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Case Report

A Rare Case of Eye Lid Malignancy: Meibomian Gland Carcinoma

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ABSTRACT

Authors report here a rare case of meibomian gland carcinoma also known as sebaceous cell carcinoma of eye lid which accounts for 3% of eye lid malignancy. It arises from the cell of sebaceous gland. This is a very aggressive malignancy which spread to lymph nodes. In this case the detailed history and symptoms and signs revealed it to be meibomian gland carcinoma of eye lid.

Key words: Eye Lid Malignancy, Meibomian Gland Carcinoma.

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INTRODUCTION

Meibomian cell carcinoma is also called sebaceous cell carcinoma. In Indian and Asian countries the incidence is found to be much higher than western world. This is more commonly found in upper than in lower lid.

Meibomian cell carcinoma forms about 3% of all the eye lid malignancy[2],while basal cell carcinoma accounts for 90% of eye lid malignancy. Most common being basal cell carcinoma and sebaceous being one of the rare malignancy of eyelid.

We report here a rare case of meibomian cell carcinoma in a 70year old male which came with anodulo-ulcerative lesion over right eyelid along with lymphadenopathy in submandibular region representing metastasis.

CASE REPORT

HISTORY

A case of right eye lid nodulo-ulcerative lesion since 6 months, came to Ophthalmology OPD.

History of presenting illness revealed that patient was apparently alright 6 month back when patient noticed a small nodule sized 0.5cmxo.5cmover his right upper eyelid. The swelling rapidly increased &within a month attained current size.

Patient also gives history of recurrent blepharitis, persistent conjunctivitis.

Patient also presented with the swelling in the right side submandibular region which the patient noticed 10 days later was initially a size of 1x1cm which then rapidly increased to current size.

Patient also gives history of mucoidconjunctival discharge from the same eye.

EXAMINATION

Detailed diffuse light examination of right eye lid -

A nodule spreading over entire right upper eye lid. It presented as discrete, hard, non-tender, fixed nodule well circumscribed. It showed yellow discolouration suspicious of sebaceous cell carcinoma[3,4]. Its extent was from below medial 1/3 of eyebrow extending laterally into rest of the eyelid. Nodule size was 12mmX8mm. [Fig 1]

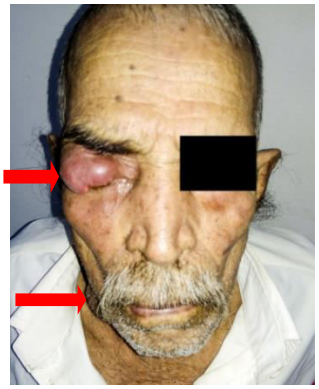

Figure 1- Right eyelid Nodule size was 12mmX8mm and showing right side submandibular lymphadenopathy

There was diffuse thickening of the eye lid margins along with distortion of eyelid margin and loss of eyelashes with crusting presentproving it to be sebaceous cell carcinoma [3,4]which is infiltrating into the dermis. [Fig 2]
A small ulcerative lesion oval in shape seen on eyelid margin at medial 1/3rd ,0.5cm X 0.4cm X 0.2cms in size irregular margin filled with yellow lipid like deposit. [Fig 2].

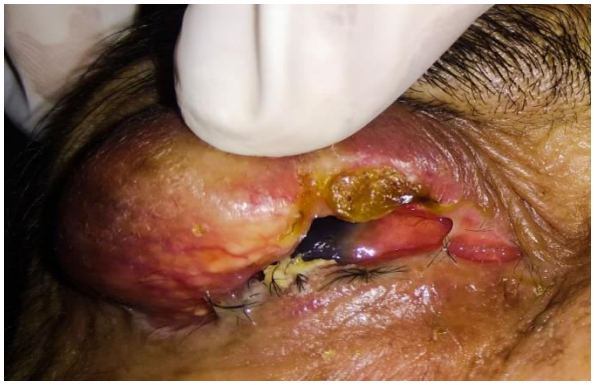

Figure 2- Diffuse thickening of the eye lid margins along with distortion of eyelid margin, loss of eyelashes and yellowish discolouration suspicious of sebaceous cell carcinoma.

Slit lamp examination of right eye –
Sever conjunctival congestion with mucoid discharge, hazy cornea, direct and consensual pupillary reaction normal, anterior chamber quiet,with senile mature cataract.
Patients visual acuity in right eye was perception of light present and projection of rays present in all 4 quadrants.
Left eye diffuse light and slit lam examination revealed pseudophakia with no other abnormalities, having visual acuity of 6/24 with pin hole improving to 6/9.
On examination of nodule in right side submandibular region was 7 cm in diameter circular fixed, nontender, hard with irregular margins.

DISCUSSION

Sebaceous gland carcinoma is a rare, rapidly progressive malignant tumor constituting less than 1% of all cutaneous malignancies and 3% of all eyelid malignancies. Sex preponderance is equal in male and female and mean age of this condition is reported to be 63yrs. This carcinoma is derived from the adenexal epithelium of sebaceous gland.[5]
This condition is of two types, peri-ocular and extraocular. Periocular being the most common (75% of total sebaceous neoplasm), arising from meibomian gland in the tarsus and glands of Zeis present in the eyelashes. More commonly lesion is present in the upper eyelid due to more number of meibomian glands in upper eyelid (50 in upper eyelid, 25 in lower eyelid). Extraocular sebaceous carcinoma more commonly seen in head and neck area.[6,7,8,9]
Risk factor of this condition could be periocular or facial irradiation, chronic sunlight or U-V light exposure.[10]
Clinical presentation is painless nodule on the eyelid, irregular mass, loss of eyelashes, diffuse eyelid thickening or distortion of eyelid margin. Suspicion for this condition could be made if patient presents with complaint of recurrent chalazion, keratoconjunctivitis, blepharoconjunctivitis or blepharitis and if above conditions remain unresponsive to treatment.
Hallmark of this condition is intraepithelial spread in the conjunctiva called pagetoid spread. Histological findings are high mitotic activity, nuclear pleomorphism, lobular architecture and foamy cytoplasm. There can be associated hematogenous and lymph node metastasis. Stains like oil red O is used to check the presence of fat, but this requires frozen section. FNAC can be done to look for lymph node metastasis.[8,10,11]
Mainstay of treatment is excision biopsy with histopathology. Subtotal or complete exentration is performed if tumor is deeply invasive, recurrent, spreading to bulbar conjunctiva, other eyelid, or orbit.[12,13]
Screening of other internal malignancies is important in patient to rule out Muir-Torre syndrome. Latter is an autosomal dominant condition of sebaceous carcinoma associated with gastrointestinal, endometrial and urological tumors. Most common tumor seen in this condition is colorectal carcinoma. Once diagnosis is made of sebaceous cell carcinoma, patient should be kept on surveillance to rule out other internal malignancies.[14]
Diagnosing of sebaceous cell carcinoma proves to be a challenge as time gap between clinical presentation and diagnosis lies between 1 to 3 years. This is because sebaceous cell carcinoma mimics other common benign ocular conditions such as blepharitis, chalazion or conjunctivitis. This is termed as Masquerading Syndrome.[1,8,15]
Thus a clear knowledge is required for clinically diagnosing of sebaceous cell carcinoma so thatprompt appropriate management could be started.

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