yellow eyelid tumor

Casuistic introduction in Ophthalmic Pathology for trainees and general pathologists

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Case presentation

- 71 year old male

- Intraoperative consultation dermatologist during irradical Mohs surgery

- **History:**
  - Renal transplantation
  - DM-II
  - Multiple BCC, AK en PCC all over the body
  - Multiple therapies left periocular lesion (biopsy, surgery, cryo)
Mohs, 1\textsuperscript{st} round: discontinuous in situ lesion

Bowen?
Pagetoid spread
Basal proliferation, vacuolisation?
Mohs surgery

- Biopsy diagnosis PCC left upper- and lower eyelids
- Interrupted after the 2\textsuperscript{nd} round $\rightarrow$ consultation pathologist

- Biopsy 24-05-17
- Biopsy 05-12-17
- Mohs 23-01-18
Previous biopsy

Bowen? PCC? BCC? Metatypical BCC?
Pleiomorphia, vacuolisation sebaceous carcinoma
Mapping biopsies
In situ Bowenoid spread

Goblet cell Maturation
Eyelid neoplasms (caucasian pop.)

- Neoplastic
  - All known benign skin lesions
  - Malignant skin lesions (all known malignant skin lesions)
    - 90% basal cell carcinoma
    - 5% squamous cell carcinoma
    - 4-5% sebaceous carcinoma
    - merkel cell carcinoma
    - mucinous eccrine carcinoma
    - primary histiocytic carcinoma of the eyelid
    - microcystic adnexal carcinoma
  
  Metastasis
  - breast carcinoma
Treatment and prognosis

- **Treatment:** excision / Mohs
  - Revision of prior biopsies!
  - Mapping biopsies for pagetoid spread
  - → Mitomycin C eye drops

- **Prognosis**
  - Frequent recurrences (pagetoid lesions)
  - Orbital exenteration 13-23%
  - Regional lymph node metastasis 10-20%
  - Distant metastasis 5%
  - 5y DSS 92%
Muir Torre syndrome

- More frequent in non-periocular sebaceous neoplasms
- MMR IH will reveal mostly somatic mutations in periocular disease

- Testing is only useful when:
  - Family history is positive
  - Multiple malignancies in the patient
  - Age at diagnosis
  - Multiple sebaceous neoplasms
Questions?
Further reading