



SEBACEOUS GLAND CARCINOMA OF EYELID: A RARE CASE REPORT

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ABSTRACT

The Sebaceous gland carcinoma is a rare and highly malignant tumor of eyelid which arises from meibomian glands, glands of zeiss and sebaceous gland of caruncle. It is third most common malignancy of eyelid and can masquerade as benign lesion as chalazion, blephritis and conjunctivitis. The upper eyelid is the most common site of origin. We present a case of sebaceous gland carcinoma of left lower eyelid in a 73 years old man who came with a history of slow growing mass in lower eyelid. The tumor was confirmed on biopsy and orbital exentration was done.

KEYWORDS: Sebaceous Gland Carcinoma, Meibomian Glands, Chalazion, Orbital Exentration

INTRODUCTION

Sebaceous gland carcinoma is a highly malignant slow growing tumor of eyelid arising from meibomian glands, glands of zeiss and sebaceous gland of caruncle. It is third most common malignancy of eyelid and have incidence of 1-1.5%.^[1] It can masquerade as benign lesion as chalazion, blephritis and conjunctivitis and have tendency to spread over palpaebal and bulbar conjunctiva.^[2] The upper eyelid is the site of origin in two third of the cases.^[3]

CASE REPORT

A 73 years old male presented with swelling in lower eyelid of left eye with discharge since two months. The patient was chronic smoker and had stopped smoking only 4 months back. No history of any other chronic illness, hypertension or diabetes mellitus was present. Patient had been operated for cataract in same eye 1.5 years back. Lower lid incision biopsy was done and sent to our department for histopathological examination. The case was diagnosed as sebaceous cell carcinoma. On histopathological examination the biopsy showed unremarkable epidermis but dermis showed irregular nests of tumor cells reaching upto overlying epidermis at places. The cells were round to oval having moderately pleomorphic central nucleus, prominent nucleoli and moderate amount of cytoplasm. Mitotic activity and areas of necrosis were also seen.(Figures 1-2).

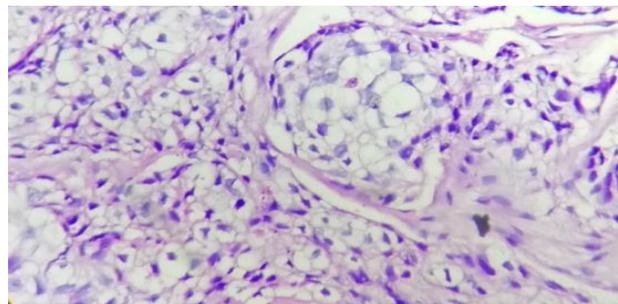


Figure. 1: Histopathology slide showing Sebaceous gland carcinoma (400X).

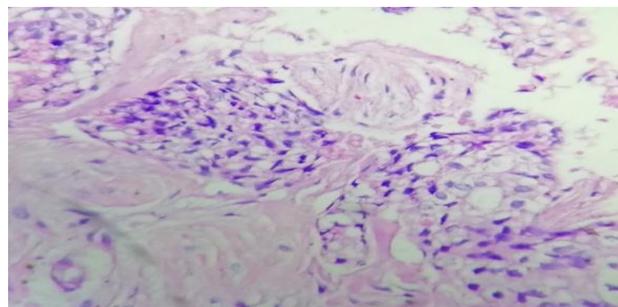


Figure. 2: Histopathology slide showing sebaceous gland carcinoma (100x).

CEMR of brain and orbits was done and it showed large lobulated soft tissue mass on inferomedial aspect of left orbit which was isointense on T1W and T2W images, and it appeared to be involving medial rectus muscle. A large heterogeneously enhancing lesion with specks of calcification was also noted in left infra orbital region and multiple enlarged lymph nodes with heterogenous

enhancement were noted in left intra parotid region. Following this exentration of left eye was done with total parotidectomy. Twenty cycles of radiotherapy were given preoperatively. The exentrated specimen of left eye was sent to our department for histopathological examination which showed moderately differentiated sebaceous gland carcinoma with extension upto retina. On IHC tumor was CK and EMA positive.(Figures 3-4).

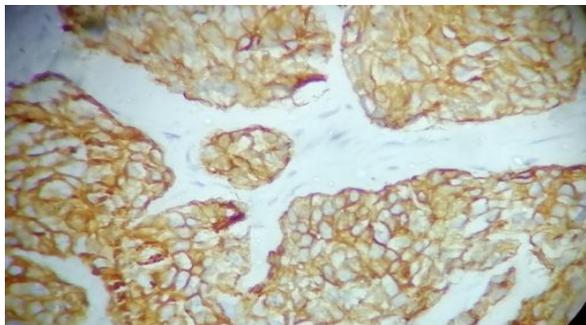


Figure. 3: Tumor cells showing CK positivity.

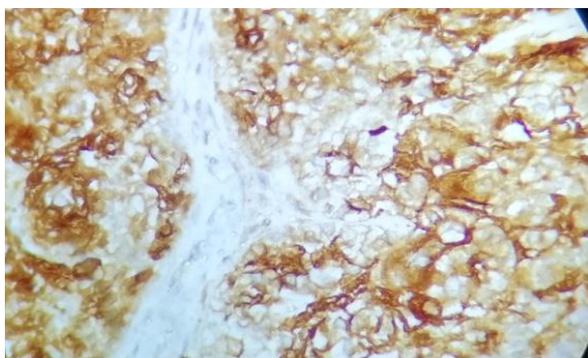


Figure. 4: Tumor showing EMA positivity.

After about 5 months patient came with swelling of medial wall of orbit associated with pain but without any discharge. Again CT scan of orbit and brain was done which showed small nonm enhancing soft tissue thickening in region of floor of left orbit with post operative defects in floor, orbital roof and left lamina papyracea.

Excised specimen of this medial swelling was sent for histopathological examination which showed fragments of poorly differentiated carcinoma which suggested recurrence of carcinoma.

DISCUSSION

Sebaceous gland carcinoma is a slow growing tumor which arises from meibomian glands, glands of zeiss and glands of caruncle. The tumor has a poor prognosis when compared to other eyelid malignancies because the diagnosis is delayed as it is mistaken for benign lesions such as blepharoconjunctivitis and chalazion.^[4-6] So any case with recurrent chalazion or blepharoconjunctivitis should be examined histopathologically. Treatment of sebaceous gland carcinoma is surgical. Depending on the lesion extent local excision or orbital exentration is done.

Approximately thirty percent of the cases recur after resection^[7] like that what happened in this case. The mortality rate is 5-10% due to delayed diagnosis.^[8]

CONCLUSION

Sebaceous gland carcinoma is a rare malignant tumor that masquerades as benign lesion as chalazion, blephritis and conjunctivitis. In order to reduce the morbidity and mortality early diagnosis is necessary. So any recurrent case of chalazion should be biopsied to rule out the malignancy.

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