WHEN THAT LID LESION MAKES YOU SAY..HMMM

MARC R BLOOMENSTEIN, OD, FAAO
SCOTTSDALE, ARIZON

1

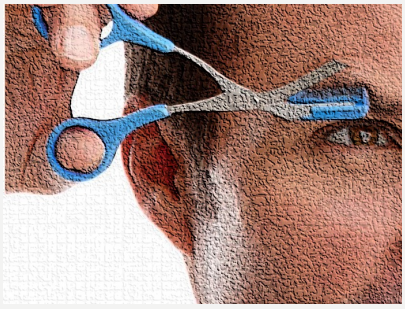
FINANCIAL DISCLOSURES FOR MARC R BLOOMENSTEIN, OD, FAAO

- Allergan-Speaker/Consultant
- Avellino-Consultant
- Azura-Consultant
- Bausch & Lomb-Speaker/Consultant
- Bruder-Consultant
- Dompe-Speaker/Consultant
- Eyevance-Consultant
- Harrow-Speaker
- Iveric-Consultant
- LENZ-Consultant
- Ocuphire-Consultant
- OcuSOFT-Consultant
- Olleyes-Consultant
- Oyster Point-Speaker/Consultant
- Novartis-Speaker/Consultant
- Reichert-Consultant
- Sydnexus-Consultant
- Sight Science-Speaker/Consultant
- Visus-Consultant
- STAAR Surgical-Speaker /Consultant
- Sun-Speaker/Consultant
- Tarsus-Speaker/Consultant
- Thea-Consultant
- Topcon-Consultant

All financial relationships have been mitigated.

2

MANSCAPING 2.0



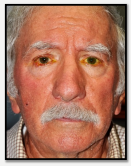
3

MANSCAPING 2.0

- 77 YO HM
- "MY PRIMARY DOCTOR HAS BEEN ON MY ASS TO GET AN EXAM. SO, HERE I AM!"
- SMOKES AND "DON'T TELL ME I CAN'T DRINK MY BEERS"
- NIDM
  - Metformin 8.5ml/day
- NKMA
- OHX-NEGATIVE

4

MANSCAPING 2.0



- Vasc
  - 20/40 ph 20/20
  - 20/25
- IOP
  - 13 mmHg OU
- Slex
  - OD: Grade2 demodex, MGGS 3, PCIOL (open capsule)
  - OS: Grade 3 demodex, MGGS 2, PCIOL (open capsule)
- Dilated Fundus Exam
  - C/D 0.35/0.40
  - Peripheral retina flat, NNOH/NNE, No Tears or holes.

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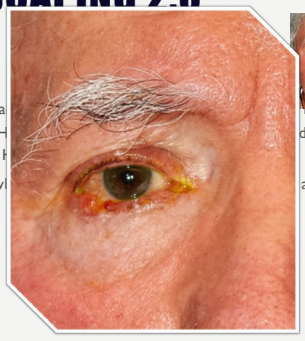
MANSCAPING 2.0



But my friend a… …commented on his brows. H… …d, I said that was not funny. H…

I did ask him wh… …and then I looked again.

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BE WARY OF

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Eyelid Neoplasms

- May arise from epidermis, dermis or eyelid adnexal structures
  - Keratinizing epidermis
  - Prominence of sebaceous glands and blood vessels
- Epidermal origin most common
- Main goal: identify and diagnose malignancy

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Most periocular epithelial lesions non-malignant

Clinical judgment < 100% accurate

Whenever in doubt -> BIOPSY:

- absolutely necessary for the definitive Dx

BENIGN OR MALIGNANT?

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CLINICAL EVALUATION: HISTORY

- Hx prior cancer
- Sun exposure
- Past radiation
- Smoking
- Skin type

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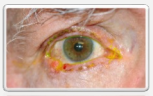
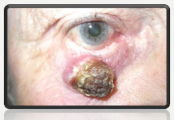
Clinical Signs

- Slow painless growth
- Ulceration, bleeding, crusting
- Irregular pigmentary changes
- Destruction of normal architecture
  - Lash loss, meibomian orifices
- Pearly edge, central ulceration
- Telangectasia
- Loss of cutaneous wrinkles





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OTHER CLINICAL SIGNS

- Palpable induration: infiltration into dermis, subcutaneous tissue
- Lesions near punctum: possible lacrimal invasion
- Fixation to deeper tissues/bone
- Lymph nodes
- Restricted EOM, proptosis: orbital invasion

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Basal Cell Carcinoma

- 90-95% of eyelid malignancies
- Most common malignant tumor of the eyes
- Arise from hair-bearing skin
- Cystic type resemble a benign inclusion cyst
  - Fibrosing difficult to Dx
    - Lie beneath and lose lashes
    - Entropian/ectropian
    - Lid notch/retraction/chalazia
    - Chronic blepharitis

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BASAL CELL CARCINOMA (BCC)

Location

- LL: 50-60%
- MC: 25-30%
- UL: 15%
- LC: 5%

Hx: fair skin, sun exposure, smoking, prior BCC

Forms: nodular, morpheaform

Rarely metastasize

- Recurrent or neglected may invade orbit and need exenteration

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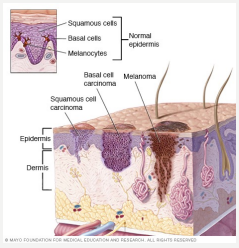
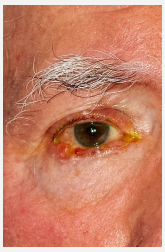
BASAL CELL CARCINOMA (BCC)





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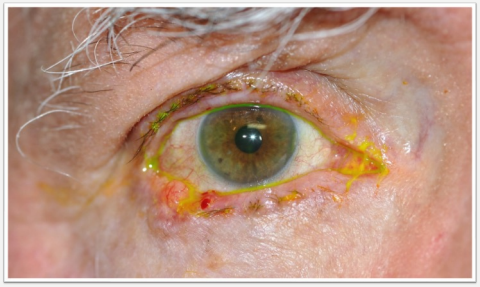
ULCERATED LID MARGIN LESION



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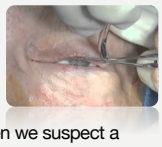
FINAL & DEFINITIVE DIAGNOSIS

BIOPSY

- Incisional – when we suppect a malignant lesion
  - Shave Bx
  - Punch Bx



- Excisional - ideal when we suspect a benign lesion
  - Margins are not checked

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AFTER EXCISION

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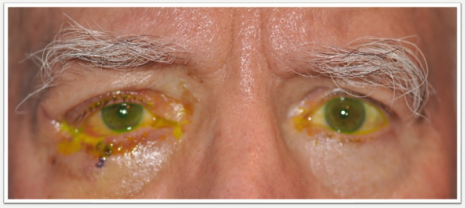
2D PO



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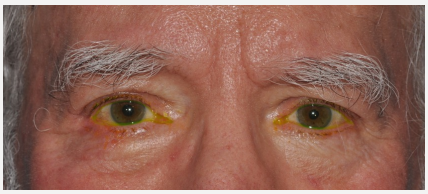
2M PO



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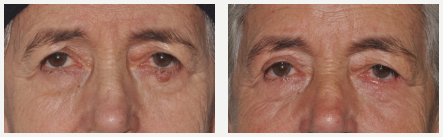
BCC

Before *After*



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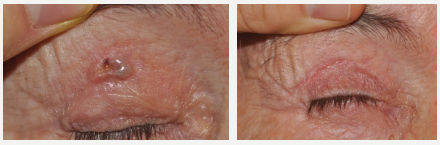
BCC

Before *After*



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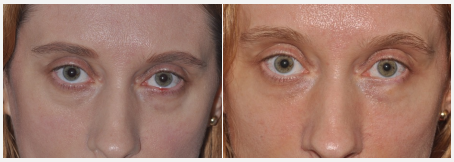
BCC

Before *After*



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BCC

Before *After*

24

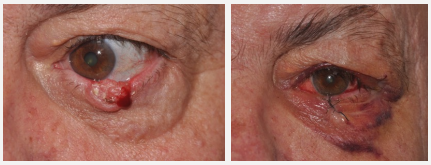
BCC

Before *After*

25

BCC

Before *After*



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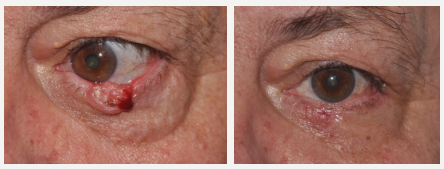
BCC

Before *After*



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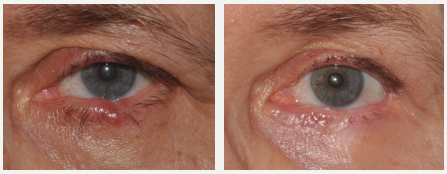
BCC

Before *After*



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OTHER CARCINOMAS

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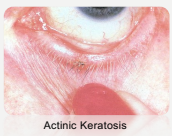
SQUAMOUS CELL CARCINOMA

- 40x less common than BCC for the lid
- More common epithelial malignancy of the conjunctiva
- More aggressive
- Solar injury
- In areas of actinic keratosis,



Actinic Keratosis

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SQUAMOUS CELL CARCINOMA

- Potentiated by immunodeficiency
- May resemble various benign inflammatory lesions
  - Pseudoepitheliomatous hyperplasia
  - Inverted follicular keratosis
  - Keratocanthoma
- Metastasis by lymphatic, blood, direct extension (along nerves)

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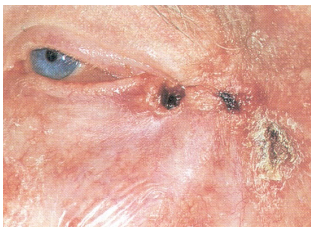
SQUAMOUS CELL CARCINOMA



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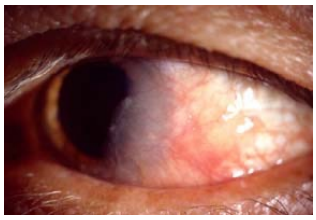
SQUAMOS CELL CARCINOMA



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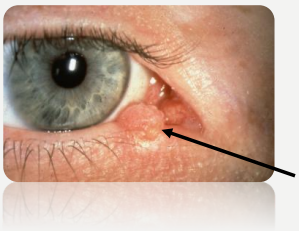
SQUAMOUS CELL CARCINOMA



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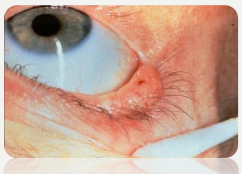
SQUAMOUS CELL CARCINOMA



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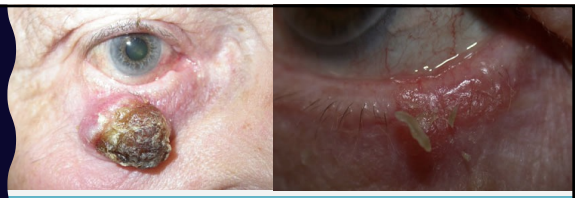

SQUAMOS CELL CARCINOMA

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TREATMENT OF SCC

- Aggressive surgical excision
- Recurrences may require orbital exenteration

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SEBACEOUS ADENOCARCINOMA

- Rare malignancy
  - 1-5.5% of eyelid malignancies in U.S.
  - 33% of eyelid malignancies in China
- Highly malignant, lethal
- Sebaceous gland origin: meibomian, Zeis, caruncle, eyebrow or facial skin

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SEBACEOUS ADENOCARCINOMA

- F>M
- UL>LL
- Multicentric origin common

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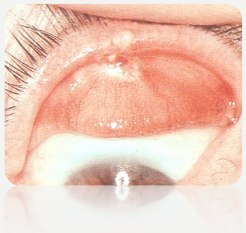
SEBACEOUS ADENOCARCINOMA



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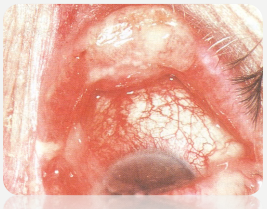
SEBACEOUS ADENOCARCINOMA



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PRESENTATION

- Patients commonly > 50 y/o
- Yellowish coloration
- Often masquerades as chalazion, chronic blepharitis, SLK, pannus associated w/ adult inclusion conjunctivitis
  - Misdiagnosis is delayed by average of 3 yrs.

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KEY POINT

- **Beware of the "chalazion" that later causes loss of eyelashes and destruction of meibomian gland orifices**

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MALIGNANT MELANOMA

- 5% of all skin cancers
- <1% of eyelid malignancies
- UV, genetic predisposition, mutagens
- Arise de novo, from nevi or lentigo maligna
- Acquired pigmented lesion >20-30y/o

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MALIGNANT MELANOMA

- Appearance: variable pigmentation, irregular borders, may ulcerate and bleed
- Forms
  - Lentigo maligna melanoma*
  - Nodular melanoma*
  - Superficial spreading melanoma
  - Arco-lentiginous melanoma

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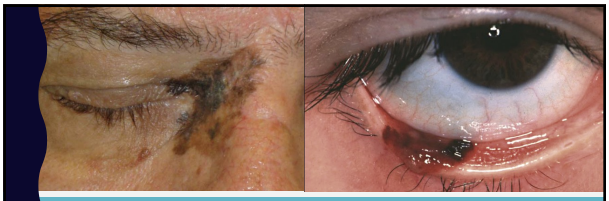

MELANOMA

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TREATMENT OF MM

- Depth of invasion affects prognosis
- Preop metastatic workup
- Regional lymph node dissection

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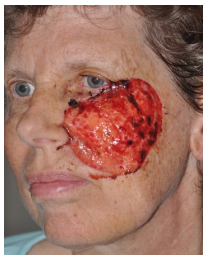

MM REFERRAL

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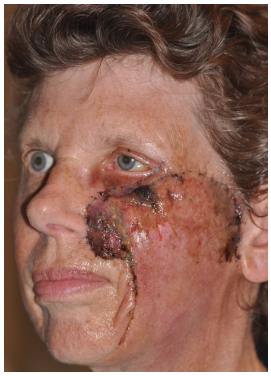
2 DAYS PO



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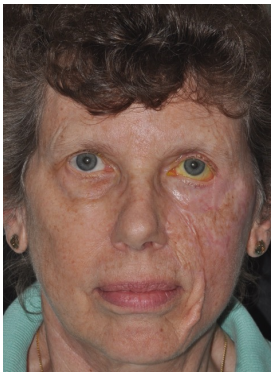
6M PO



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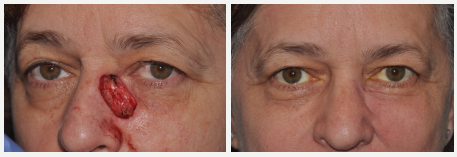
MELANOMA

Before *After*



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CONCLUSION

- Most eyelid lesions epidermal origin
- Early detection of eyelid malignancy important
- Clinical examination important, but not 100% accurate
- Biopsy if not sure

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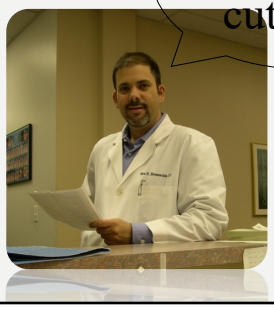
"When in doubt cut it out!"



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THANK YOU..

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