Giant Sebaceous Cell Carcinoma of Upper Eyelid - Case Report

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Abstract
An eighty-year-old patient presented with right upper eyelid mass. Contrast enhanced computed tomography (CECT) showed large heterogeneously enhancing exophytic soft tissue density mass lesion with few hyperdense foci noted involving skin and subcutaneous tissue. An excisional biopsy was performed. A diagnosis of sebaceous cell carcinoma was confirmed on histopathology.

Introduction
Sebaceous gland carcinomas are highly malignant lid tumors which originate from meibomian glands and rarely from gland of Zeis, sebaceous gland of caruncle, eyebrows and periorcular skin [1]. Advanced SGC is a tumor associated with poor prognosis [2]. Eyelid sebaceous gland carcinoma is an aggressive tumor causing metastasis related mortality in 3-41% [3-10]. Early diagnosis and consequent surgical therapy leads to a better outcome and higher survival rates than generally assumed [4]. In this study we discuss key elements of primary disease and modalities to treat such a condition.

Case Report
An eighty-year-old male presented to us with mass right eye upper lid for past 2 years. The mass was green pea sized to begin with gradually increased in size over past 2 years to the present size. On ocular examination no light perception was present. A right upper eyelid swelling of 50 mm × 57 mm involving lid margin with ulceration with areas of necrosis and bleeding points

Figure 1: a,b) A right upper eyelid swelling of 50 mm × 57 mm involving lid margin with ulceration with areas of necrosis and bleeding points.
Figure 2: CECT showed large heterogeneously enhancing exophytic soft tissue density mass lesion with few hyperdense foci noted involving skin and subcutaneous tissue of upper right eyelid measuring approx. 48 mm × 36 mm abutting the cornea with no obvious underlying bone erosion.

Figure 3: a, b) An excisional biopsy was performed.

On general examination no lymphadenopathy or organomegaly was noted. A differential diagnosis of sebaceous cell carcinoma, squamous cell carcinoma was made.

Contrast enhanced computed tomography (CECT) (Figure 2) showed large heterogeneously enhancing exophytic soft tissue density mass lesion with few hyperdense foci noted involving skin and subcutaneous tissue of upper right eyelid measuring approx. 48 mm × 36 mm abutting the cornea with no obvious underlying bone erosion.

An excisional biopsy was performed (Figure 3a and Figure 3b). Histopathology report showed poorly differentiated sebaceous cell carcinoma with circumferential margins involved by the tumor (Figure 3c, Figure 3d, Figure 3e and Figure 3f).

On first post-operative (Figure 4a) day a temporary temporal tarsorraphy was done and the patient was discharged and follow up done on 1 week (Figure 4b).

**Discussion**

Meibomian gland carcinoma is a slow-growing tumor arising from the meibomian glands. It is the third most common malignancy in the eyelid with an incidence of 1-5.5% of eyelid malignancies [3]. It frequently occurs in adults with a female predominance [11]. Upper eyelid is affected two to three times more often than the lower eyelid due to high number of meibomian glands [9,12].

Diagnosis is frequently difficult due to two reasons

1) In early stages the external signs are quite subtle, resembling a benign lesion such as chalazion or chronic blepharoconjunctivitis and

2) The presence of yellowish material within the tumor gives it resemblance to squamous cell carcinoma [13].

The treatment is essentially surgical. Full-thickness eyelid biopsy, followed by complete excision and direct closure is suggested. Nodular sebaceous carcinoma should be removed with 5 mm of clinically normal tissue. Exenteration is to be done if bulbar conjunctiva is
skull and brain. Ten years actuarial tumour death rate is 28% [14].

Conclusion

The patient under our study presented with large size of tumor being an ignored elderly and lack of awareness about cancerous growths in the body. Early diagnosis and management of such cases may decrease long term morbidity and extend the survival rate of such patients. Even in late stage presentations, multidisciplinary ap-
proach (ophthalmology, radiology, pathology and oncology) at tertiary care center can give good results.

References