Sebaceous Gland Carcinoma of the eyelid: Alarming scenario in Asian countries

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Dear Friends,

Greetings!!!!

Eyelid malignancies are relatively common lesions to the physicians dealing with eyes and skin of the face. The global distribution of eyelid malignancies varies from western to eastern countries. The malignant tumors most frequently affecting the eyelids are basal cell carcinoma, sebaceous gland carcinoma, squamous cell carcinoma and malignant melanoma.[1,2,3] Histopathology confirmation is essential for all suspicious eyelid tumors. In United states of America, basal cell carcinoma is 90 to 95% and sebaceous gland carcinoma account 1.5% to 5% of all eyelid cancer. However in China, the incidence of Basal cell carcinoma is 50% of all eyelid malignancies. In Korea, sebaceous gland carcinoma reported as 42.2%, basal cell carcinoma as 36.6% and squamous cell carcinoma as 10.5%.[3,4] In India, basal cell carcinoma is 44.5% and sebaceous gland carcinoma is 37%.[5] We evaluated 164 cases of eyelid malignancies in National Institute of Ophthalmology and Hospital, Dhaka, Bangladesh. Sebaceous gland carcinoma is higher in occurrence that is 41%, basal cell carcinoma is 39% and squamous cell carcinoma is 18%.[6] Reported case series from Asian countries have shown a generally higher prevalence of sebaceous gland carcinoma and lower rate of basal cell carcinoma.[7]

Sebaceous gland carcinoma (SGC) is a highly malignant and potentially lethal tumor that arises from meibomian glands of tarsal plate, glands of zeis associated with eyelashes or from sebaceous gland of caruncle, eyebrow and facial skin. Sebaceous gland carcinoma most frequently affecting middle age to elderly people, with a predisposition for females. Associated risk factors are betel leaf and nut chewing, smoking, race, prior irradiation, systemic associations like as Muir-Torre syndrome, prolong sun exposure, prolong use of diuretics and immunosuppressant agents, chronic carcinogenic chemicals etc. The SGC occurs more commonly on the upper eyelid where meibomian glands are more numerous. It often masquerades as a recurrent chalazion, stye, or chronic blepharitis and the correct diagnosis may be delayed until tumor has spread to orbit, and metastasized. Typically SGC may have a superficial and yellowish appearance due to lipid content. It can present a focal nodular mass, a multicentric tumor, or a diffuse lesion with pagetoid spread. Poor prognostic factors in SGC are invasion to vascular-lymphatic or orbital, diffuse involvement of both eyelids, multicentric origin, tumor diameter > 10 mm and symptoms more than 6 months. The goal of management is tumor control to reduce morbidity and mortality.[2,5,7] We prefer standard surgery with frozen section control of tumor margins to reduce the recurrence rate (2%) in our perspective. Moh's micrographic technique has been used in some cases and map biopsies of the conjunctiva are helpful to eradicate the pagetoid spread. Sentinel lymph node biopsy may consider for recurrent lesions, extensive involvement of the eyelid and orbit.[2] The exact eyelid reconstruction is depend on the amount of acquired coloboma of eyelid after excision of the tumor. A newer technique "Triangular musculo-cuteneous flap" is good option to reconstruction of the upper eyelid.

In conclusion, Sebaceous gland carcinoma of the eyelid is more common in Asian countries but basal cell carcinoma is highest in occurrence in western countries. Why the difference the frequency of eyelid malignancies between western and Asian countries is quiet unknown. The researcher's should come ahead to find out the exact causes of differences.

References

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