

# Tale of an imitator



Presented by

**Dr Farhana Afrin**

MBBS, MCPS, DO, FCPS, ICO

Fellow (oculoplasty)

Registrar, dept of Ophthalmology

**Dr Samhita Sharma**

**Puja**

MBBS

Assistant registrar, dept of  
ophthalmology

# Particulars of the patient :

Name :	Mrs Rokeya
Age :	55 year
Gender :	Female
Religion :	Islam
Marital status :	Married
Occupation :	Home maker
Address :	Kolabagan
Date of examination :	17/12/2024

# Chief complaint :

- Left upper lid swelling for 2 years



# History of present illness :

- Swelling of the left upper lid margin for 2 year
- Gradually increasing in size
- Not associated with pain
- No discharge or active bleeding
- No history of trauma

# History of past illness :

No history of previous surgery to the left upper lid or margin.

## **General medical history :**

Hypertension

## **Drug history :**

Antihypertensive (telmisartan 40mg)

## **Personal history :**

Nothing contributory

## **Family history :**

Nothing contributory

## **Socio-economic history :**

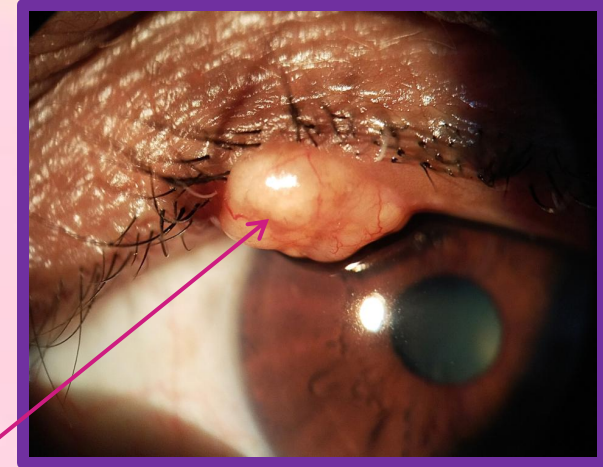
Lower middle class

# General examination :

- Appearance : Normal
- Body built : Average
- Anaemia : Absent
- Cyanosis : Absent
- Jaundice : Absent
- Oedema : Absent
- Blood pressure : 130/80 mmHg
- Pulse : 88 beats/min
- Respiratory rate : 16 breaths/min
- Temperature : 98°F
- Lymph node : **Not palpable**

# Ocular examination :

	Right eye	Left eye
Visual acuity	6/6	6/6
Eye lid	Normal	Location: medial 1/3 <sup>rd</sup> Size: 5mm x 5mm Color: pearly white Consistency: firm Non tender, not bleed on touch <b>3 prominent blood vessel</b>
Eye lash	Normal	Normal





# Ocular examination :

	Right	Left
Conjunctiva	Normal	Normal
Cornea	Transparent	Transparent
Anterior chamber	Normal	Normal
Iris	Normal	Normal
Lens	Crystalline	Crystalline
Fundus	Normal	Normal
IOP	12mm of Hg	12mm of Hg

# Provisional diagnosis :

Left upper lid Meibomian  
gland cyst (?)



# Differential diagnosis :

- Cyst of Zeiss
- Sebaceous gland carcinoma

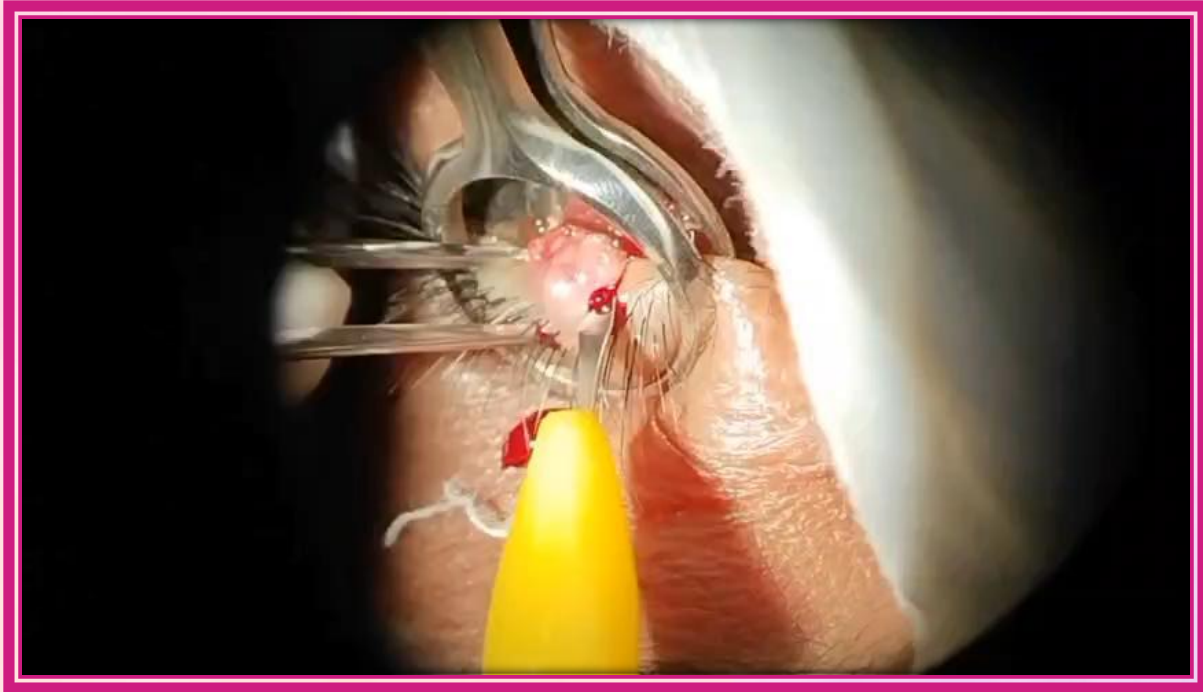
# **Management plan :**

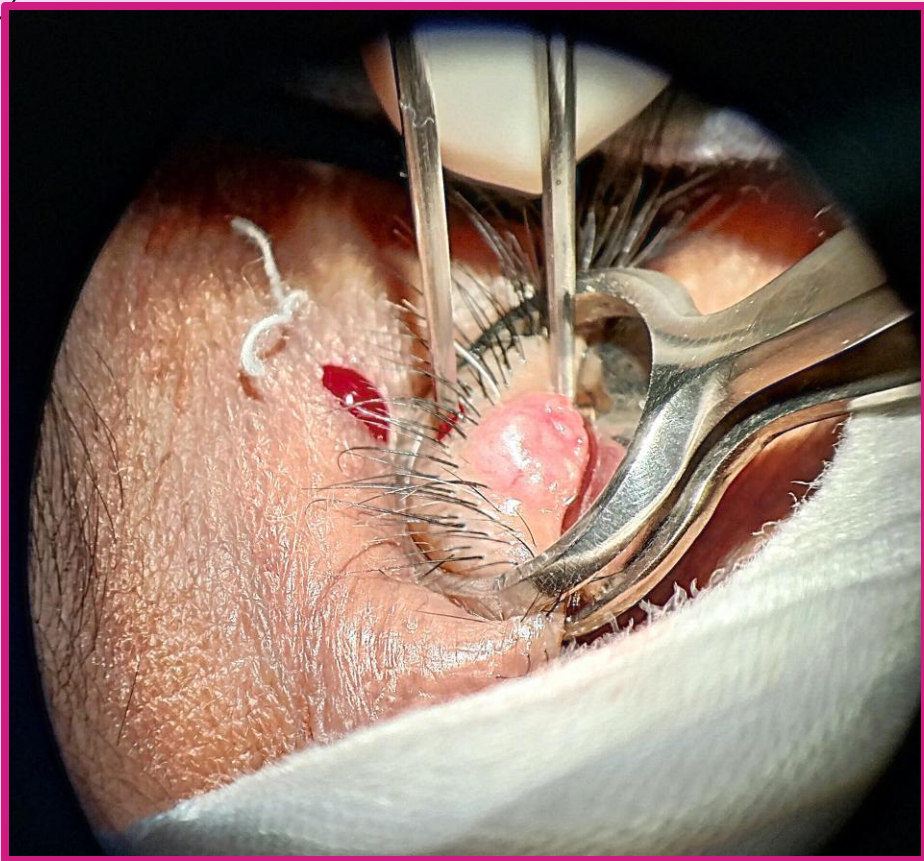
**Excisional biopsy**  
followed by  
**Histopathology**

# Investigations :

- CBC with ESR
- RBS
- Bleeding time, Clotting time
- ECG

# Surgical management :







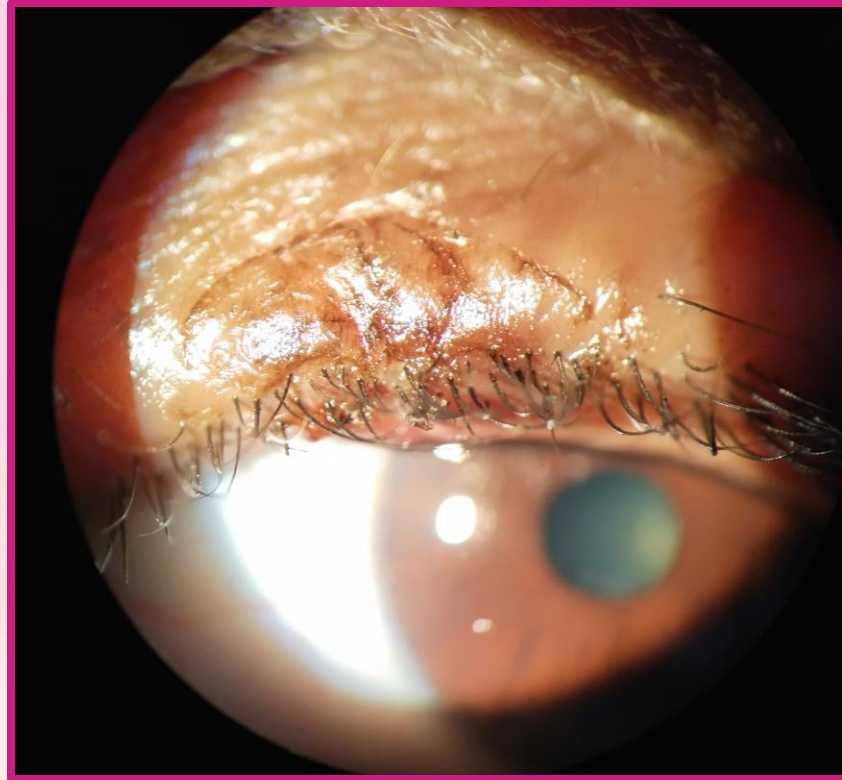
# Post operative treatment :

1. Cap. Cefixime (400mg) ..... 1+0+1 – 7days
2. Cap. Esomeprazole (20mg) .... 1+0+1 – 5days
3. Tab. Ibuprofen (400mg) ..... 1+1+1 – 5days
4. Moxifloxacin eye drop 6 hourly - 15 days
5. Moxifloxacin eye ointment once at bed time -  
15days

Follow up after 7days with biopsy report



# Follow up after 7 days



# Biopsy report:

**SURGICAL PATHOLOGY REPORT**

**The Laboratory**  
SEL NIBASH, 30 Green Road, Dhaka 1205, Bangladesh  
Mob: 01712644974 01989445899 email: the\_lab\_bd@yahoo.com

LabNo: 252-0592 Date received: 29-Jan-25 Reported: 04-Feb-25  
Patient Name: MS. ROKEYA Age: 55 Y Sex: F  
Referred by: Dr. Farhan Afroz (Green Life Hospital Ltd., Dhaka-1205.)

Specimen: Tissue from le  
Clinical information: Me  
Gross description:  
Specimen consists of a 0.3 cm  
Microscopic examination:  
Sections show a sebaceous car  
cells have moderate amphophi  
luminal necrosis is seen.

**Diagnosis : Left upper eyelid (Shave biopsy): Sebaceous carcinoma (Meibomian gland carcinoma).**

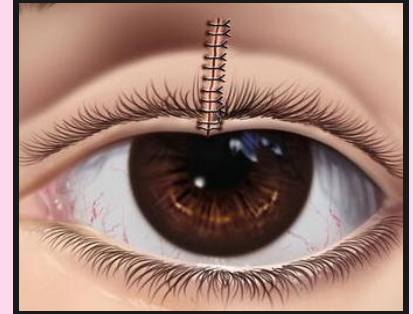
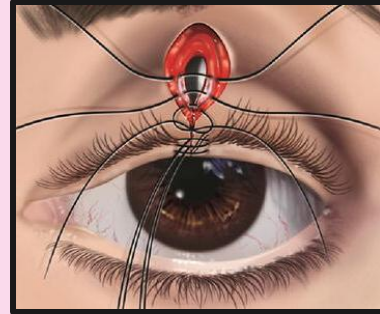
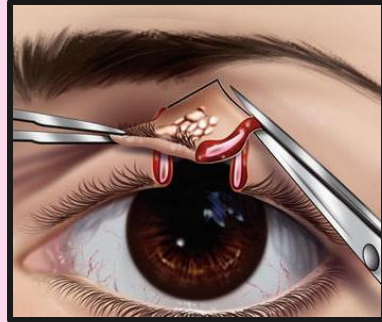
Dr. Shabnam Akhter  
MD (Pathology)  
Associate Professor of Pathology  
BSM Medical University, Dhaka.

04 FEB 2025  
THE LABORATORY  
স্বাস্থ্য সেবা

Confirmatory diagnosis :  
**Sebaceous Gland  
Carcinoma of LUL**

# Further management plan:

- Full thickness wide excision biopsy with lid reconstruction of Left upper eyelid under local anaesthesia



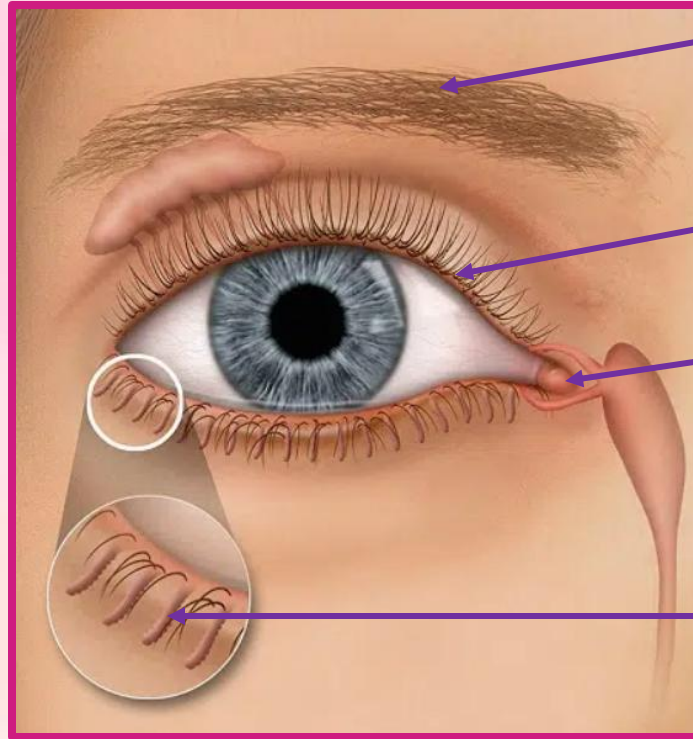
# Discussion

# Sebaceous gland carcinoma(SGC)

- Highly malignant
- Potentially lethal tumor
- Most commonly occurs in the eyelid



# Origin of SGC



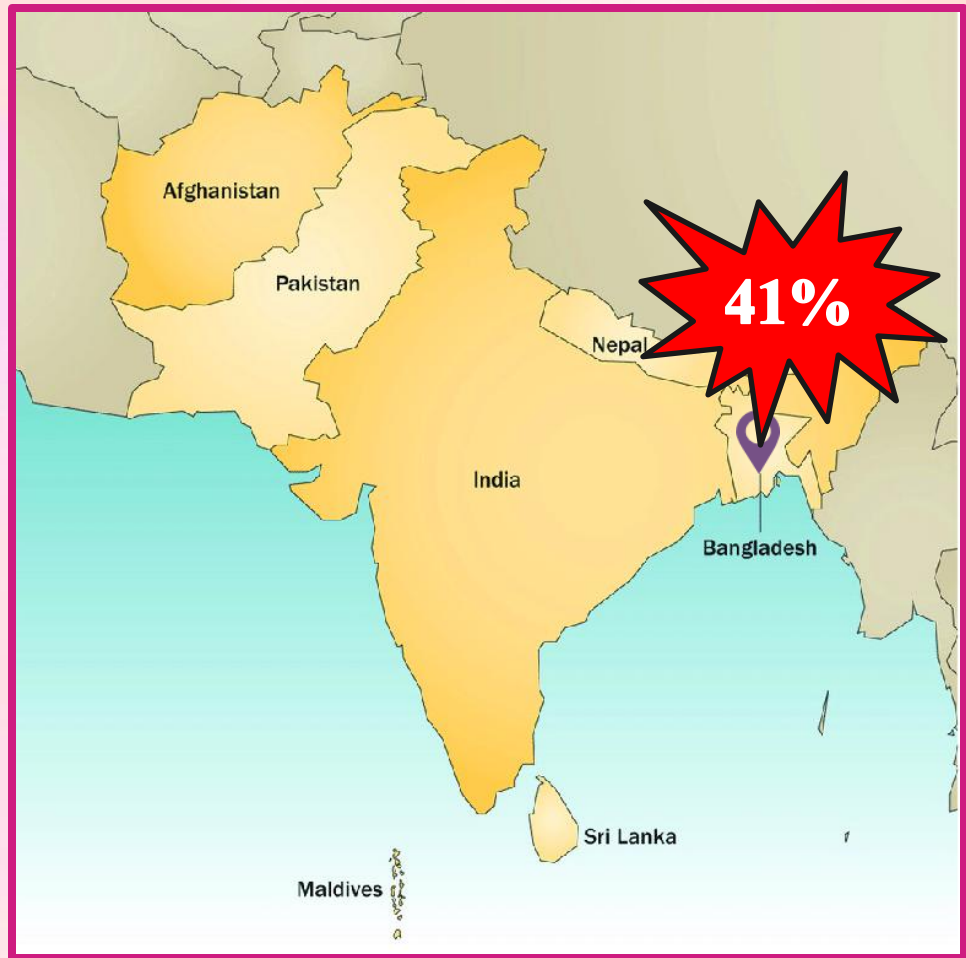
Eye brow

Gland of zeiss

Caruncle

Meibomian  
gland

# Prevalence :



Ref: Kadir SM, Haider G, Nuruddin M et. al., Eyelid Malignancies in Bangladesh: An analysis of 164 cases.jOSB. 2014;41(01):98-102.

# Risk factors:

1. Older age (57 to 72)
2. Frequently in women
3. H/O Periocular radiotherapy
4. Immunosuppression
5. Familial retinoblastoma





# Presentation of SGC

## 1. Nodular type :



- Sparse eyelashes in the involved area
- Loss of meibomian gland orifices
- Widening of the eyelid margin
- Abnormal vascularity of the eyelid margin
- Rounding of the posterior eyelid margin

## 2. Pagetoid spread:

- Diffuse congestion
- Pannus over conjunctiva
- Thickening of conjunctiva



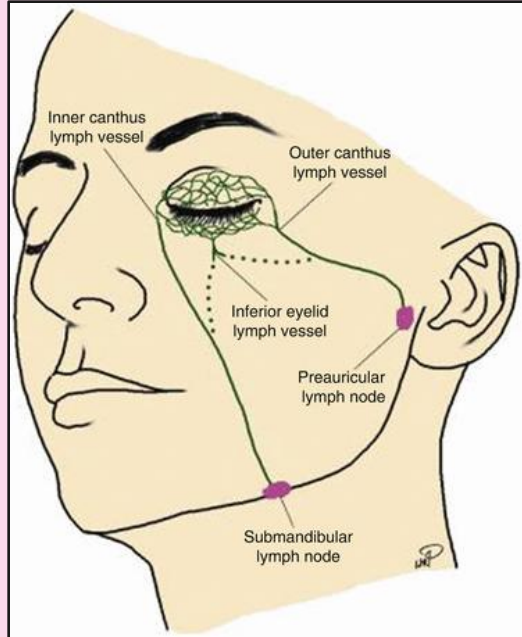
# Classic feature

- Firm painless
- Yellowish colour
- Multinodular
- Loss of lashes
- Feeder vessels
- Thickening of eye lid and involved both lamella
- Associated with conjunctival congestion

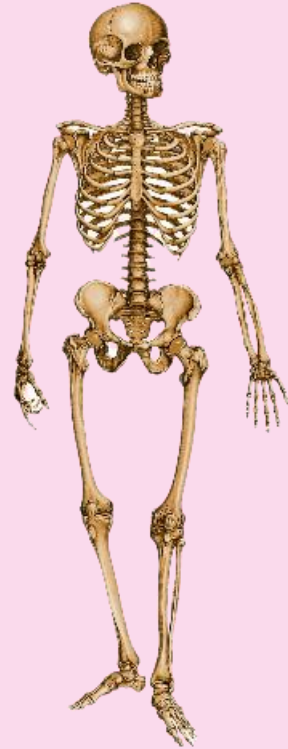
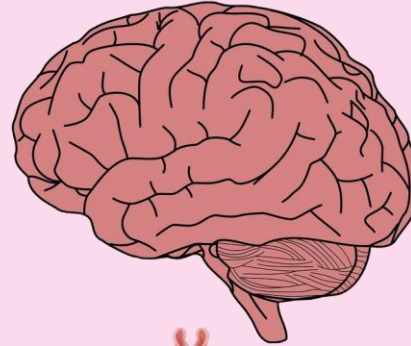




# Metastasis



**Regional metastasis 20 – 30 %**



**Systemic metastasis 8 – 60 %**



# Diagnostic tools

High index of  
suspicion  
based on  
**clinical  
findings**

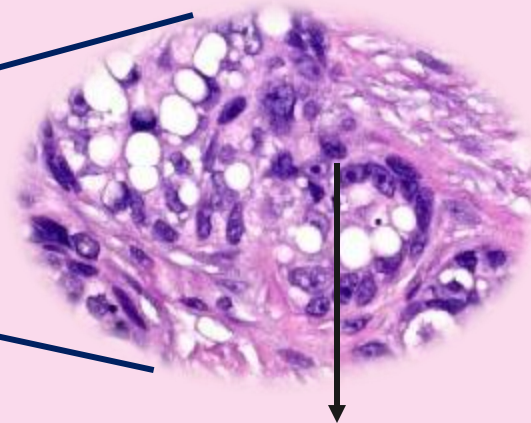
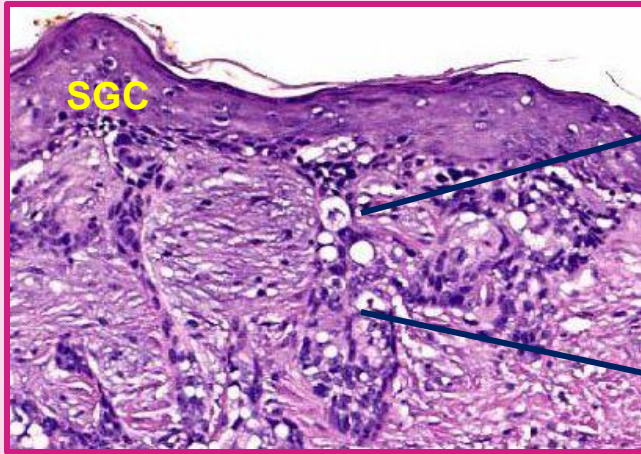
followed by  
excisional or  
incisional  
**biopsy**

**histopathologic**  
confirmation  
of the  
diagnosis

# Histopathology



Keratin pearl



Foamy cells / cells with  
vacuolated cytoplasm

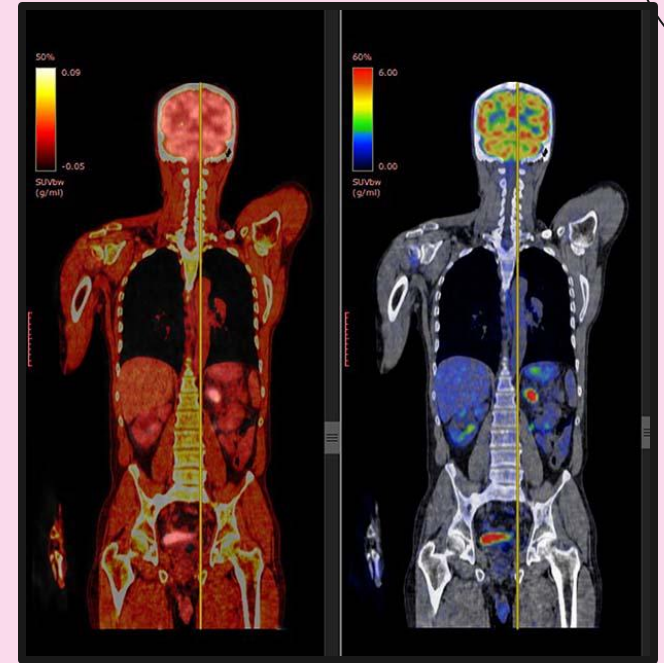


Palisading of the  
nuclei

# Investigations



1. CT scan
2. PET scan



# AJCC- TNM staging



T<sub>1</sub>: Tumors <10 mm



T<sub>2</sub>: Tumors >10 mm but <20 mm



T<sub>3</sub>: Tumors >20 mm but <30 mm

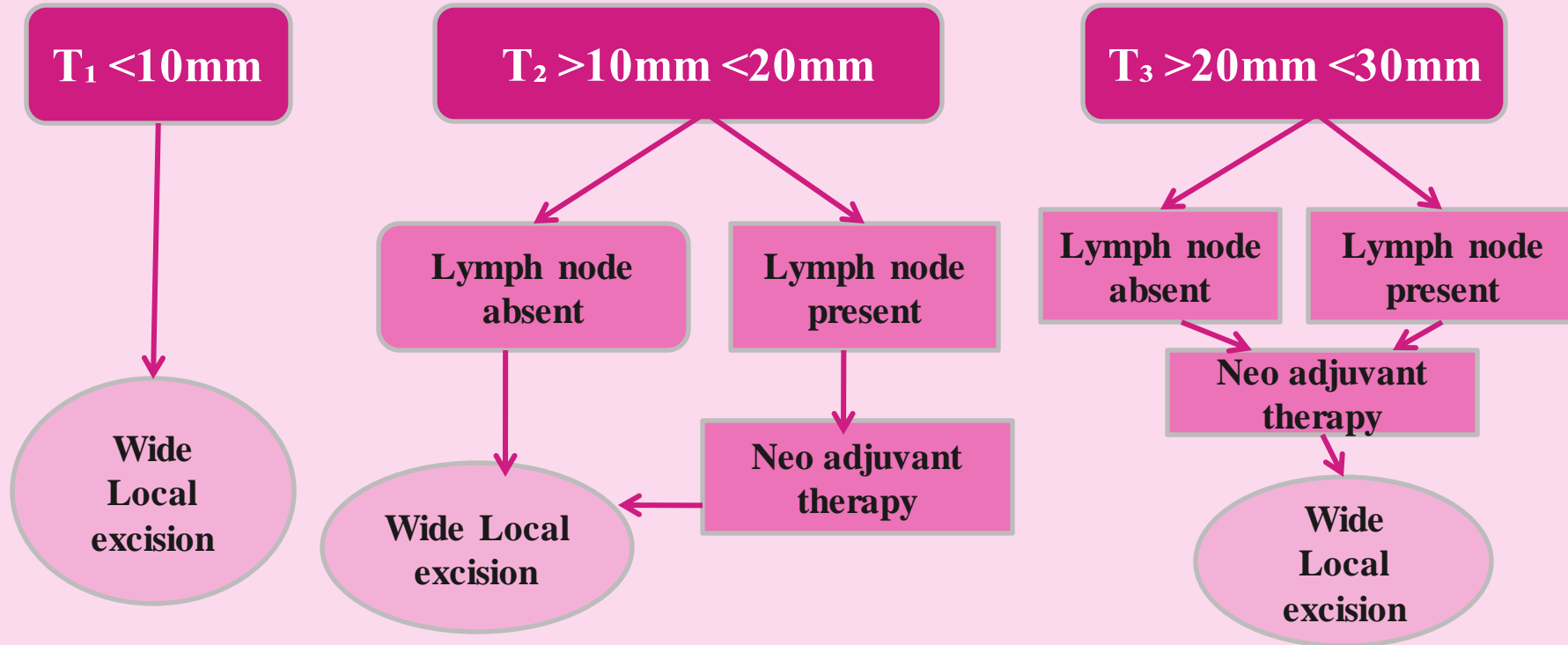
- a- **no invasion** to tarsal plate
- b- **invade** to tarsal plate
- c- **full thickness** of eyelid involved

- N<sub>0</sub> – no regional lymph node metastasis
- N<sub>1</sub>- ipsilateral node metastasis with < 3cm
- N<sub>2</sub>- ipsilateral or contralateral node involved with > 3cm



# Management algorithm

Biopsy proven sebaceous cell carcinoma, LN Based on PET reports



# Neo adjuvant chemotherapy

- Orbital invasion
- Advanced case with regional lymph node metastasis
- Systemic spread



# Radiotherapy

- Orbital / PNS extension
- Tumor with canthal involvement
- Advanced case and systemic spread



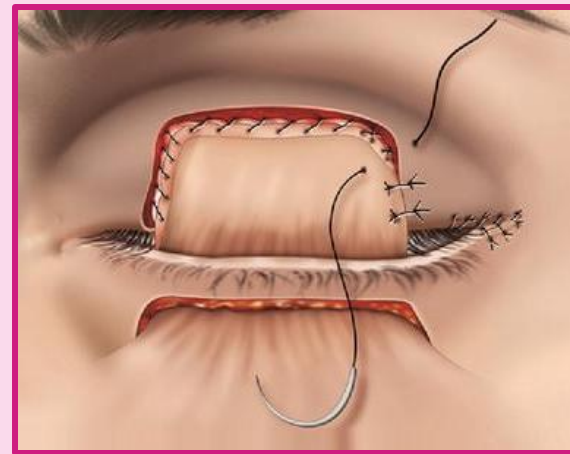
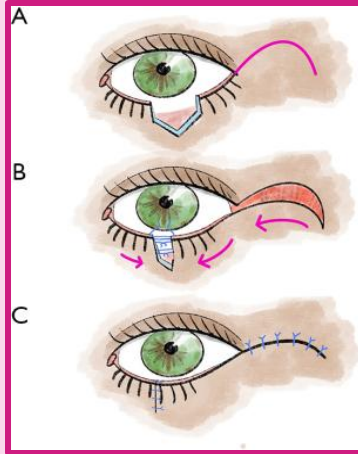
# Lid reconstruction surgery

1. Wide excision with 3 - 4 mm healthy margin
2. Followed by lid reconstruction depending on the **size of defect**

25% - 50% of  
lid length

50% - 75% of lid length  
Tenzel semi-circular flap

>75% of lid length  
Cutler-Beard flap



# Prognostic factors

- Durations of symptoms > 6 months
- Tumor diameter > 10 mm
- Involvement of both upper and lower eyelid
- Multicentric origin
- Infiltrative pattern
- Vascular, lymphatic and orbital invasion

# Take home message

- A high index of clinical suspicion histopathological confirmation is must .
- Inappropriate management will increased morbidity and mortality rates .
- Eye care professionals should be aware of this tumor .

**It goes beyond doubt that SGC is a great mimicker**

Together, let's  
**change** the  
outlook for  
eye cancer.



Eye Cancer Awareness



# Thank you





Any  
question?

