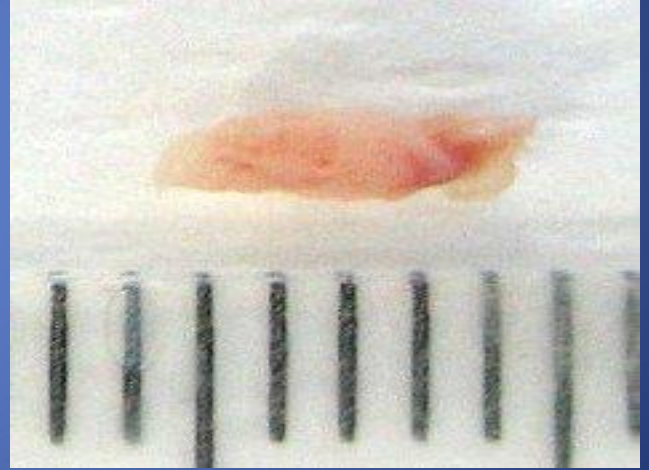
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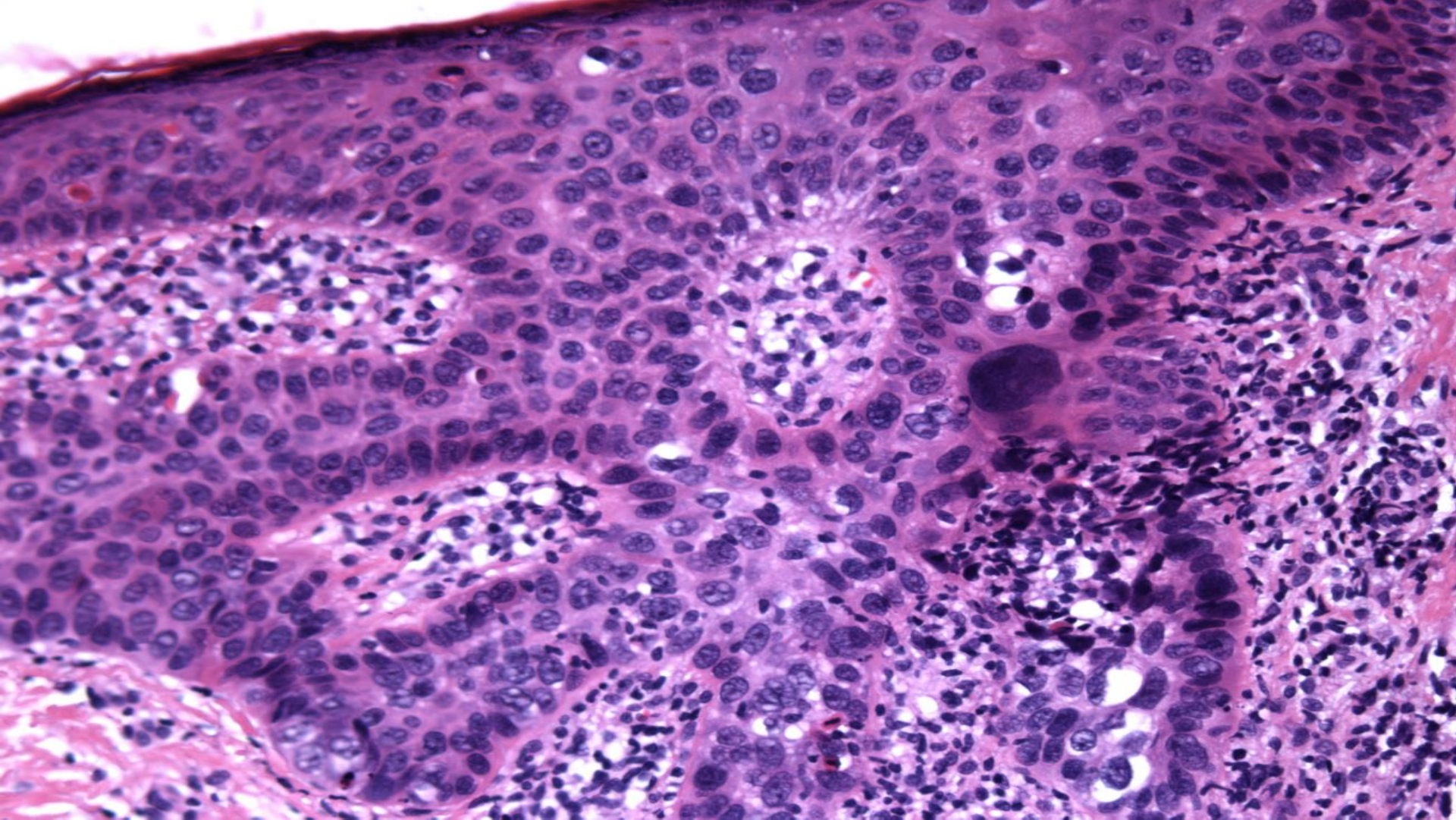


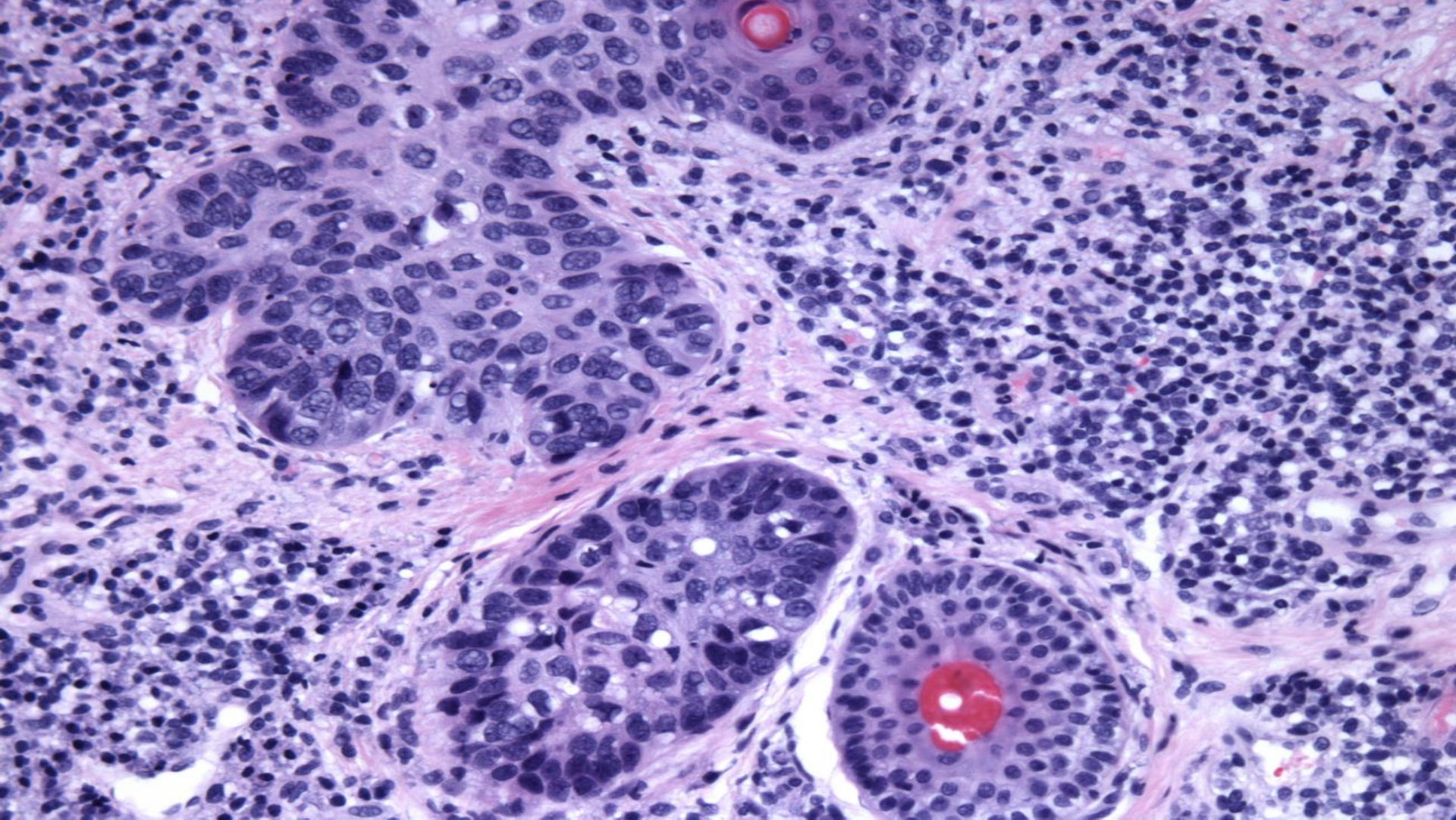
FISABIO Medical
Ophthalmology
FOM

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.







INFORME ANATOMOPATOLÓGICO

DESCRIPCIÓN MACROSCÓPICA

→ Se reciben dos frascos:

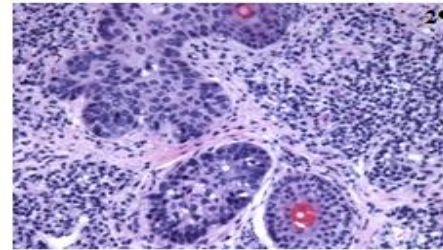
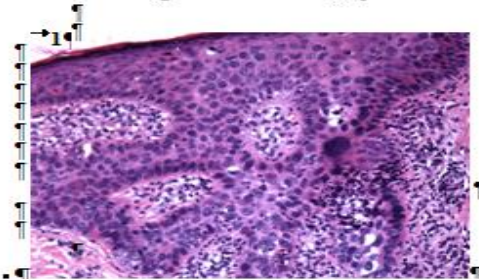
1. → Etiquetado como Biopsia en periferia; se recibe fragmento blanquecino rosado, alargado que mide 0.6 cms.
2. → Etiquetado como biopsia interior; se recibe fragmento blanquecino rosado de 0.3 cms.



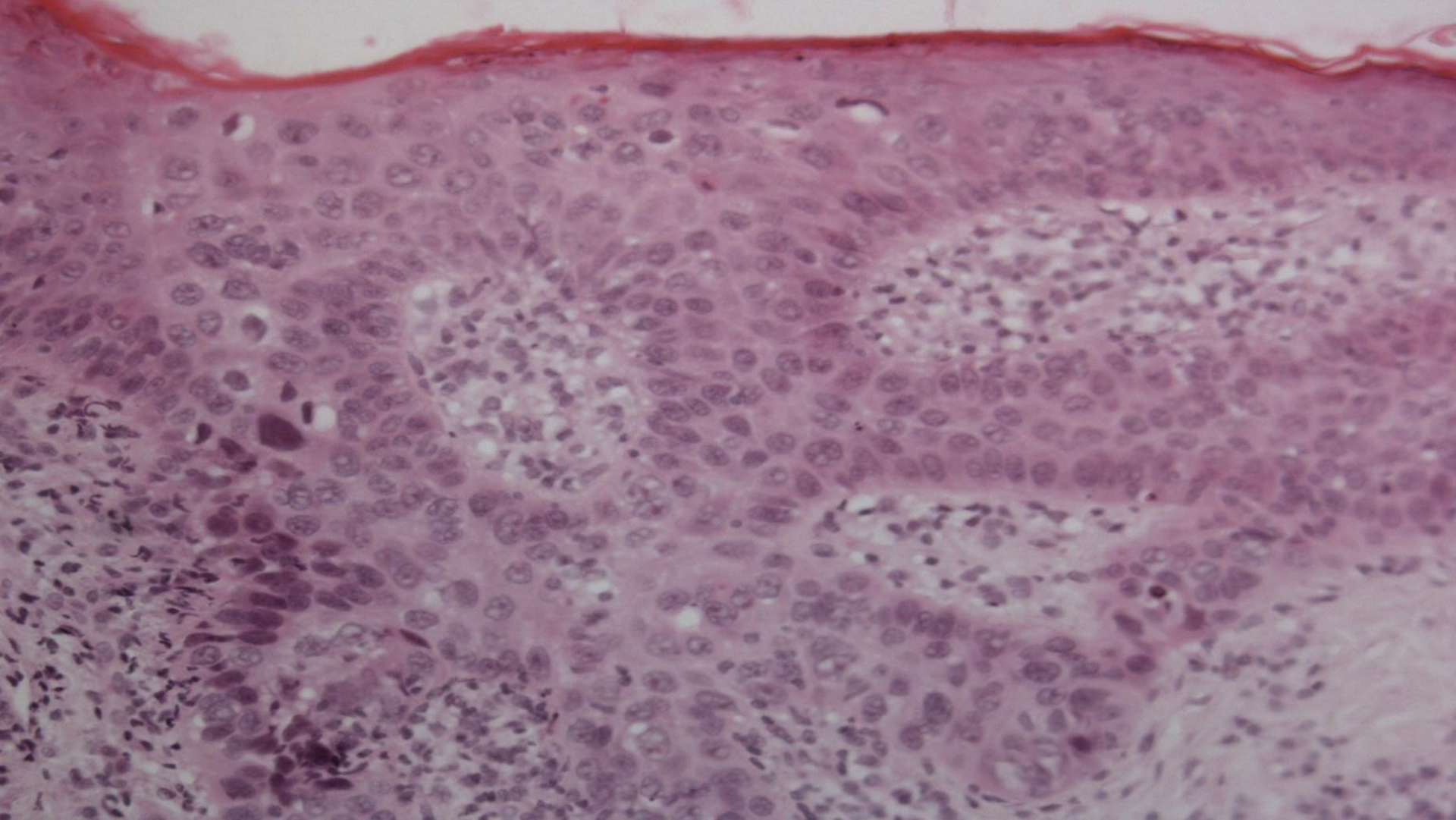
DESCRIPCIÓN MICROSCÓPICA

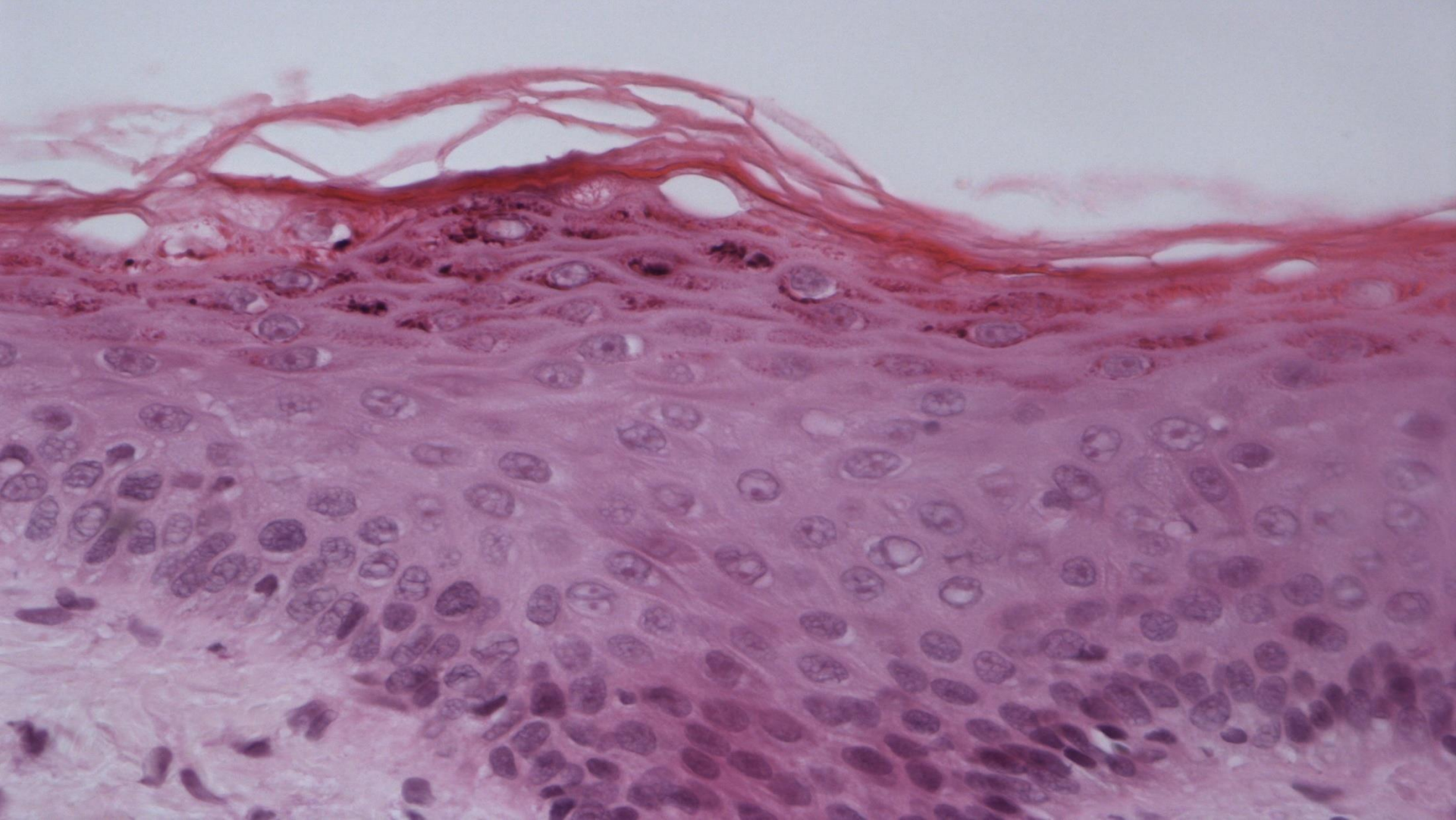
→ Las secciones histológicas de la biopsia de área periférica muestran una lesión de origen epidérmico que revela en superficie una gruesa capa queratósica orto y paraqueratosis. Las células presentan alteración de polaridad y maduración que afecta todo el espesor del epitelio con figuras mitóticas suprabasales. Se observan algunas células de gran tamaño [imagen 1, 200x], polilobuladas y multinucleadas. La morfología de la lesión corresponde a una enfermedad de Bowen (carcinoma *in situ*). La lesión presenta mínima infiltración estromal [Imagen 2, 200x]. Bajo el epitelio se observa escaso estroma dérmico con marcada reacción inflamatoria de tipo crónico.

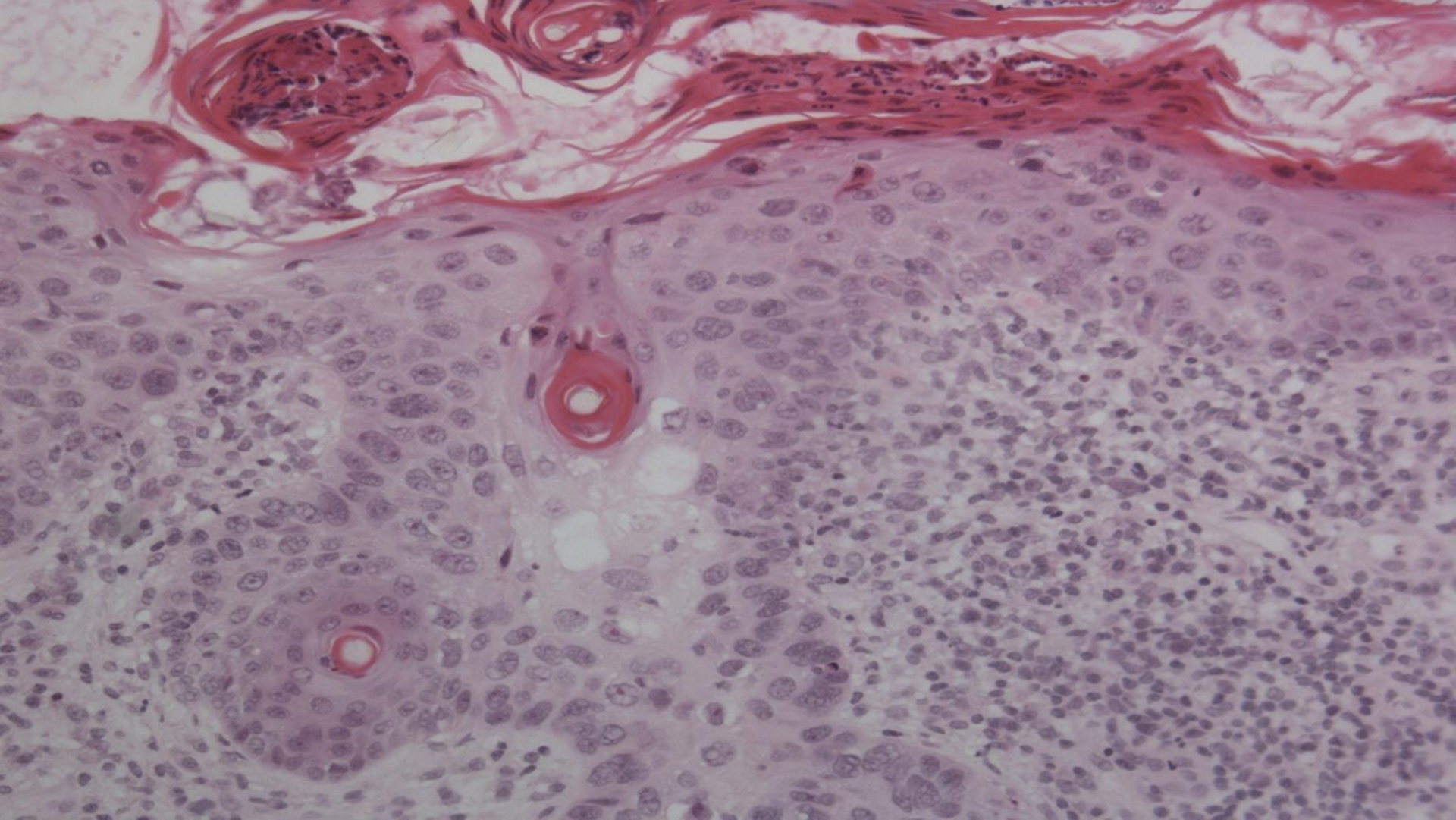
El fragmento "interior" (2) presenta inflamación crónica sin focos neoplásicos ni displasia.

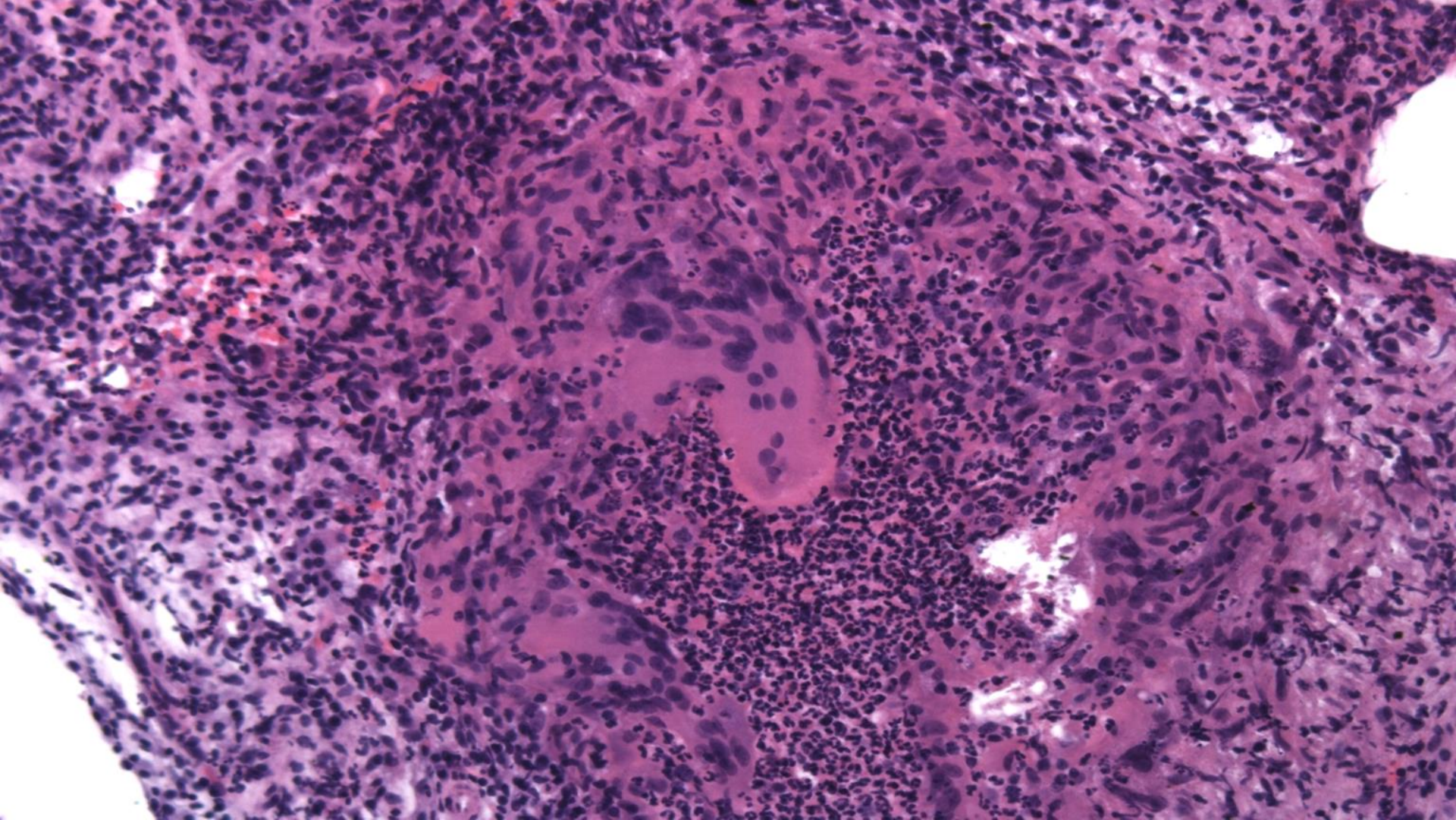


Bowenoid actinic queratosis with stromal microinvasion



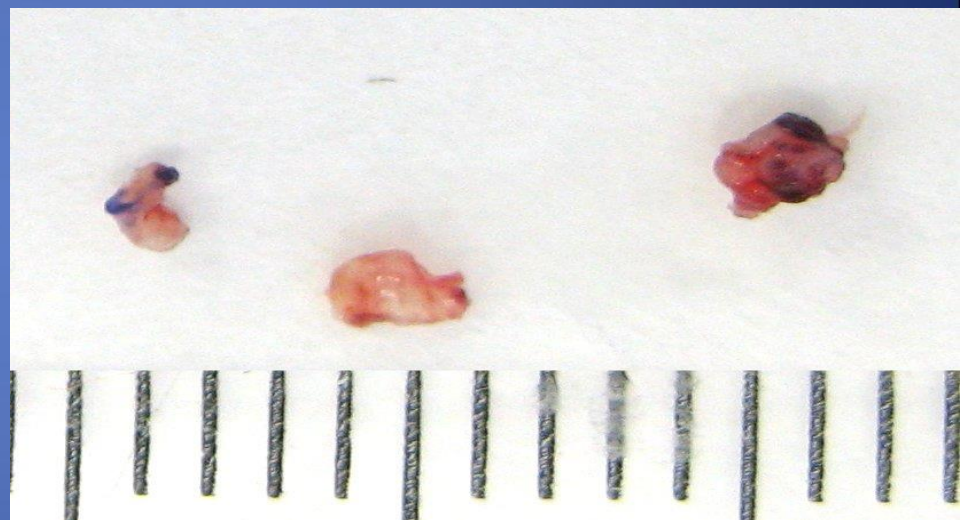


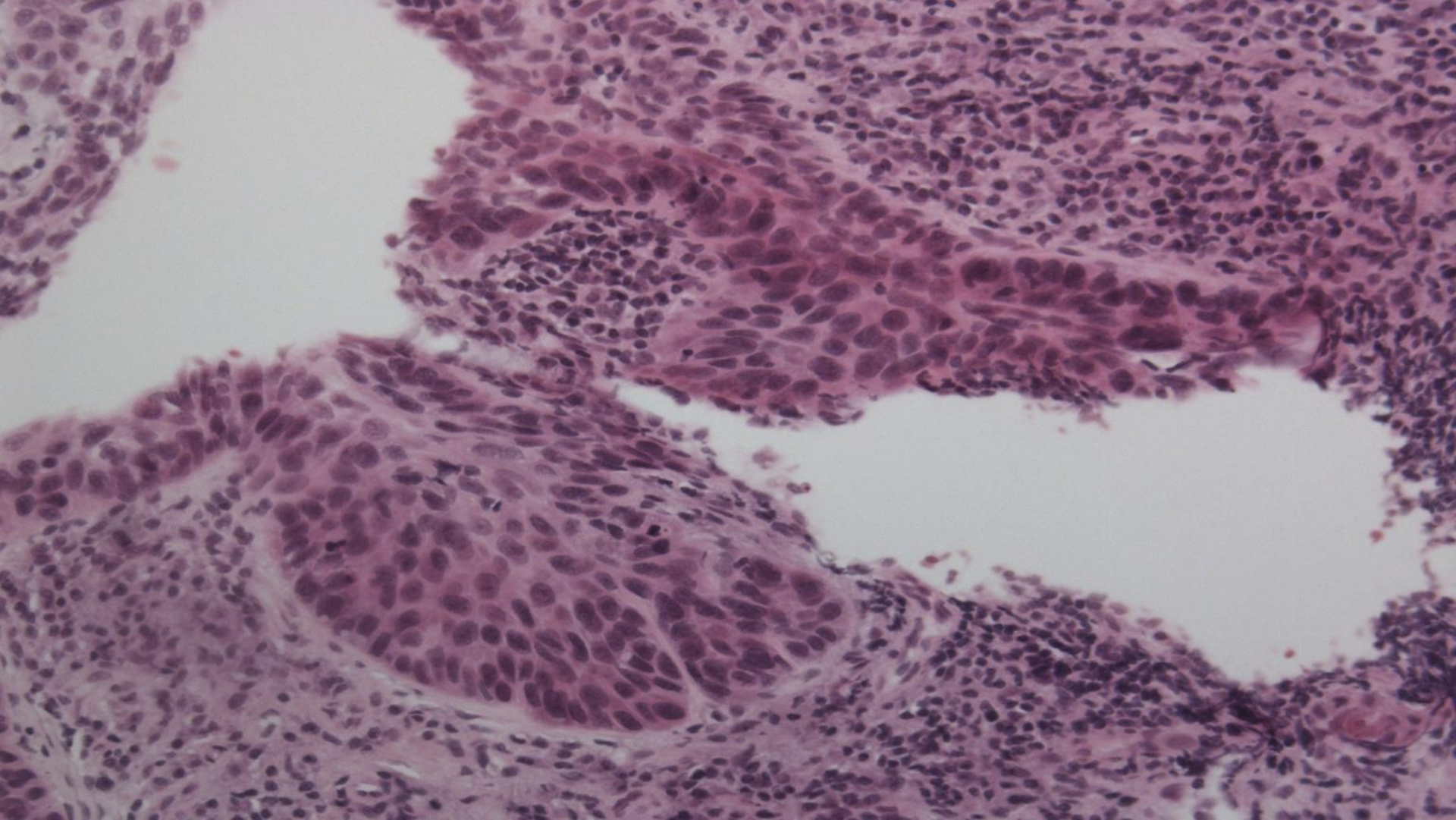


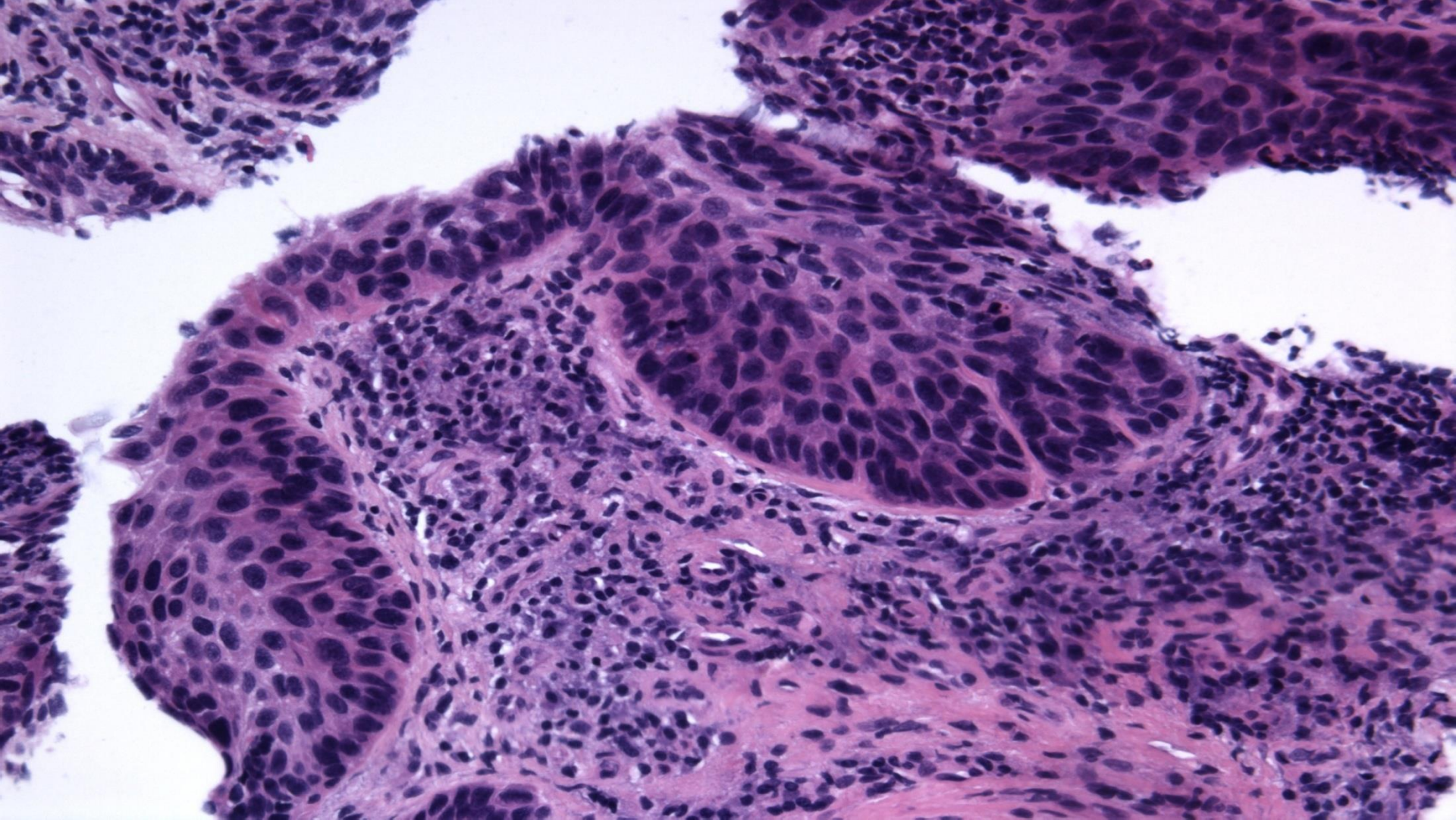


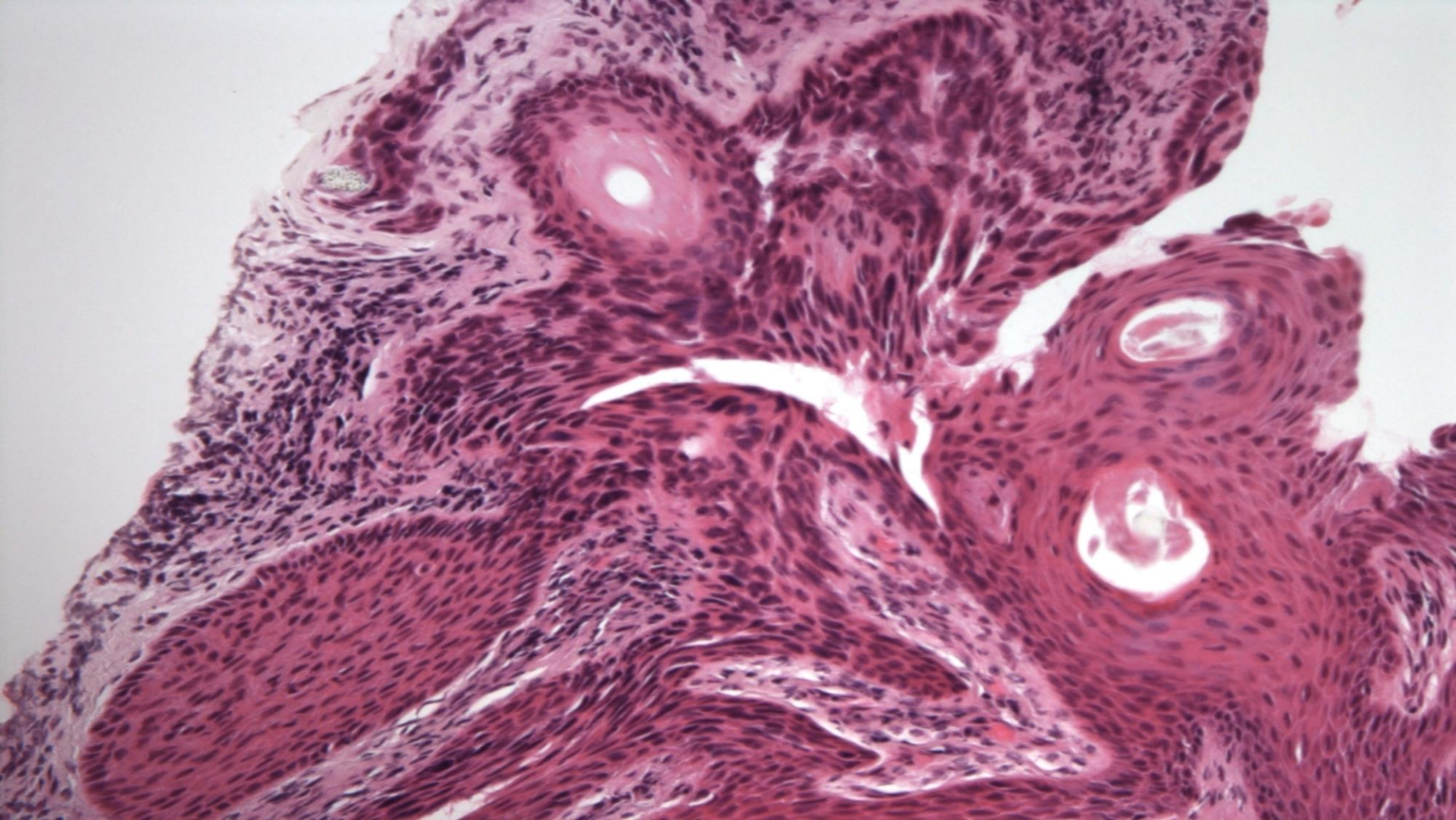
Clinical data (II)

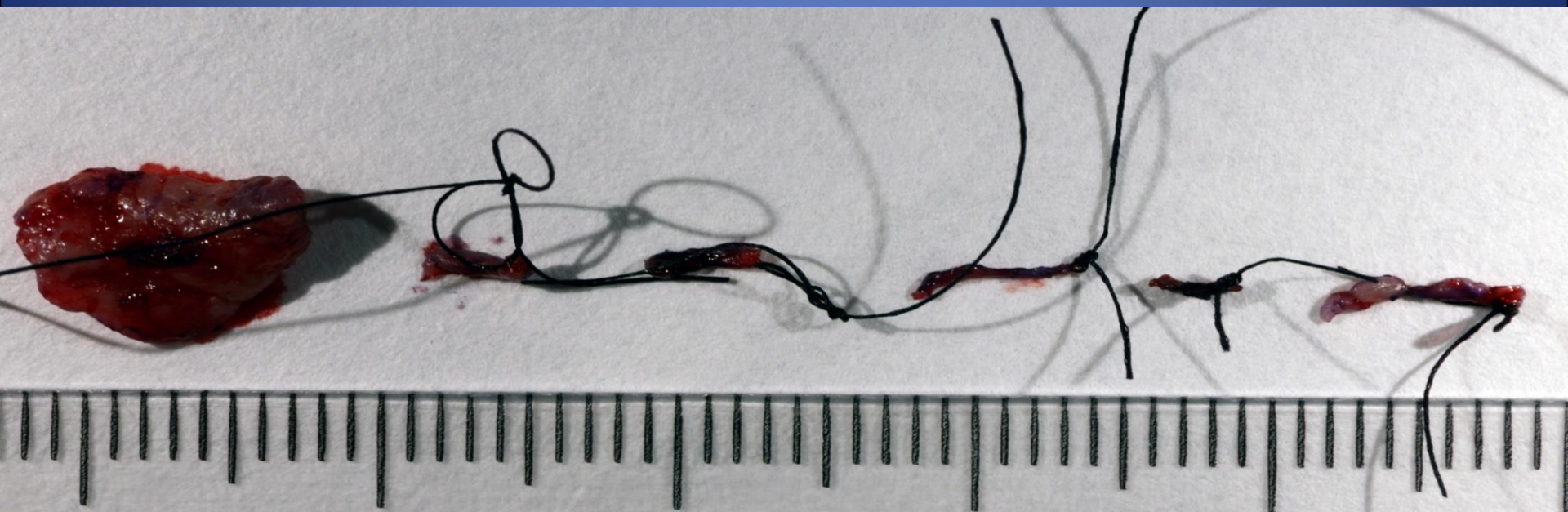
- Mohs surgery with reconstruction is proposed but thinking on difficulties of evaluation of dysplastic intraepithelial changes on frozen sections a conventional resection is performed
- Margins are affected but no microinvasion is seen and conservative treatment is elected
- After three month patient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

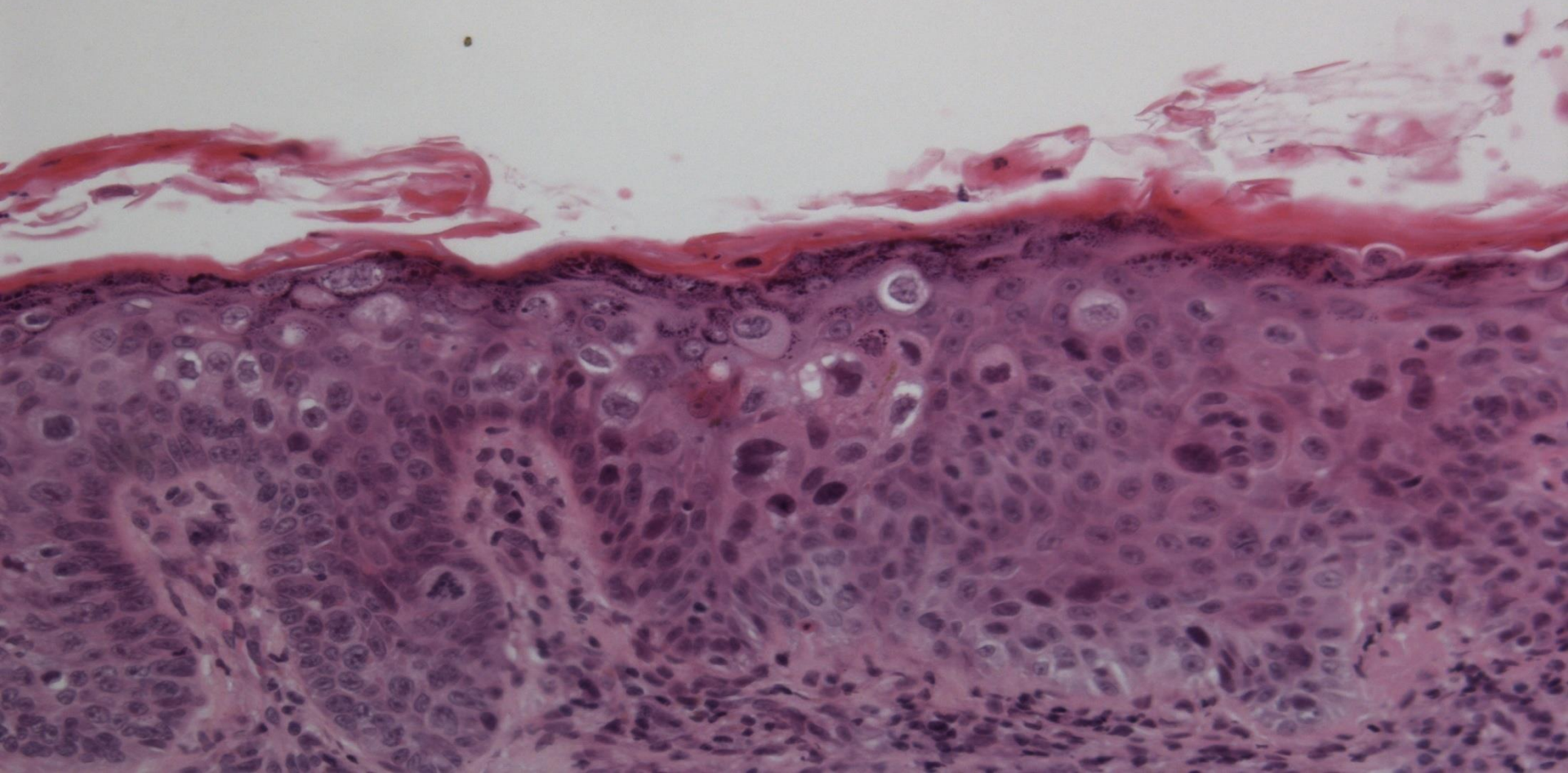


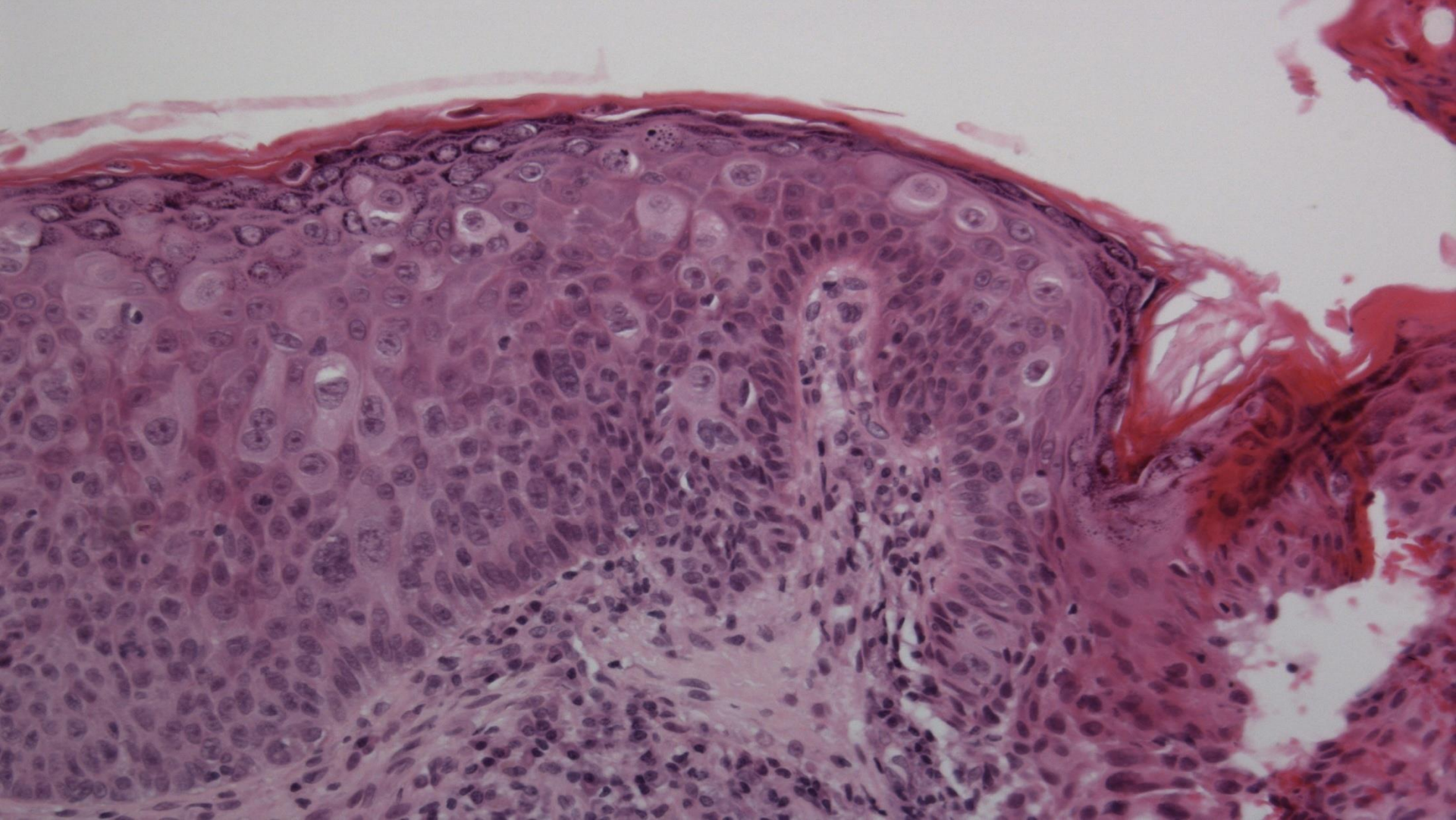


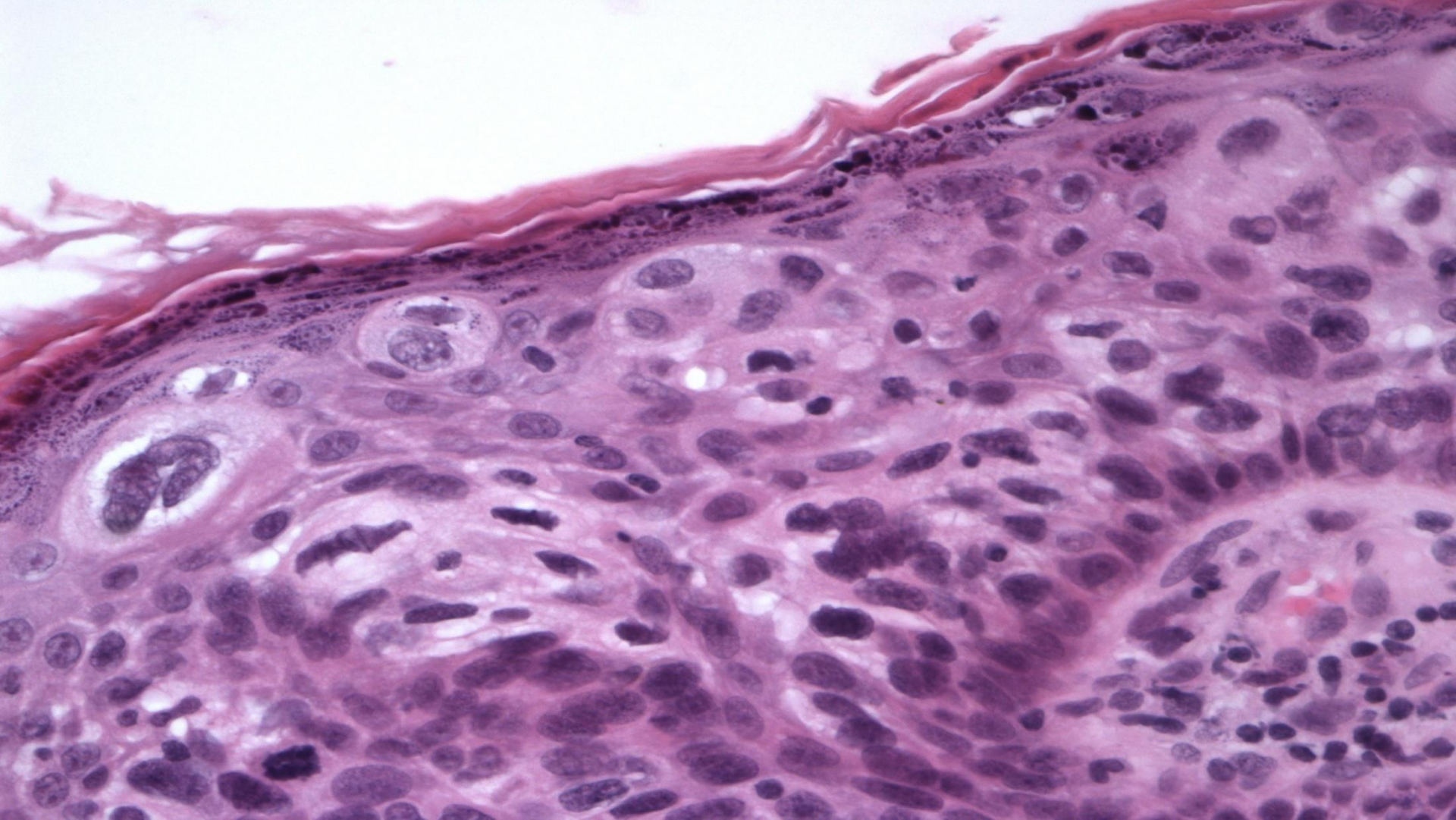


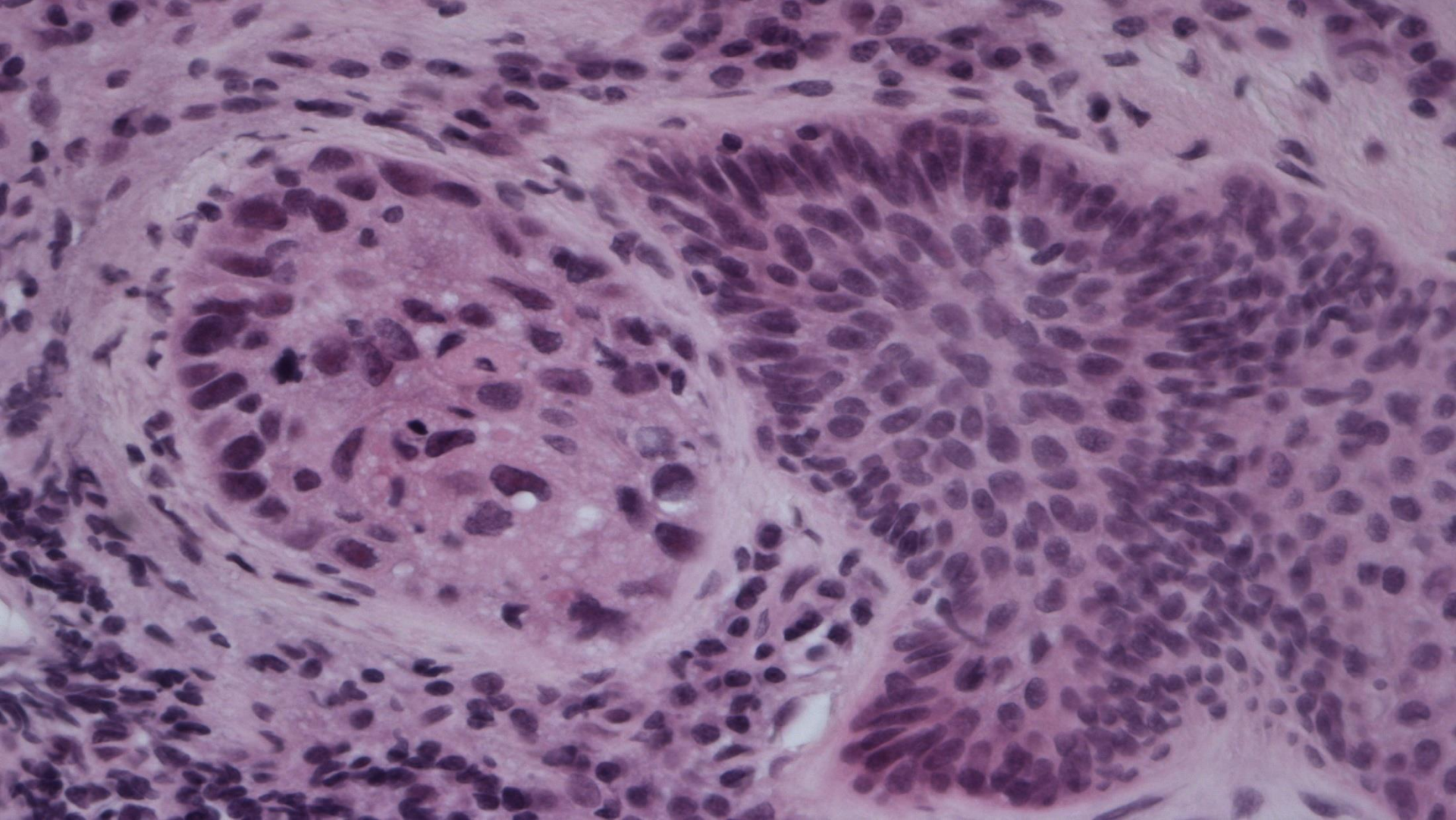


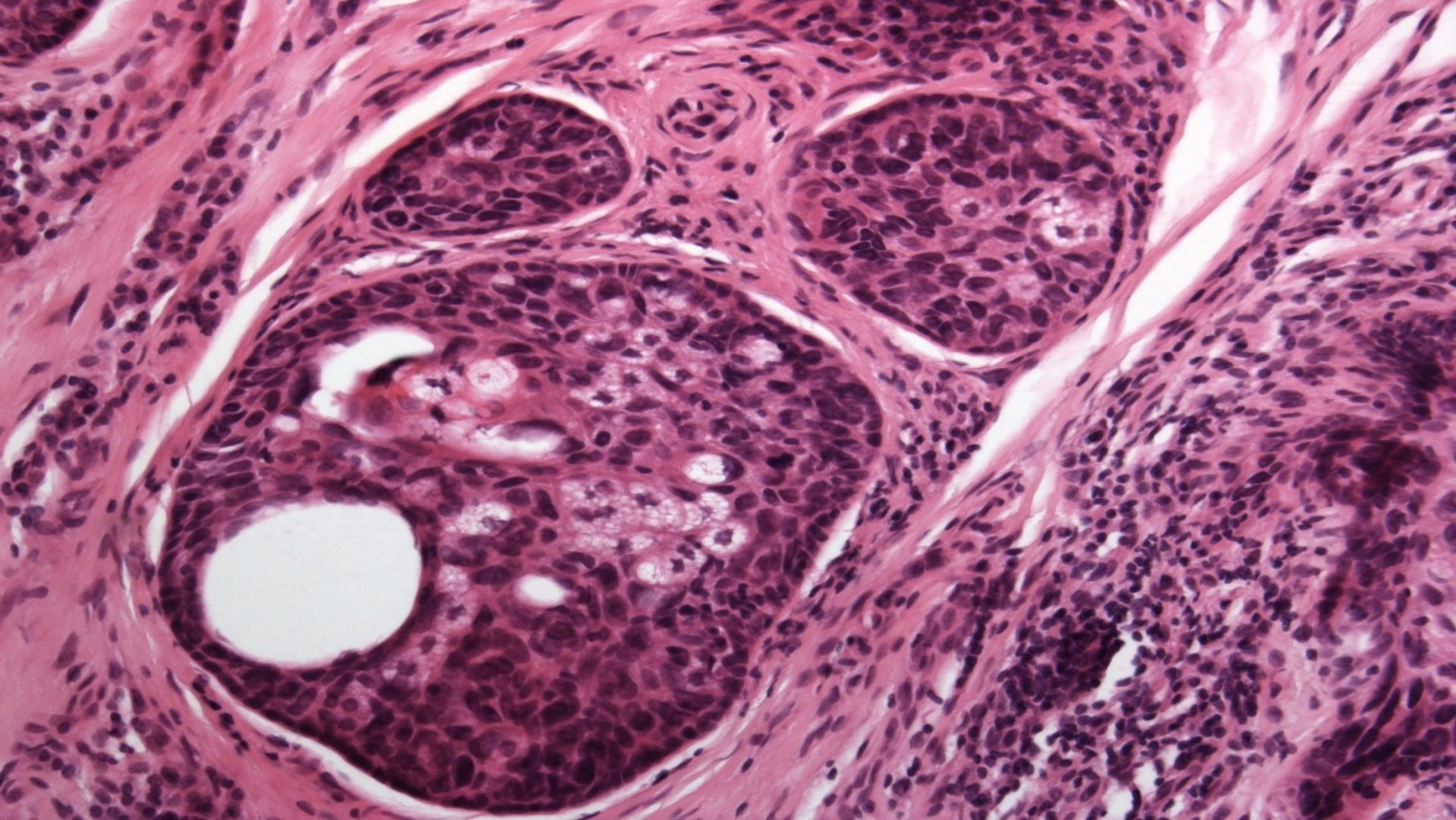


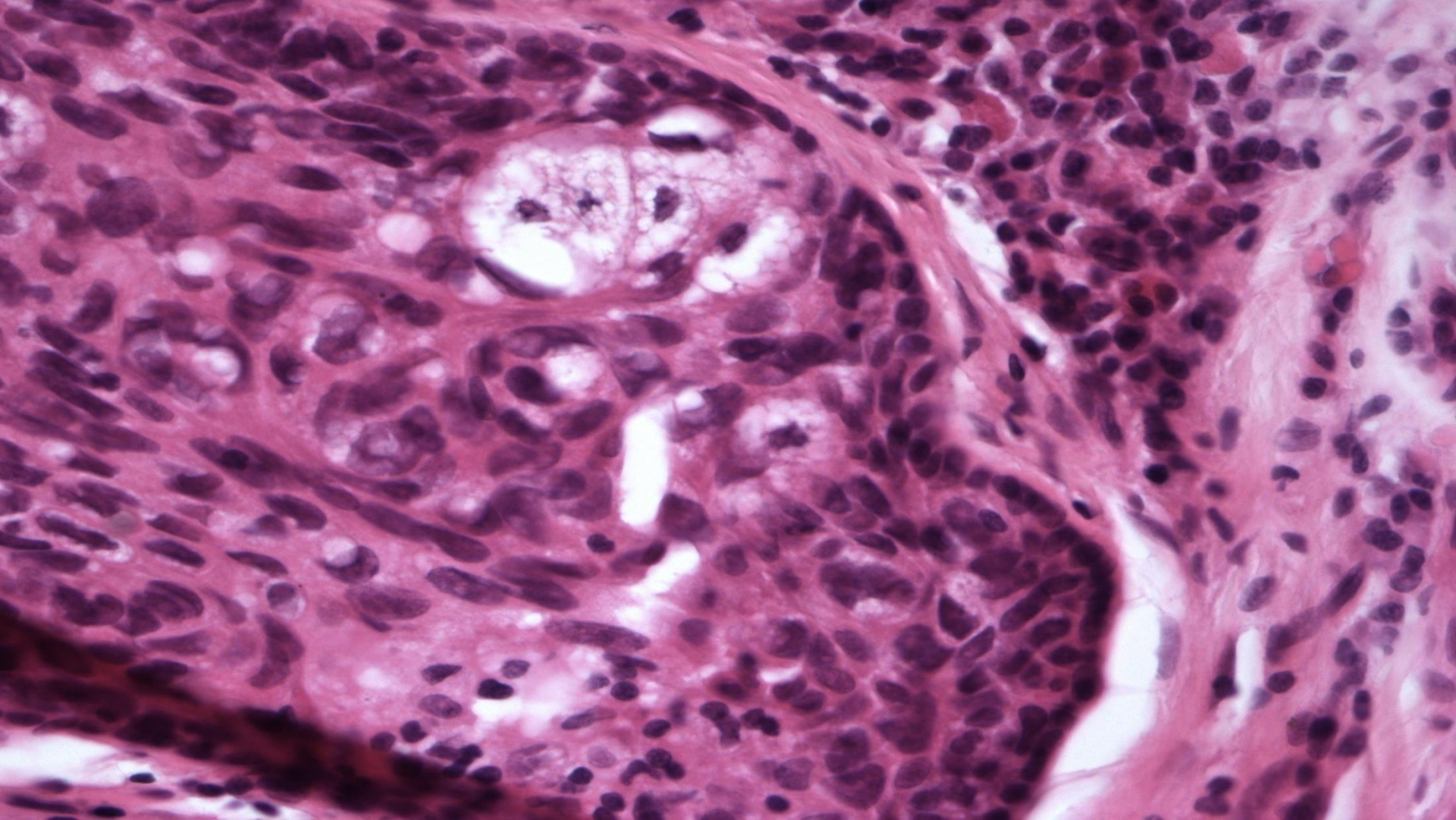


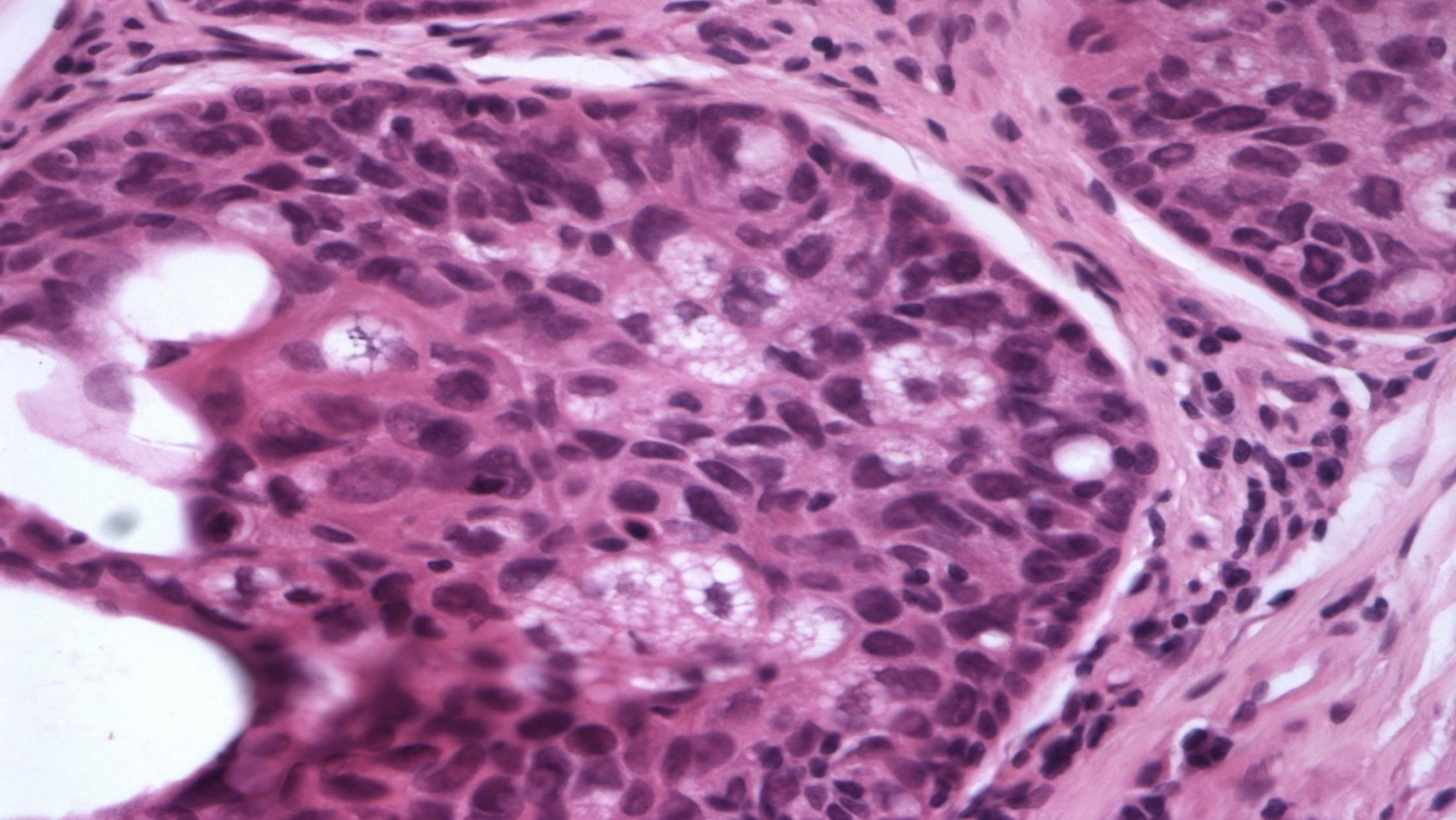


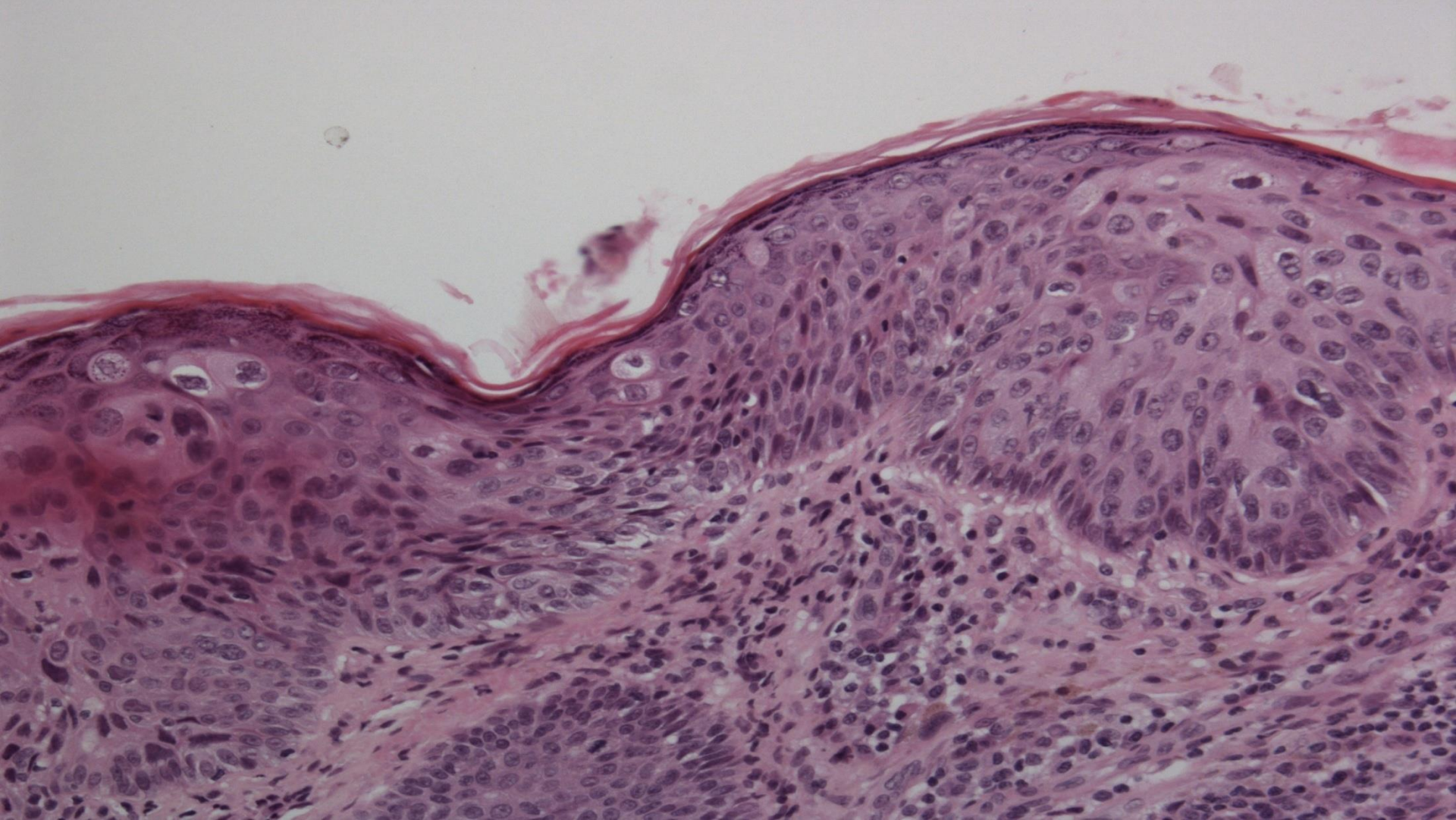


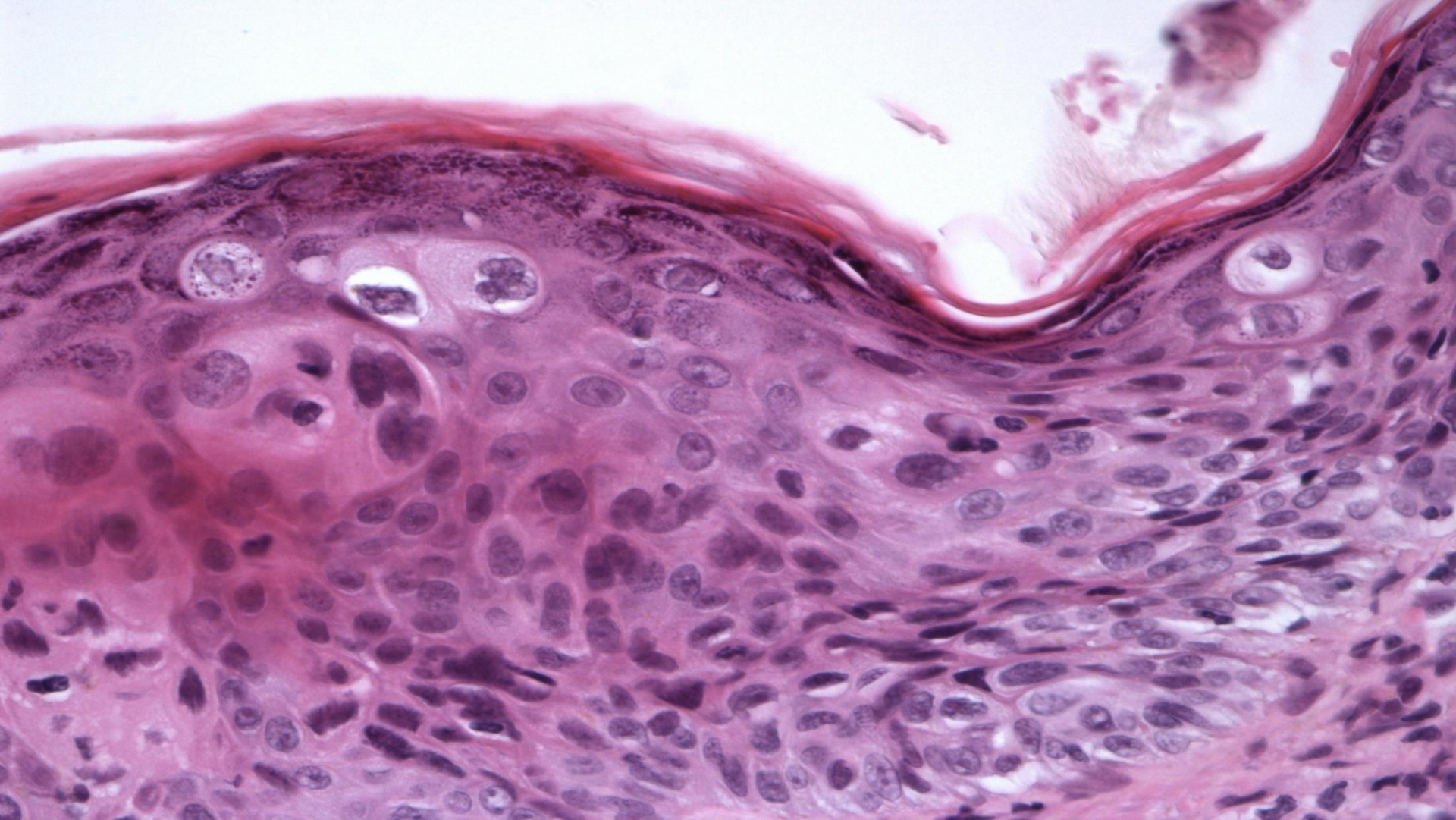


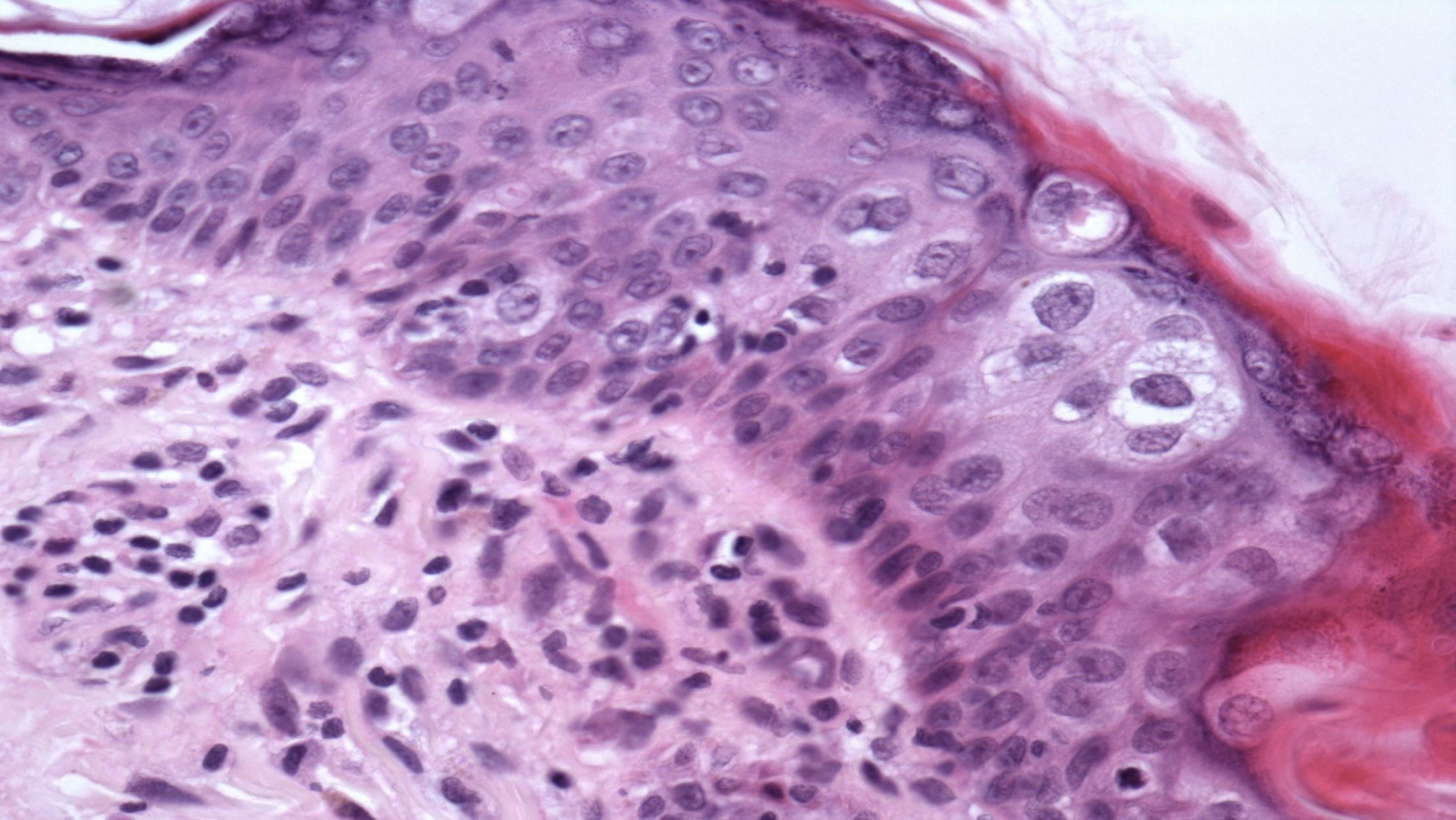


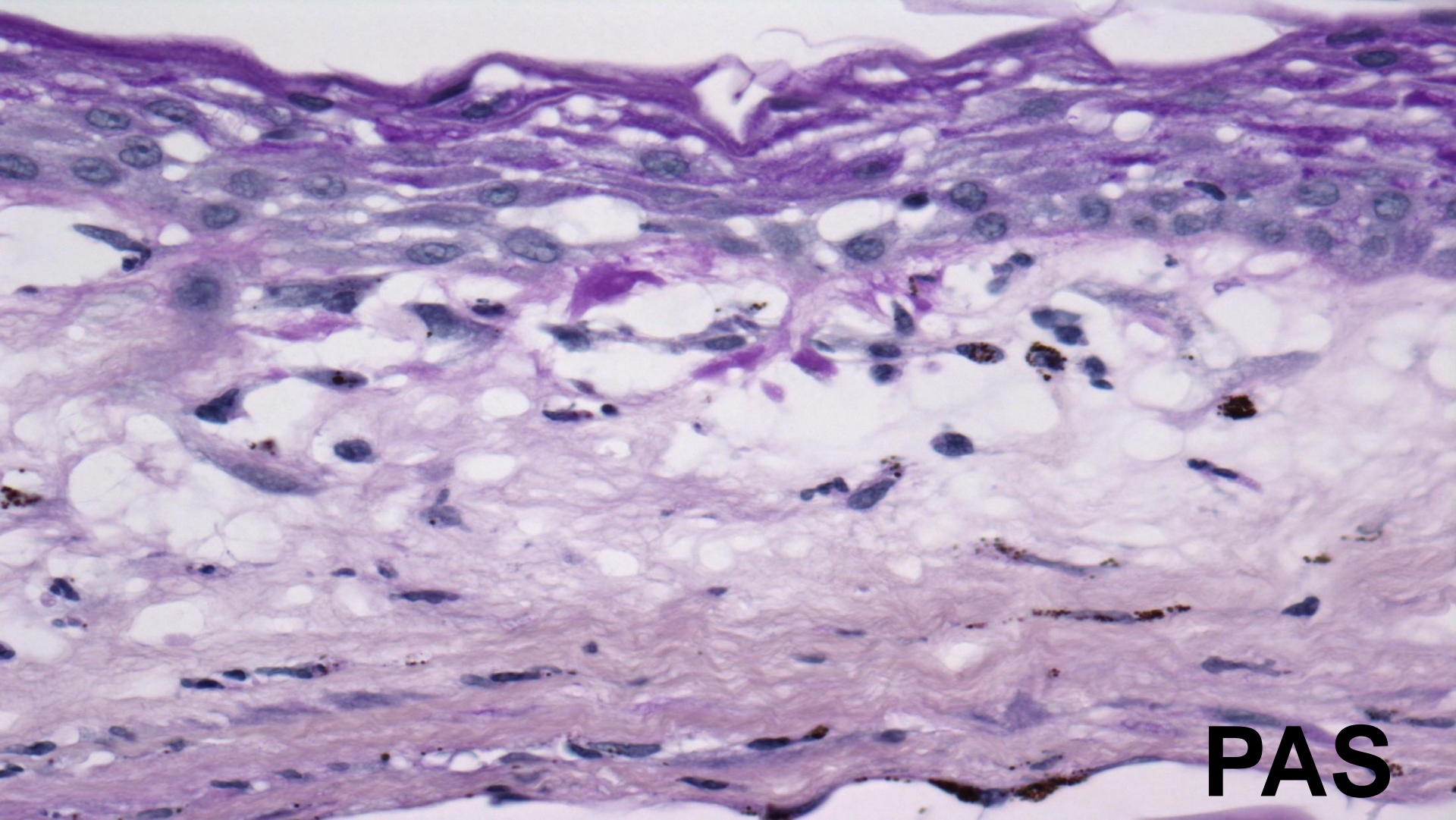




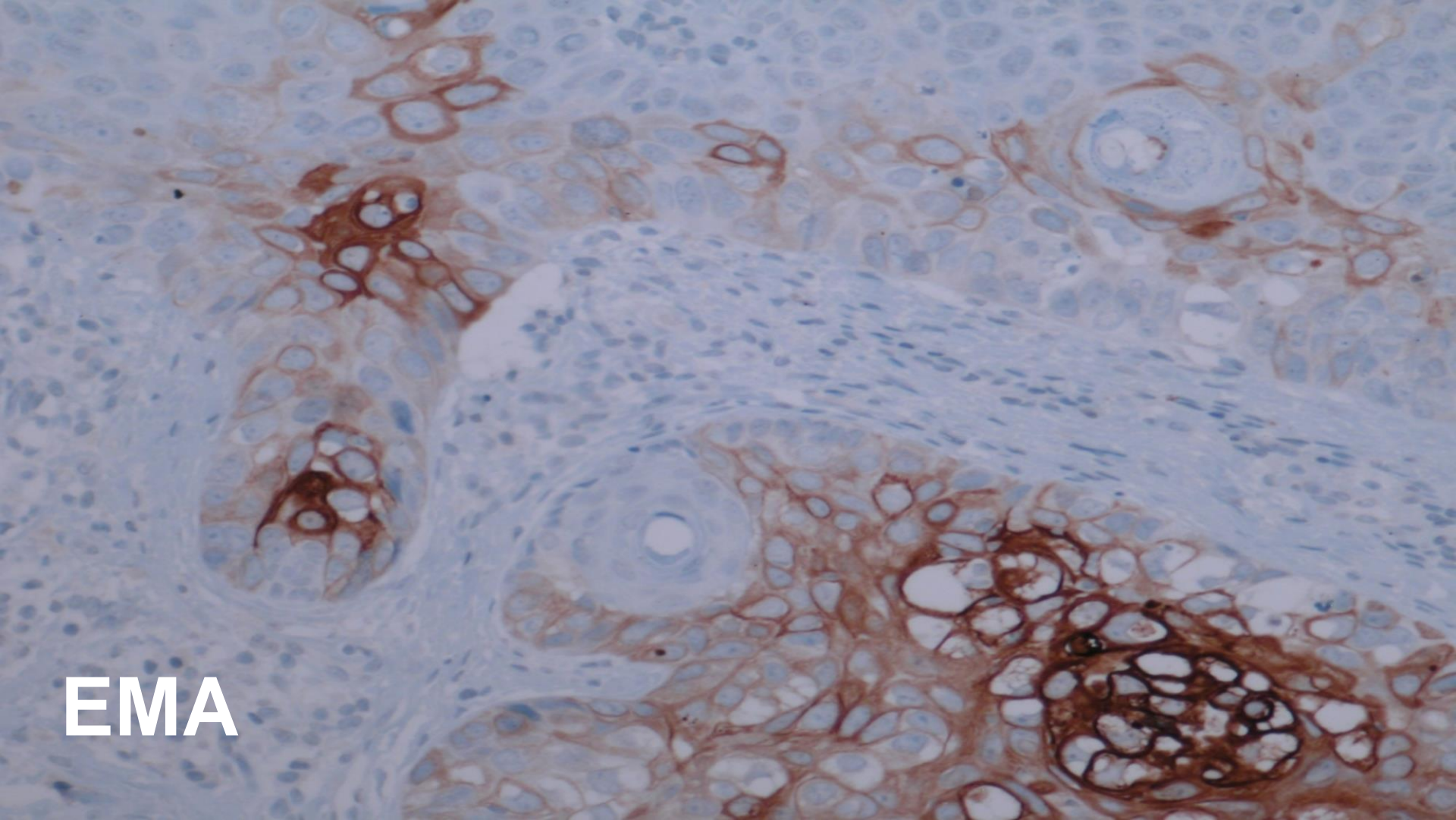




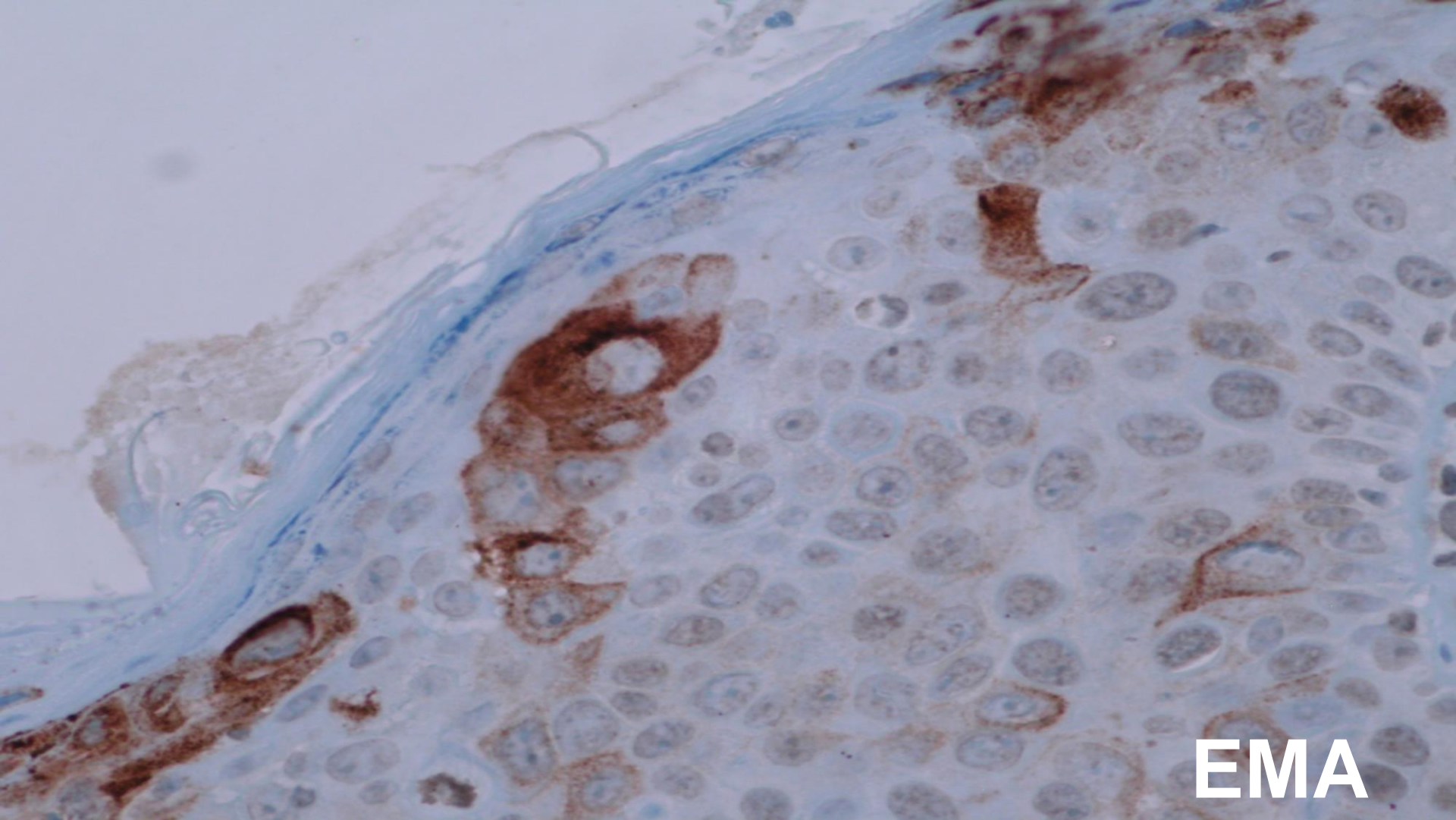




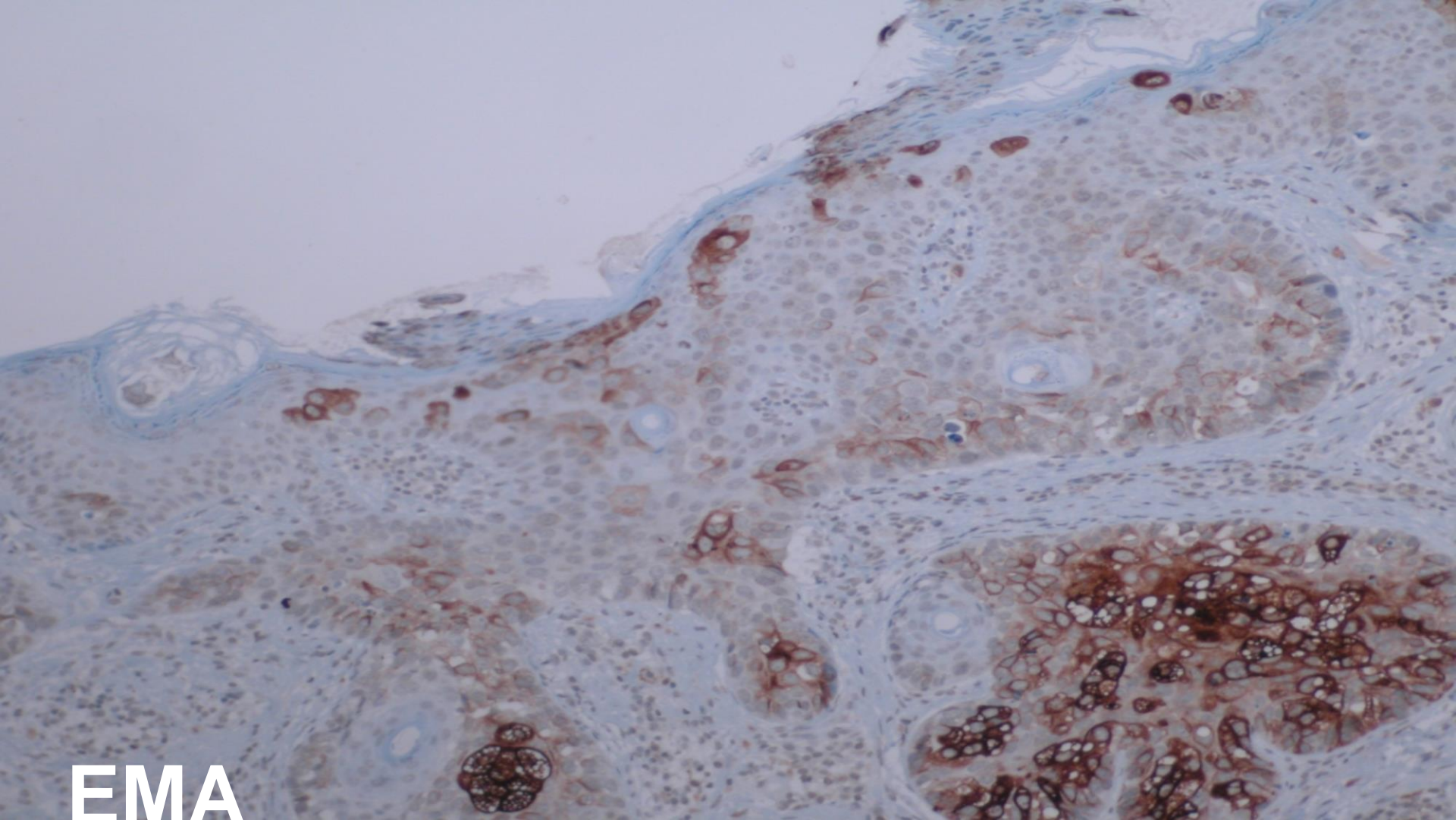
PAS



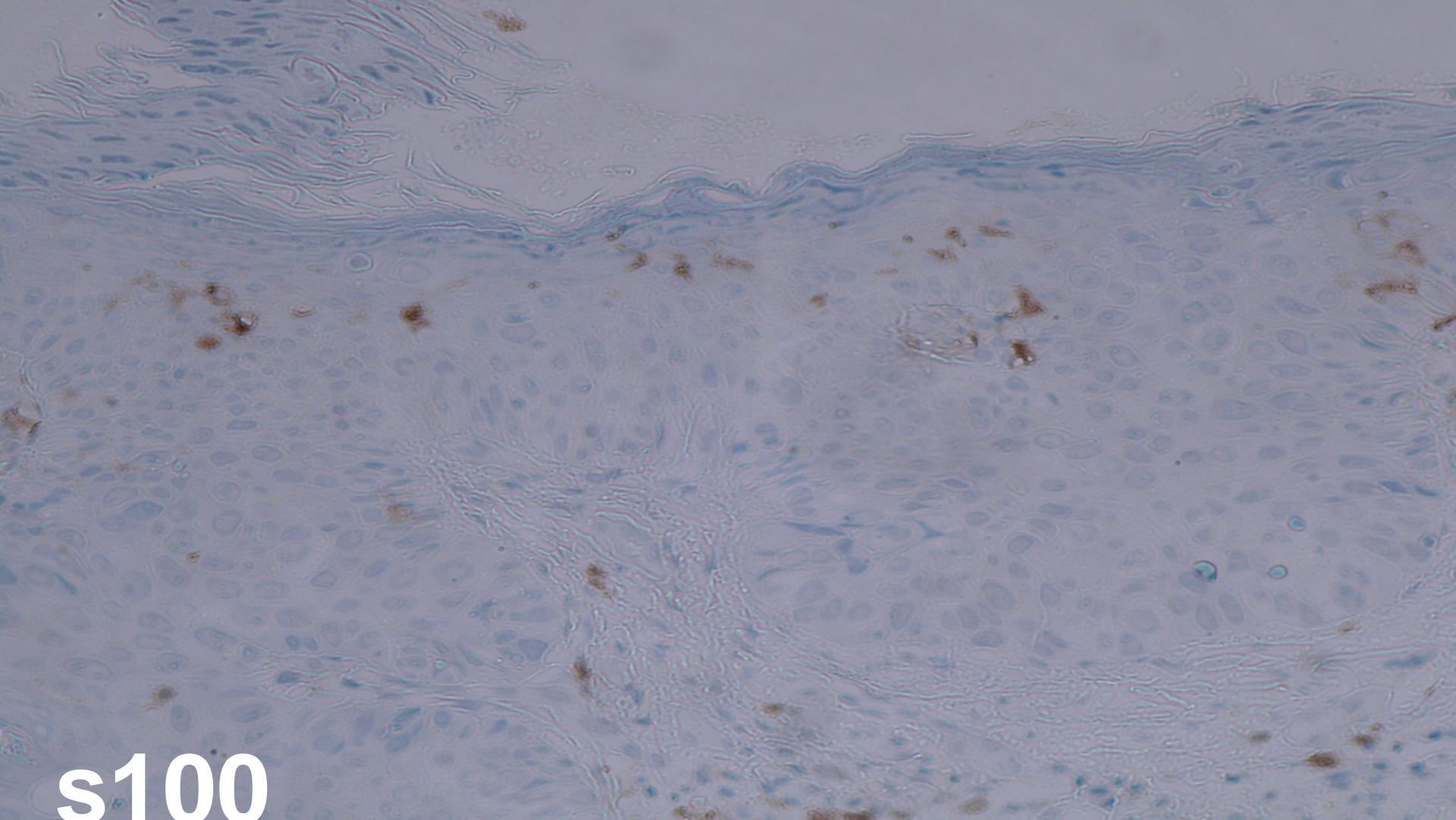
EMA



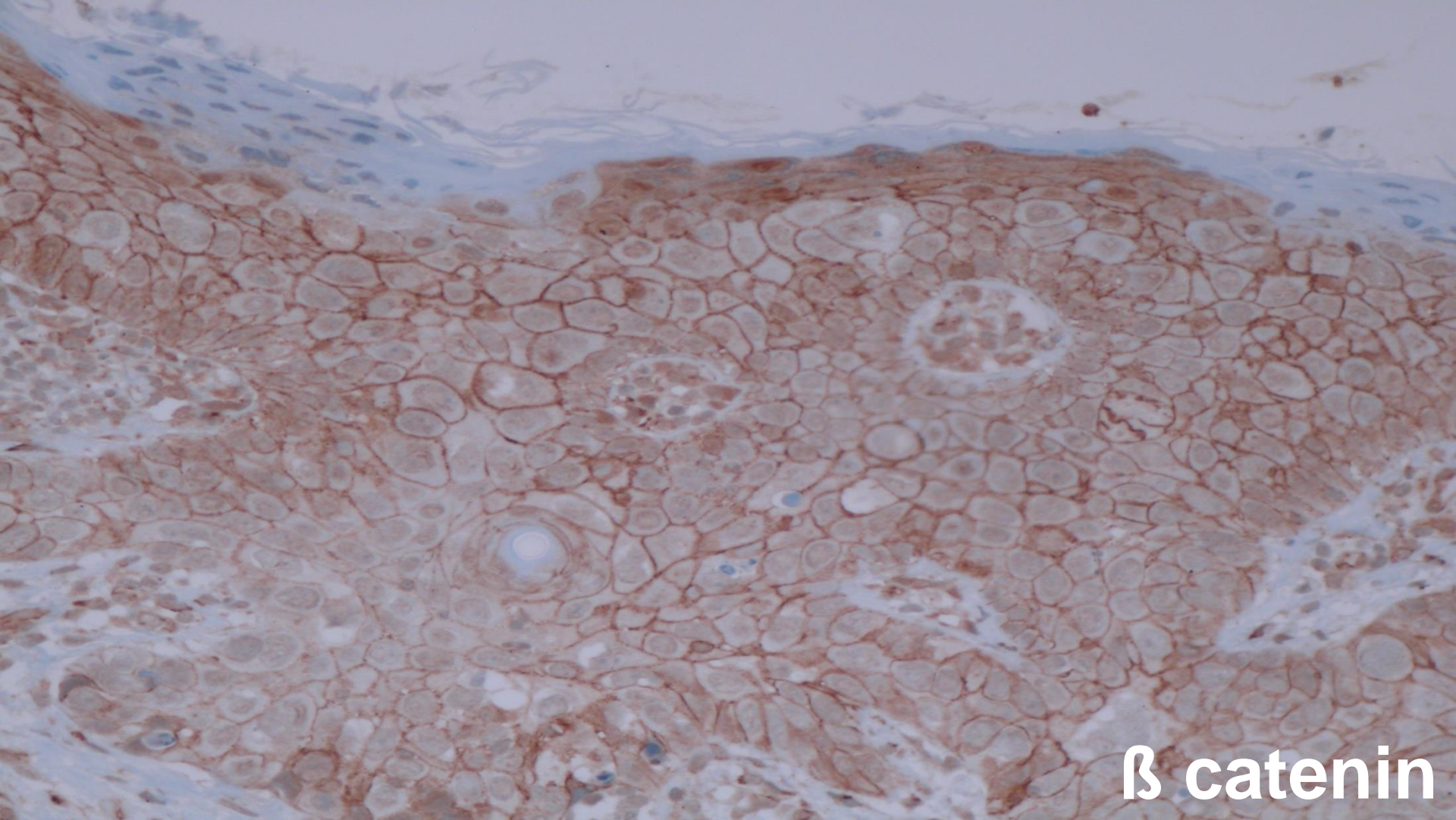
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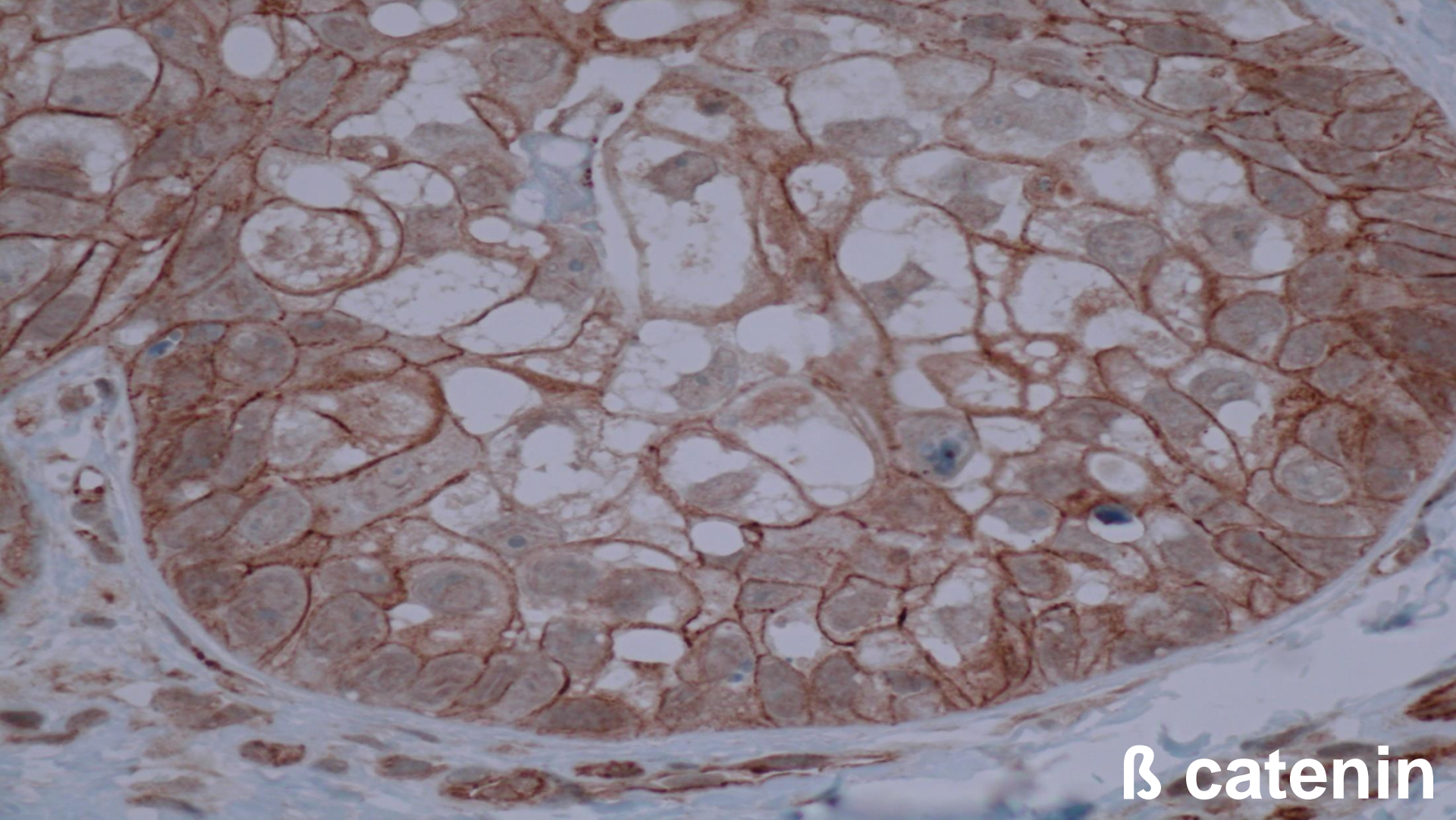
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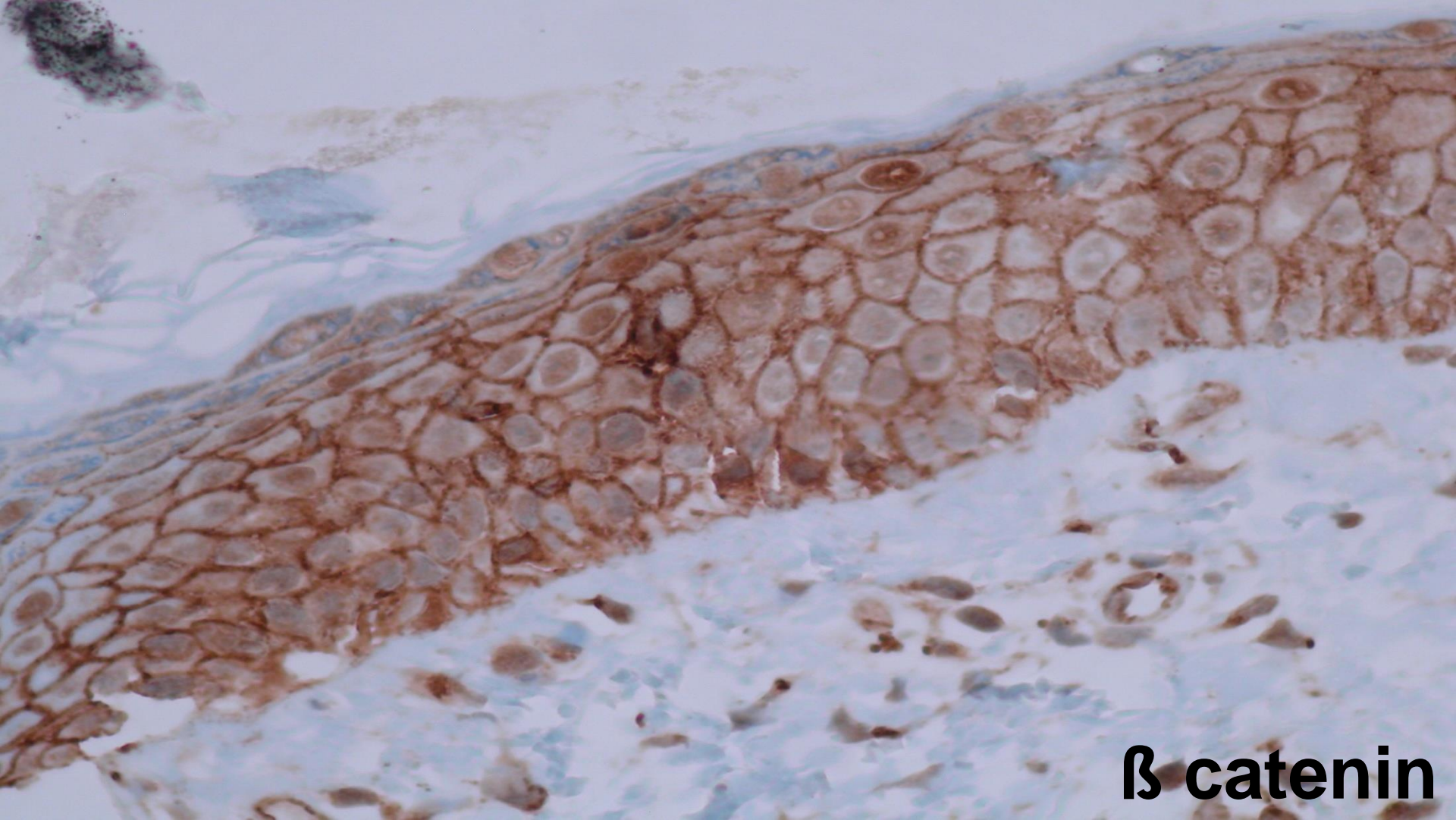
s100



β catenin



β catenin



β catenin

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

Órgano Biopsia por escisión de piel

Edad 78

VARON

F.Registro 26/03/2015

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

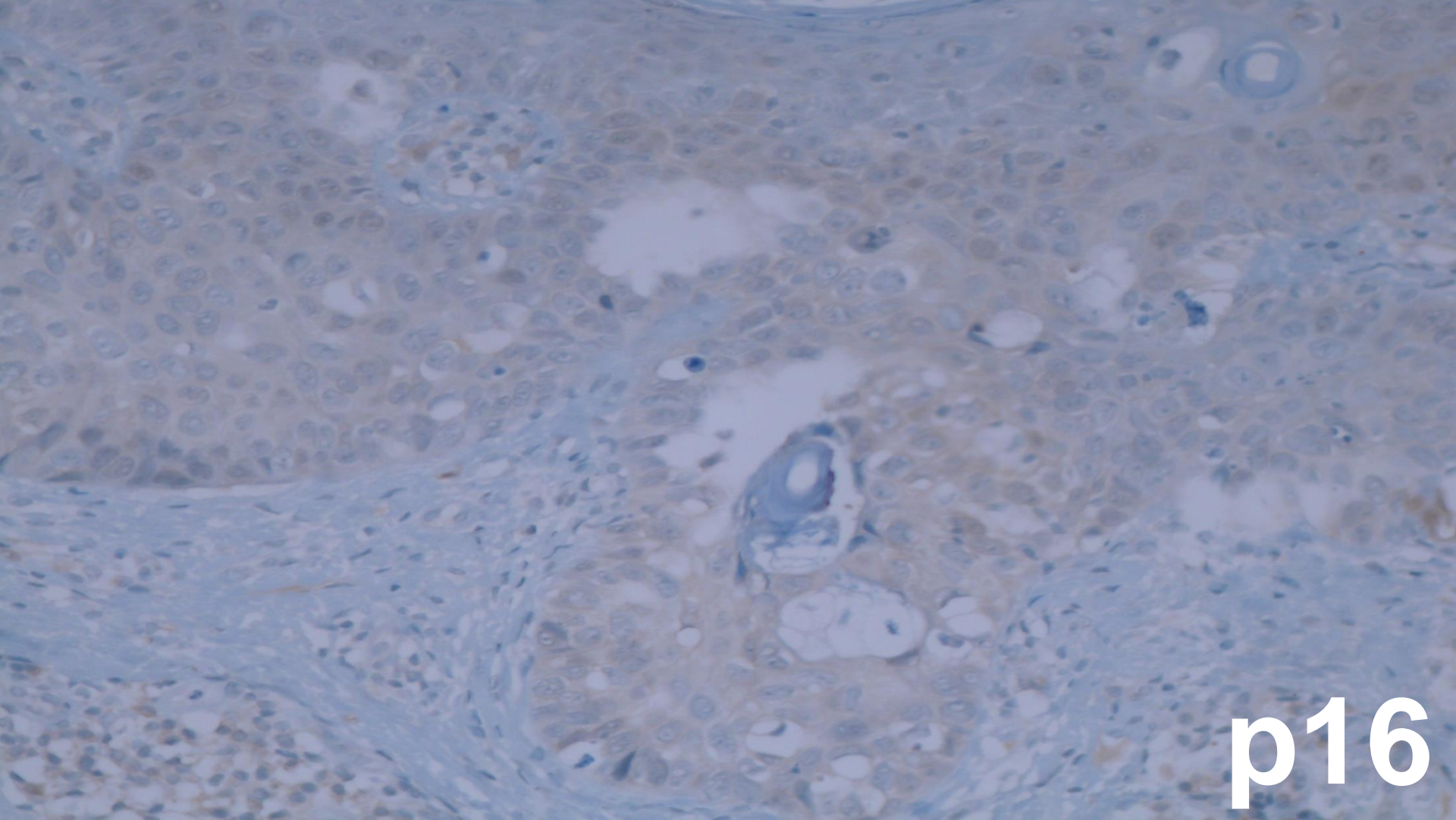
Carcinoma escamoso infiltrante recidivado.

178.-borde nasal

Ausencia de lesiones malignas.

179.-conjuntiva

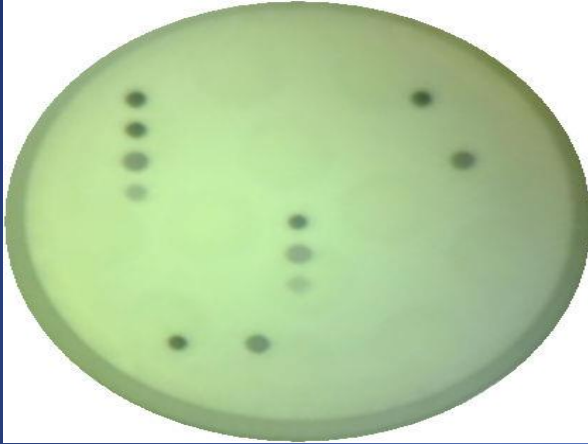
Ausencia de lesiones malignas.



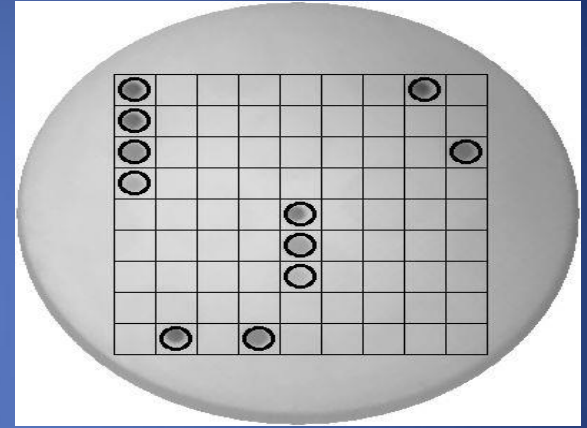
p16

HPV testing

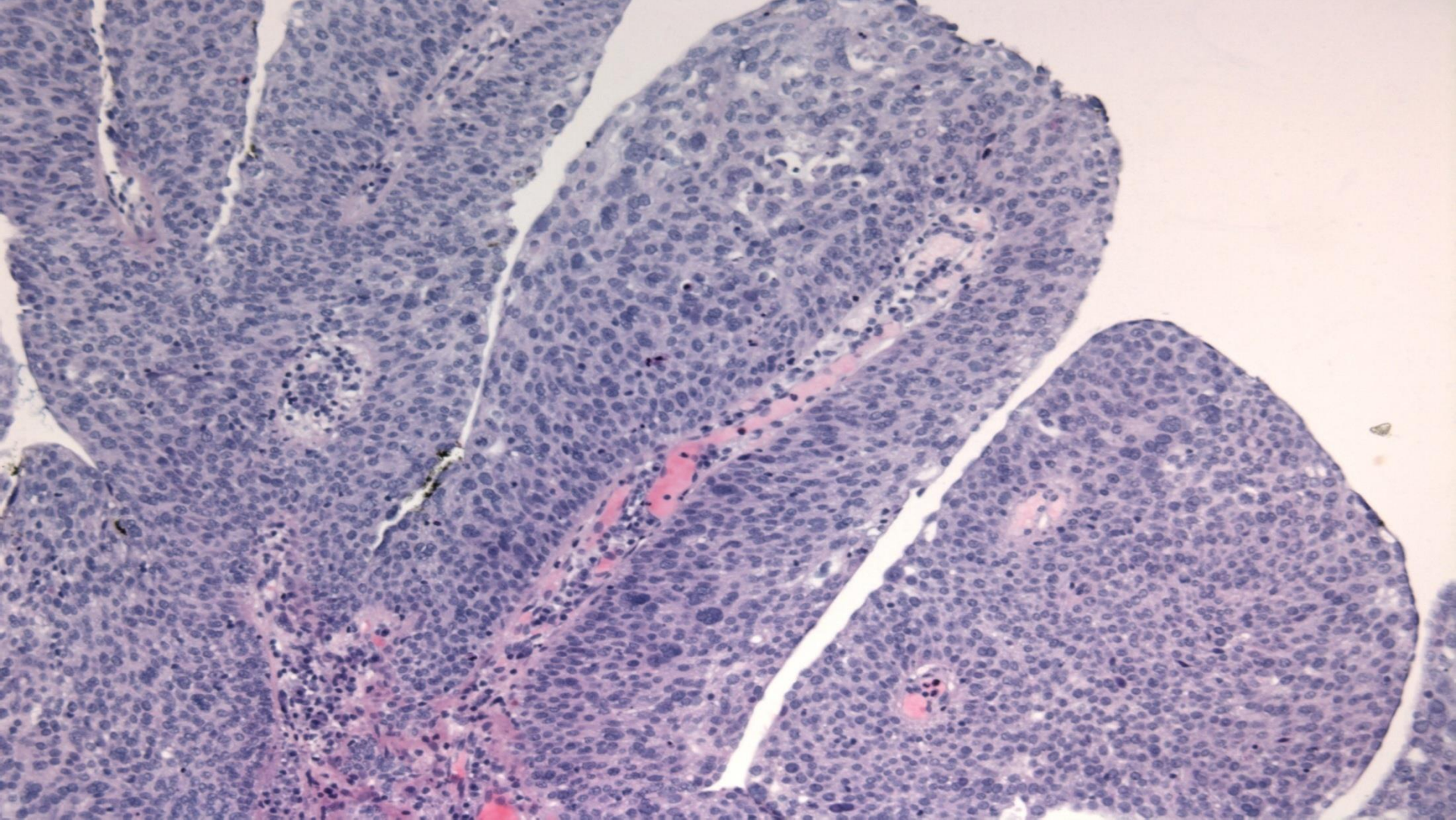
(DNA amplification and reverse hybridization)

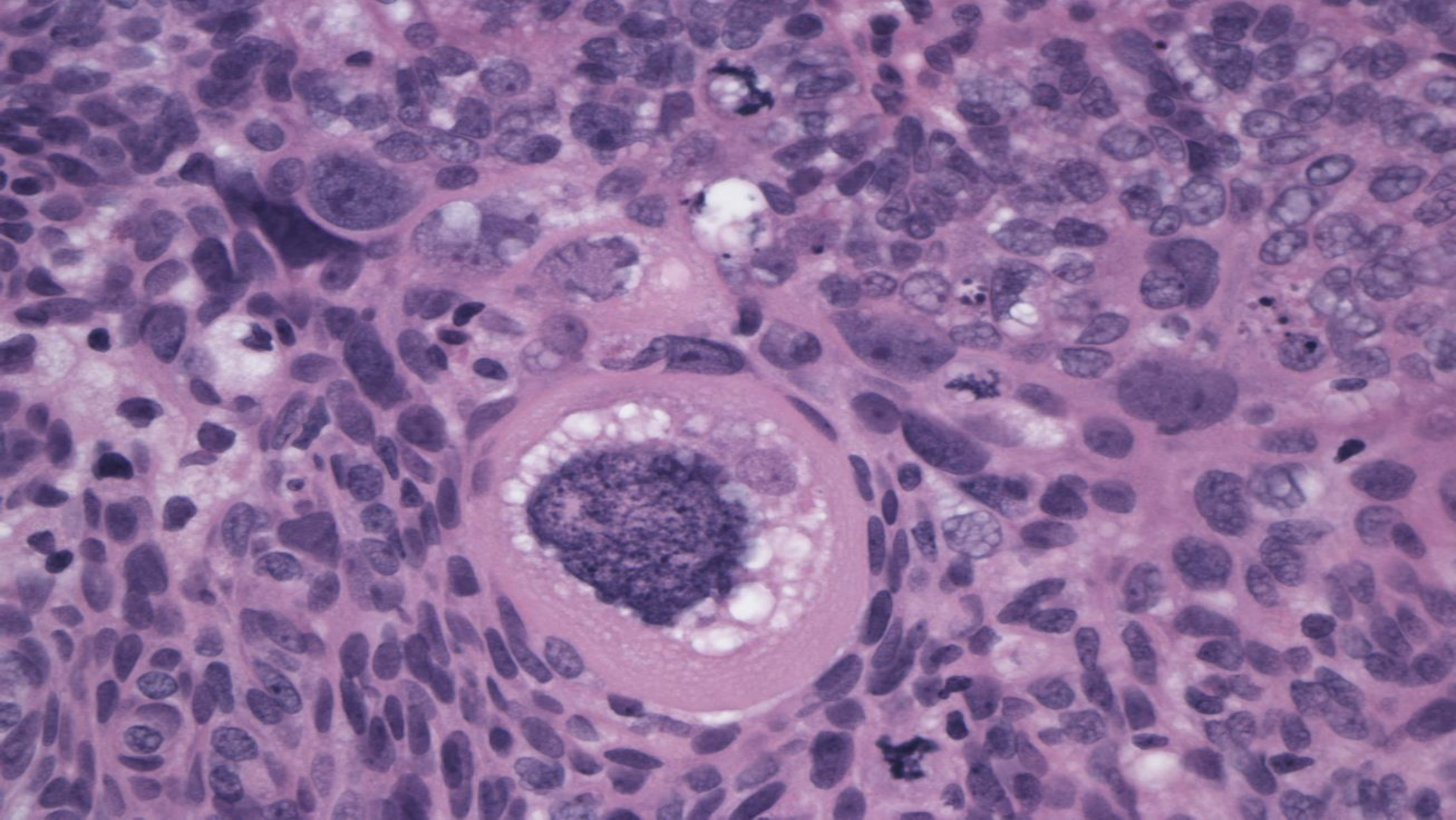


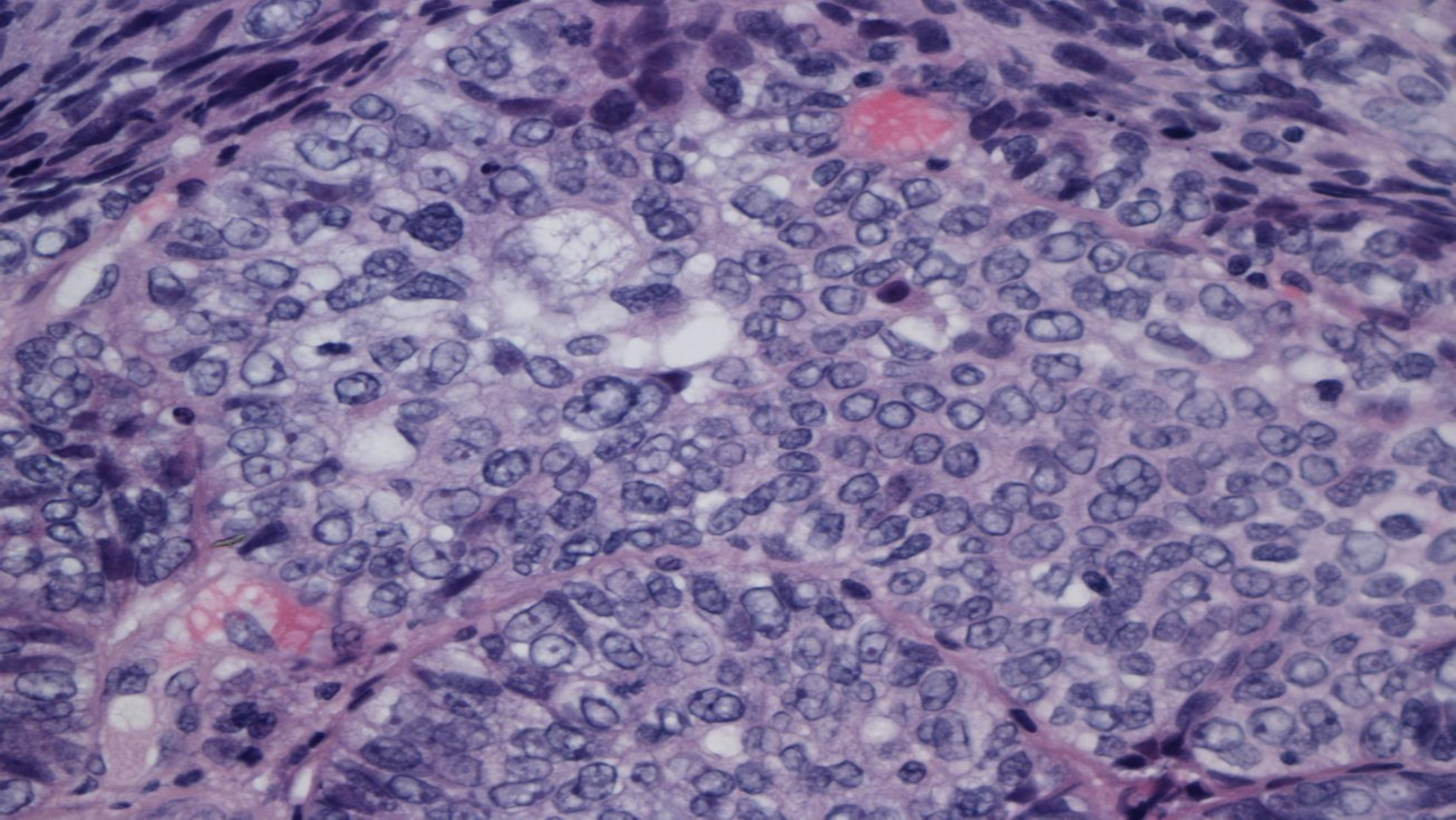
HPV positive:
70

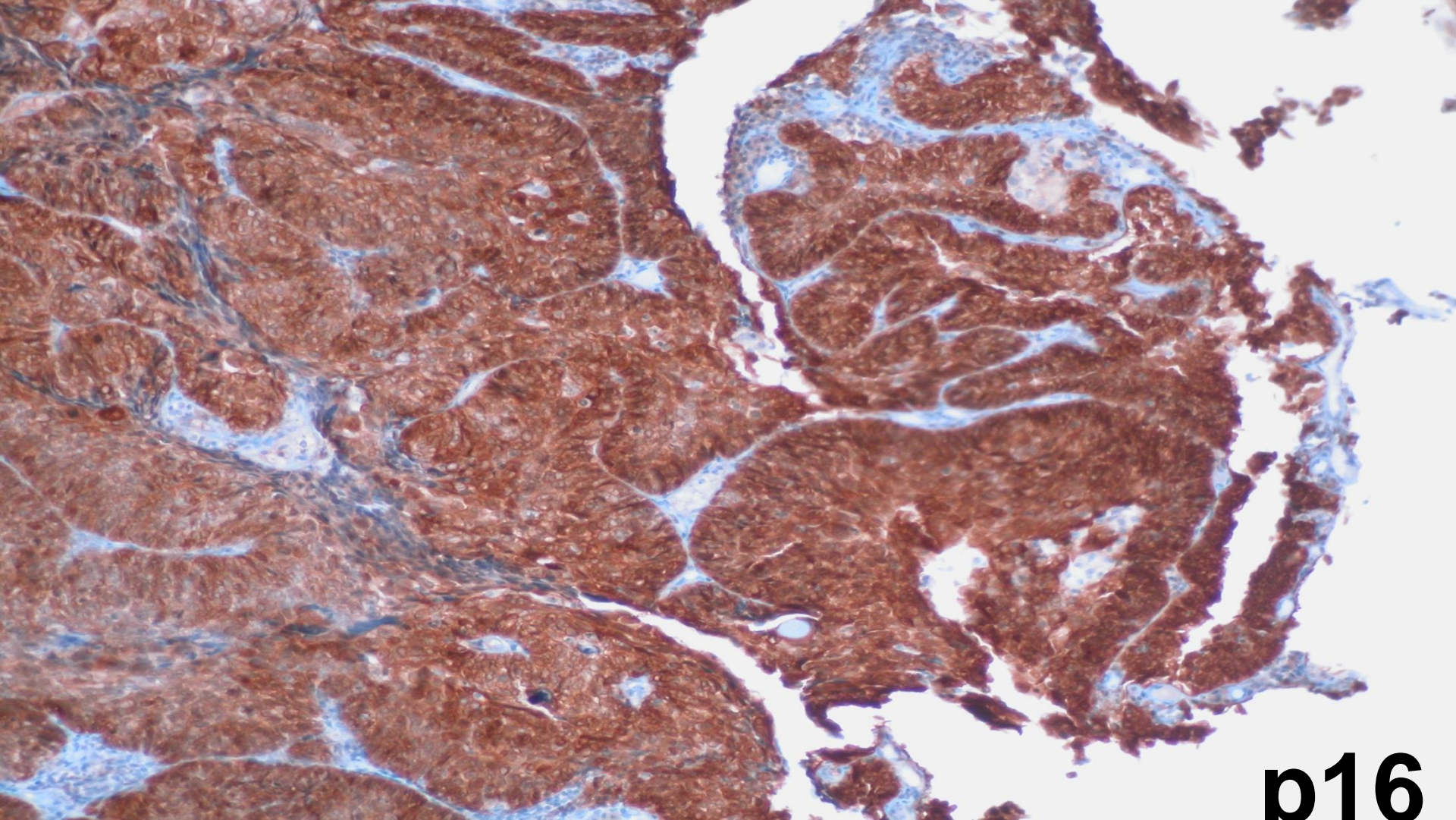


B	33	58	42	71	16	52	B	
B	35	59	43	72	18	53	6	69
C	39	66	44/55	89	26	56	11	70
U	45	68	54	84	31	58	40	71
16	51	73	61	B	33	59	44/55	72
18	52	82	62/81	C	35	66	54	89
26	53	6	67	U	39	68	61	84
31	56	11	69	42	45	73	62/81	
	B	40	70	43	51	82	67	



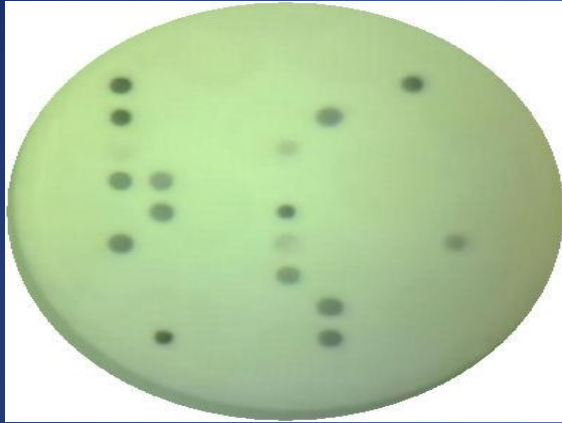




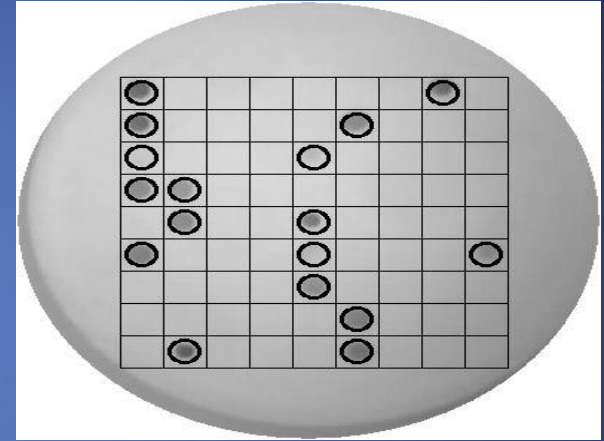


p16

HPV testing (control)



HPV positive:
18, 45, 51, 89



B	33	58	42	71	16	52	B	
B	35	59	43	72	18	53	6	69
C	39	66	44/55	89	26	56	11	70
U	45	68	54	84	31	58	40	71
16	51	73	61	B	33	59	44/55	72
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26	53	6	67	U	39	68	61	84
31	56	11	69	42	45	73	62/81	
	B	40	70	43	51	82	67	

Virchows Arch. 1994;424(5):503-9.

Search for accumulation of p53 protein and detection of human papillomavirus genomes in sebaceous gland carcinoma of the eyelid.

Hayashi N1, Furihata M, Ohtsuki Y, Ueno H.

- 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?