Atypical pT3 Sebaceous carcinoma of eyelid- case presentation

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Abstract: Sebaceous carcinoma of the eyelid is a rare but potentially fatal neoplasm that represents approximately 5 percent of malignant eyelid tumors. The condition is known as the "great masquerader," as it is often mistaken for a benign or a different malignant lesion. This leads to a delay in diagnosis and contributes to an increase in associated morbidity and mortality. Although earlier series described mortality rates of 18 to 30 percent, more recent reports suggest improved survival rates, perhaps as a result of increased awareness and earlier detection of the disease. The condition is generally seen in older individuals, and the mean age at diagnosis ranges from the late 50s to the early 70s. However, sebaceous carcinoma may present in younger patients, especially if they have a history of facial or ocular irradiation or immunosuppression. Most studies have found a female predominance, and there is a well-known higher incidence among Asians. Sebaceous carcinoma may be associated with Muir-Torre syndrome.

Case presentation A 55-yo male presented with history of right upper lid persistent inflammation, progressing rapidly despite repeated topical treatment for chalazion provided by his GP and local optician for more than 12 months. From the clinical examination he had an inflamed, painful area on the right upper lid, involving the grey line, with signs of bleeding, intact overlying skin and calm underlying conjunctiva, growing rapidly.

Urgent full thickness wide excisional biopsy of the right upper eyelid, including the lateral canthus area has been performed as treatment of choice. The histology has shown a fully excised pT3 sebaceous carcinoma with clear margins, no PNI/LVI, but pT3 on basis of depth. Adjuvant radiotherapy has been considered but because of wide excision and clear margins hasn't been applied following decision of the MDT meeting.

Following the diagnoses the patient had undergone investigation in order to exclude Muir-Torre syndrome.

Conclusion: Malignant eyelid lesions may appear similar to, and in many cases arise from, benign or pre-malignant lesions. A thorough history, careful observation, and prompt referral for biopsy are critical for improved outcomes. The condition is notorious for being misdiagnosed as a persistent or recurring chalazion or blepharitis, leading to an average delay of one to three years before the correct diagnosis is established. It is important for clinicians to consider sebaceous carcinoma in middle-aged or older patients who present with unilateral blepharitis. Less commonly, sebaceous carcinoma can grow outward, becoming a pedunculated lesion; occasionally, it can ulcerate and resemble basal cell carcinoma and rarely primary sebaceous carcinoma develops in the lacrimal gland. No matter the site of origin, sebaceous carcinoma can spread through the entire eyelid and invade the orbit.