An otherwise healthy 76-year-old woman with no chronic systemic conditions requested removal of a left lower eyelid growth she feared was cancerous. The patient was correct; excision of the lesion and histologic examination confirmed basal cell carcinoma.

Basal cell carcinomas are the most common malignant tumor involving the ocular adnexa and account for 90% of all eyelid cancers. Fair-skinned adults between ages 50 and 80 years are most commonly affected. Basal cell carcinomas develop in approximately 400,000 persons in the United States each year.\[1,2\] Basal cell carcinoma most frequently arises from the lower eyelid, followed in relative frequency by the medial canthus, upper eyelid, and lateral canthus. The main clinical types of this cancer are nodular, nodulo-ulcerative (rodent ulcer), and sclerosing (morpheaform). This patient has a rodent ulcer—the most common and least aggressive type. It begins as a firm, round tumor with fine telangiectatic vessels and soon develops an ulcerated center that often is covered by necrotic material and serosanguineous discharge. The rodent ulcer's characteristic rolled and indurated borders then develop. Local control to prevent recurrence and orbital invasion is the goal in managing basal cell carcinoma. In this patient, a wide excision of the tumor with a 3-mm margin of tissue that appeared clinically normal was performed. Histologic examination of a frozen section control confirmed tumor-free margins. Mohs' micrographic surgery can also be performed in this setting. When the tumor involves less than one third of the eyelid, reconstruction usually can be done by primary closure. More elaborate surgical techniques—skin and conjunctival flaps and grafts—may be necessary for more extensive lesions.

REFERENCES:

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