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Case Report

Sebaceous cell carcinoma of the lower eyelid: a rare case report

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Abstract: Sebaceous cell carcinoma of the lower eyelid is rare. It is a very aggressive tumor with a poor prognosis if diagnosed too late. The recurrences are not rare. Diagnosis is often delayed because it can be confused with other periocular diseases. We present the case of a lower eyelid carcinoma in a 41-year-old man. The tumor was mistaken for a chalazion and operated by a medical assistant; so it recurred 4 months later.
Keywords: Sebaceous cell, carcinoma, lower eyelid..

INTRODUCTION

Sebaceous carcinoma (SC) of the eyelid is a rare slow-growing tumor that affects the elderly men and women arising from meibomian, Zeis or sebaceous glands in the caruncle, eyebrow or surrounding skin. SC accounts for approximately 0.2% to 0.8% of all eyelid tumors [1, 2]. The tumor is also called adenocarcinoma of sebaceous gland, meibomian gland carcinoma, or Zeis gland carcinoma. The incidence of sebaceous carcinoma varies in different series, in the United States it is about 0.5 per million in the white population and is more common in Caucasians than in African-Americans [3]. It is the third most common malignancy in the eyelid with an incidence of 1-5.5% of eyelid malignancies [4]. Clinically, the tumor is most commonly a small, firm, yellow nodule adherent to the adjacent tissues and resembling a chalazion. The tumor may have a papillomatous appearance or that of a diffuse plaque like thickening of the tarsus with lid eversion [5]. Advanced age, Asian or South Asian race, women, previous irradiation to the head and neck, a genetic predisposition for Muir-Torre syndrome or possibly familial retinoblastoma are various predisposing factors for sebaceous carcinoma. It mostly spread to regional lymph nodes. It may invade orbit, and 22% of patients die due to visceral metastases [6].

CASE REPORT

A-41-year old male presented to our office with nodular mass on right lower lid. The tumor began 1 year ago. He first noticed a small mass in the lower lid and consulted an ophthalmic medical assistant who concluded to a chalazion and performed an incision with curettage. But 4 months later, the mass recurred. In this condition, the patient was admitted in the Institute of Tropical Ophthalmology. He was a smoker. The history was otherwise unremarkable. The visual acuity was 6/6 in each eye. On external examination, there was a nodular, ulcerative and pink mass on the left lower lid margin hindering the complete closure of the eye. The right eye was within normal limit. No lymphadenopathy was noted. As we suspected a malignant tumor, we performed a full thickness excision of the mass along with healthy tissue and histopathogical exam confirmed the diagnosis of sebaceous cell carcinoma.

Fig.1: Photograph of the patient showing the lower lid carcinoma

DISCUSSION

Sebaceous cell carcinoma of the eyelid is a rare cancer particularly in young people. It is an aggressive eyelid malignancy and a very slow growing tumor commonly seen in elderly population with female predisposition [7, 8]. Upper eyelid is affected two to three times more often than the lower eyelid due to high number of meibomian glands [9]. Conversely, our patient was male and slightly young with a lower lid presentation of the tumor.

Diagnosis is often delayed because of its ability to masquerade as other periocular lesions, both clinically (like chronic blepharo conjunctivitis or recurrent chalazion) and histologically, mainly basal cell carcinoma and squamous cell carcinoma [9]. Our patient was operated first for chalazion by an ophthalmic medical assistant. This misdiagnosis delayed the true one and allowed the further growth of the mass.

Sebaceous carcinoma of the eyelid is known for masquerading as a benign or malignant condition ("masquerade syndrome") often causing a delay before correct diagnosis. The misleading clinical manifestations may suggest an inflammation, including unilateral conjunctivitis, blepharitis, tarsitis, blepharo cojunctivitis and kerato conjunctivitis [6].
Histologically, sebaceous carcinoma has to be differentiated from basal cell carcinoma, squamous cell carcinoma, trichilemmal keratinisation, sebaceous adenoma and sebaceous epithelioma [9]. In the current case, the pathologist concluded to sebaceous cell carcinoma; so he ruled out any other diagnosis.

CONCLUSION

Sebaceous cell carcinoma is a rare tumor of the eyelid particularly the lower lid. It can mimic many lesions of the eye. Good clinical and pathological skills may play a big role in the early diagnosis and management reducing de facto the fatality.

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