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Case Report

Sebaceous Gland Carcinoma - A Diagnostic Dilemma

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Abstract

Eyelid malignancies are rare. Almost all types of tumours arising from the skin, connective tissue, glandular tissue, blood vessels, nerves and muscles can involve the eyelids. Since these patients generally present to an ophthalmologist first, we are in a privileged position to accurately diagnose them and guide their management as appropriate. In an era of advanced imaging, precise microsurgery, powerful chemotherapeutic protocols, and stereotactic radiotherapy, steered by well-trained ocular oncologists and ophthalmic oncopathologists, we can certainly do better [1,9]. We report a case of an elderly lady aged 65 years who presented with a large painless nodule over the left upper eyelid.

Keywords: Oncologist; Sebaceous Gland Carcinoma (SGC); Tumour

Case Report

We report a case of an elderly lady aged 65 years who presented with a large painless nodule over the left upper eyelid from the past one and half years [Figure 1]. On examination, the size of the tumour was about 25*5 mm and it was nodular. There was distortion and drooping of the upper eyelid. Lid margin was thickened but the eyelashes were intact. Yellowish material was seen in the tumour and the skin overlying the tumour was stretched [Figure 2]. Preauricular lymph nodes were found to be enlarged. The patient had lenticular changes in both eyes. Rest of the anterior segment was normal. Fundus examination was normal OU. Histopathology report was accompanying (from a State run Medical College) and it suggested poorly differentiated Squamous cell carcinoma of the eyelid.

The histopathology report created a dilemma in our mind as by clinical findings it was suggestive of SGC but the report suggested otherwise.

The patient was referred to an Oncologist as there was high suspicion of spread of tumour to other parts of the body. The patient would be followed up with the Oncologist.

Figure 1: Large painless nodule over the left upper eyelid from the past one and half years.

Figure 2: Thickened lid margin, yellowish material in the tumour and the skin overlying the tumour is stretched.

Discussion

Sebaceous gland carcinoma (SGC) is the most common eyelid malignancy in India [2]. Yet; it is widely misdiagnosed and mismanaged. It is a very rare, slowly growing tumour that most frequently affects the elderly, with a predisposition for females. It usually arises from the meibomian glands, although on occasion it may arise from the glands of Zeis or elsewhere [3,7,8]. Delayed diagnosis and inappropriate treatment, coupled with the inherent aggressive behaviour of the tumour, result in an unacceptably high incidence of local recurrence, regional lymph node metastasis, systemic metastasis, and death. Pagetoid spread refers to extension of a tumour within the epithelium, and is not uncommon. Overall mortality is 5-10%; adverse prognostic features include upper lid involvement, tumour size of 10 mm or more and duration of symptoms of more than 6 months [4-6]. In contrast t BCC and SCC, SGC occurs more commonly on the upper eyelid where meibomian glands are more numerous.

Squamous Cell Carcinoma (SCC), on the other hand, is a much less common, but typically more aggressive tumour with metastasis to regional lymph nodes in about 20% of cases [9]. Careful surveillance of regional lymph nodes is therefore an important aspect of initial management. The tumour may also exhibit perineural spread to the intracranial cavity via the orbit. Immunocompromised patients, such as those with acquired immunodeficiency syndrome (AIDS) or following renal transplantation are at increased risk. It occurs most commonly in older individuals with a fair complexion and a history of chronic sun exposure.

Both these tumours are very aggressive and malignant. General ophthalmologists, being the primary point of contact, must be well aware of the clinical signs of malignant tumours and the red flags that tip the diagnosis.

Conclusion

We conclude that sometimes tumours can mimic their other counterparts. A histopathological evaluation is important to diagnose early and treat effectively.

Declaration of Patient Consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given her consent for her images and other clinical information to be reported in the journal. The patient understand that her name and initials will not be published and due efforts will be made to conceal her identity, but anonymity cannot be guaranteed.

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Conflicts of Interest

There are no conflicts of interest.