

Case Report of Lower Eyelid Basal Cell Carcinoma

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Abstract

Basal cell carcinoma is the most common skin cancer in humans and is frequently found in the periocular region. It is the most common type of eyelid cancer, generally characterized by slow growth with rare metastasis and has an excellent prognosis with current surgical techniques.

This is a case report of left lower eyelid basal cell carcinoma for which surgical excision with eyelid reconstruction was performed. Histopathological examination of resected mass was consistent with nodulo-ulcerative basal cell carcinoma.

Early diagnosis and management of suspicious lesions is important to ensure the clinical result.

Keywords: Basal cell carcinoma, Lower eyelid, Reconstruction.

INTRODUCTION

Basal cell carcinoma (BCC), also called rodent ulcer, is a slow growing and locally invasive skin cancer that rarely metastasizes, derived from cells of the basal layer of the epidermis. It is the most common type of malignancy, predominantly affecting males of Caucasian race between 60-80 years of age.¹ It accounts for about 90% of malignant eyelid tumors, especially on lower eyelids (over 50%) followed by medial canthus, upper eyelid and lateral canthus. Common risk factors are fair skin and chronic exposure to sunlight.^{2,3}

The various types of treatment modalities include surgical excisional biopsy with eyelid repair, radiotherapy, cryotherapy, laser ablation, photodynamic therapy, chemotherapy and immunotherapy. The gold standard treatment of basal cell carcinoma is surgical excision with 3 to 4 mm safety margin tissue combined with primary repair (reconstructive surgery).⁴

Here we report a left lower eyelid BCC case where total surgical excision was combined with primary reconstruction with good functional and cosmetic outcomes.

Case Report

A 60 years old female presented in our OPD with a painless pigmented lesion over left lower eyelid margin which was slowly increasing in size for the last six months. On examination, there was a single elevated pigmented nodulo-ulcerative lesion of size 1.5 x 0.5 cm involving the lateral half of lower eyelid margin leaving 4 mm of the uninvolved area

from the lateral canthus. The lesion has irregular beaded edges with central greyish scab at the floor associated with loss of eyelashes (Figures 1 and 2).

The patient was counseled and the lesion was excised with 3mm safety margin under frozen section control, followed by full-thickness eyelid reconstruction with the tenzel (rotational) flap (Figure 3).

Excised tumor specimen was sent for histopathological assessment which was consistent with nodulo-ulcerative BCC. It showed multiple proliferated baseloid epithelial cells, and islands of tumor with fibrous connective tissue septae were seen. Also, peripheral palisading of nuclei was evident (Figure 4).

The patient was kept on oral antibiotics and supportive management for one week. Stitches were removed after two weeks and the patient was advised regular follow-up. There was no post-surgical complication reported during follow-up visits. The functional and anatomical outcome was good and satisfactory (Figure 5).

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UP JOURNAL OF OPHTHALMOLOGY

An Official Journal of Uttar Pradesh State Ophthalmological Society,
UPSOS (Northern Ophthalmological Society, NOS)

p-ISSN: 2319-2062

DOI: 10.56692/upjo.2023110206

How to cite this article: Sharma S, Singh P. Case Report of Lower Eyelid Basal Cell Carcinoma. UP Journal of Ophthalmology. 2023;11(2): 57-58.

Received: 14-07-2023, **Accepted:** 15-08-2023, **Published:** 20-09-2023



Figure 1: Lesion involving lateral half of lower eyelid



Figure 2: Nodulo-ulcerative lesion with pigmented edges



Figure 3: Post-operative day 1 picture

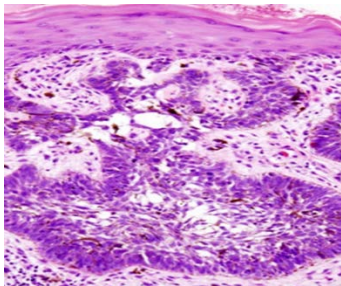


Figure 4: histopathology slide of excised tumor specimen



Figure 5: Post-operative week 1 picture

DISCUSSION

Basal cell carcinoma is the most commonly seen malignant eyelid tumor involving the lower eyelid. Although basal cell

carcinoma is the most commonly seen malignant tumor of an eyelid, the local spread and metastasis rate is less than the other tumors. However, if left untreated, it may invade the nearby tissue and further may invade deeper into muscle and bone.¹

Periocular BCC subtypes are nodular, infiltrative, sclerosing, micronodular, keratotic, BSCC, and superficial. Histological subtypes are important in predicting prognosis. Infiltrative, sclerosing and BSCC subtypes tend to progress more aggressively, while nodular and superficial subtypes do not generally progress.^{3,5}

In this patient, the diagnosis pointed towards BCC on the basis of history taking, clinical examination and investigations.⁵

The surgery is the preferred method of treatment in BCC and the cure is more than 90% which was done in our case, wide excision and full-thickness skin grafting.⁶ No recurrence on follow-up was seen in our case and no evidence of any metastasis was noted.⁶

CONCLUSION

Pigmented basal cell carcinoma is a rare variant, but its incidence is increasing in the Asian population. The most important preventable predisposing risk factor is UV radiation exposure.² The need is to educate patients about the preventive measures and the various available treatment modalities. With increased patient awareness and newer therapeutic options, better outcomes and increased survival of patients are expected.

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