



Palpebral Sebaceous Carcinoma: A Journey From Diagnosis To Management , ABOUT A CASE

Auteurs :salma hassina,krichene MA,Hasnaoui I ,Robbana L ,Hazil Z, Bardi C ,Bekkar B,Qabba ,
Z,Akkanour Y,Serghini L, Abdallah EL

Ophthalmology B specialty hospital Rabat Morocco

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INTRODUCTION

Sebaceous carcinoma is the third most common malignant palpebral tumor. It arises from the Meibomius glands in the tarsus or the Zeiss glands in the caruncle or periocular skin. Very often, its confusion with benign pathologies delays its management and worsens its prognosis.

PATIENTS AND METHODS

We report the case of a 72-year-old male patient with bladder cancer whose chalazion, resistant to medical treatment, turned out to be a sebaceous palpebral carcinoma.

RESULTS

For 6 MONTHS, the patient presented with a right upper palpebral tarsal TUMEFACATION treated as a chalazion with local corticosteroids and massage, but without improvement, which prompted his GP to refer him to us for surgical management.

Ophthalmological examination revealed corrected visual acuity of 10/10 in both eyes. Slit-lamp examination revealed an upper right palpebral lesion developed at the tarsal dependency, measuring 13mm by 14mm, extending to the palpebral free edge, ulcerated in the center, with loss of the opposing eyelashes. The rest of the ophthalmological examination was unremarkable.

Anatomopathological examination was inconclusive in favor of a clear-cell tumoral process.

Immunohistochemistry showed a well-differentiated sebaceous neoplasm with nuclear atypia and high Ki67 compatible with a sebaceous carcinoma.

complete removal of the tumor with 5 mm safety margins, with very satisfactory aesthetic and functional results.

The oncological opinion and extension work-up were negative, and no adjuvant treatment was required apart from clinical monitoring.



figure 1 : The lesion's trumpet-like appearance is reminiscent of a chalazion.



Figure 2 : bourgennate lesion ulcer on upper eyelid



Figure 3 : appearance after biopsy excision

discussion

Palpebral sebaceous carcinoma is a rare malignant tumor that develops from the sebaceous glands of the eyelids. It is aggressive and often challenging to diagnose due to its varied clinical presentation, which can resemble both benign and malignant eyelid conditions(1).

This type of carcinoma typically appears as firm nodules or diffuse lesions, which can be mistaken for benign conditions like chronic blepharitis or chalazions, as well as basal cell or squamous cell carcinomas. Because of this similarity, the diagnosis is often delayed, allowing the cancer to progress and become more aggressive(2).

Patients with sebaceous palpebral carcinoma may experience symptoms such as eye irritation, loss of eyelashes (madarosis), chronic inflammation of the eyelids, and, in advanced cases, impaired vision. Early diagnosis is made through biopsy and histopathological analysis (3). Histological features include tumor cells with lipid-rich cytoplasm that resemble normal sebaceous glands. Immunohistochemistry is often used to confirm the diagnosis by highlighting specific markers such as EMA (epithelial membrane antigen) and androgen receptors (4).

Advanced age is a predominant risk factor for sebaceous palpebral carcinoma, with a higher incidence in individuals over 60 (5). Other risk factors include exposure to ultraviolet radiation and a history of radiotherapy. Additionally, genetic syndromes like Muir-Torre syndrome, which is a variant of Lynch syndrome, are associated with an increased susceptibility to this tumor(6).

The primary treatment for sebaceous palpebral carcinoma is wide surgical excision with sufficient safety margins to minimize the risk of recurrence. Mohs micrographic surgery is often the preferred method because it achieves negative tumor margins while preserving as much healthy tissue as possible(7). In cases where complete surgical excision is challenging, adjuvant radiotherapy may be considered (8).

The prognosis of sebaceous palpebral carcinoma largely depends on early diagnosis and effective treatment (9). Recurrence rates after treatment are significant, highlighting the importance of long-term surveillance. Patients should undergo regular monitoring to detect any local or metastatic recurrence (10).

In conclusion, sebaceous palpebral carcinoma is a rare but aggressive tumor that requires clinical vigilance and a multidisciplinary approach for optimal therapeutic outcomes. Early diagnosis and aggressive management are crucial in reducing the risk of recurrence and improving patient prognosis.

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