EYELID SKIN CANCER
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Most Common Eyelid Skin Cancers:

- Basal Cell Carcinoma, (BCC)
- Squamous Cell Carcinoma, (SCC)
- Malignant Melanoma, (MM)
- Sebaceous Cell Carcinoma
BASAL CELL CARCINOMA, (BCC), CONT’D

• Slow growing form of skin cancer, most common form of skin and eyelid cancer.

• Lesions occur most often on lower eyelid but may be found anywhere around the eye.

• Symptoms of lesions include a painless elevation or bump on the eyelid, loss of lashes, bleeding or crusting of the eyelid margin.
BASAL CELL CARCINOMA, (BCC), CONT’D

• Lesions occur most often on the lower eyelid but may be found anywhere around the eye.

• Symptoms of lesions include a painless elevation or bump in the eyelid, loss of lashes, bleeding or crusting of the eyelid margin.
BASAL CELL CARCINOMA, (BCC), CONT’D

• Warning signs: open sore that bleeds, or crusts. A persistent non-healing sore is a very common sign of an early basal cell carcinoma.

• There can be a shiny bump or nodule that is pearly or translucent. It can also be tan, black, or brown and can be confused with a mole.

• It often presents as a slightly elevated lesion with rolled borders and an ulceration centrally (indentation). Vessels may develop on the surface.

• A more invasive lesion may appear as scar-like, white yellow or waxy. This lesion is generally larger that it appears on the surface.
SQUAMOUS CELL CARCINOMA, (SCC)

• The second most common form of skin cancer - SCC begins as a small nodule and as it enlarges the center becomes necrotic bleeds and sloughs and becomes an ulcer. Often appear as scaly red patches, open sores, elevated growths with a central depression (ulceration).

• The incidence of SCC increases with age and the peak incidence is usually around 66 years old. Males > Females at a ratio 2:1.

• Occurs in fair skin individuals, if chronically exposed to UV radiation.

• Unlike BCC, SCC has a substantial risk of metastasis.
SQUAMOUS CELL CARCINOMA, (SCC), CONT’D

• It can become disfiguring and sometimes deadly if allowed to grow.

• An estimated 700,000 cases of SCC are diagnosed each year in the US, resulting in approximately 2,500 deaths.

• Occurs most commonly in areas exposed to the sun, such as the ear, lower lip and eyelid, face, bald scalp, neck, arms, hands and legs.
MALIGNANT MELANOMA

- The most dangerous form of skin cancer and originates in the pigment producing melanocytes in the epidermis. They often resemble moles and some can develop from moles. It is a relatively rare tumor that makes up to 1% of eyelid cancers.

- Melanoma of the eyelid is distinguished from a mole in that it can be variably pigmented, change color, bleed and or grow.

- The majority are black or brown, but can also be skin-colored, pink, red, purple, blue or white (amelanomic melanoma). It is important to get to know your skin well and recognize any changes in the moles on your body.

- There is a 4% increase in the rate of melanoma each year.
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MALIGNANT MELANOMA, CONT’D

• ABCDE signs of melanoma: A: Asymmetry; B: Borders-may be uneven and the edges may be scalloped or notched; C: Color-may have a variety of colors-different shades of brown, tan or black; D: Diameter-Melanomas are usually larger in diameter than the size of a pencil eraser (1/4 inch). E-Evolving-note size, shape, color, elevation, or any new symptom such as bleeding, itching or crusting. E- could also refer to “elevation” of the lesion.

• Eyelid melanomas involving the conjunctiva are usually more aggressive than those confined to the eyelid skin.

• An individual’s risk for developing melanoma depends on two groups of factors: intrinsic and environmental. Intrinsic factors are family history, while the most relevant environmental factor is sun exposure.
MALIGNANT MELANOMA, CONT’D

• Melanoma issues can be related to ozone depletion, clothing styles, sunscreens and UV light and episodic vs. cumulative sun exposure.

• The most at risk patients are familial groups, patients with a high number of moles and abnormal nevi.
MALIGNANT MELANOMA, CONT’D

Staging of Melanoma:
- **Stage 0:** Melanoma *in situ*-when malignant cells are present as a tumor but has not metastasized or invaded beyond the original site where the tumor is discovered.
- **Stage I/II:** Invasive Melanoma
- **Stage II:** High risk Melanoma
- **Stage III:** Regional metastasis
- **Stage IV:** Distant metastasis
MALIGNANT MELANOMA, CONT’D

• Visual diagnosis remains the most common method of detection.
• A skin biopsy will confirm the clinical diagnosis. Sometimes, a lymph node biopsy is performed.
• Patients with a history of one melanoma are at increased risk of developing a secondary primary tumor.
• The mainstay of prevention is to minimize exposure to UV radiation (the sun and sun beds), sun protection measures, wearing sun protective clothing (long-sleeved shirts, long trousers, and broad rimmed hats).
• Of note, tanning beds emit mostly UVA radiation, which causes tanning, it by itself could be sufficient to induce melanomas.
SEBACEOUS CARCINOMA

• Arises from the glands within the eyelids, caruncle or eyebrow. It is an uncommon eyelid malignancy (5% of all eyelid malignancies). The upper eyelid is the most common location and occurs in middle-age patients.
• Signs include loss of lashes, the presence of a yellow nodule. Can also present as non-responsive blepharitis or conjunctivitis. Often referred to as a “masquerade syndrome”. It is one of the rarest eye cancers and can often look like a chalazion (stye).
• The eyelid may appear thickened with misdirected lashes.
• It is a very aggressive tumor most often seen on the eyelid and difficult to diagnose.
• Can be associated with Muir-Torre syndrome- a genetic condition where patients have an increased risk of cancers in multiple anatomic locations with a high potential for regional and distant metastases.
SEBACEOUS CARCINOMA, CONT’D

Females > Males

- 6th-7th decade of life. If seen in younger age groups it usually associated with a history of radiation therapy.

- Any conjunctivitis or chalazion that doesn’t get better after 3 months of observation should be biopsied.

- Once a diagnosis is made, a metastatic survey is indicated as it can spread to regional lymph nodes as well as to the lung, liver, bone and brain.

- Treatment requires complete resection.
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IN SUMMARY

• Excessive exposure to sunlight is single most important factor associated with skin cancers on the face, eyelids and arms.

• Fair-skinned individuals more often affected.

• May be hereditary.

• Treatment involves complete removal of the cancer followed by reconstruction of the affected area.

• Removal of the cancer uses frozen section diagnosis—during the procedure the specimen is sent directly to the pathologist where it determined whether the specimen is free of cancer and whether more tissue needs to be removed in order to determine that the cancer has been completely removed.

• Another method of excision is Moh’s excisional surgery usually performed by a Dermatologist and reconstruction is performed by an Oculoplastic/Plastic Surgeon

Of note, the FDA has recently approved the first oral medication for advanced forms of BCC.
IN SUMMARY

• Chemotherapy, immunotherapy, and radiation therapy are nonsurgical forms of possible treatment.

• The surgical procedures are usually performed on an outpatient basis under local anesthesia.

• After surgery, healing may take up to six months.

• Any form of eyelid surgery for skin/eyelid skin cancer will leave a scar.

• Efforts are always made to minimize scarring and maximize cosmetic results.

• Always seek a qualified provider to undertake your diagnosis and subsequent treatment.

• And finally, as residents of Nevada, it cannot be stressed enough how imperative it is to use sunscreen year around and for all skin types.
The CCMS website is updated daily.

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www.clarkcountymedical.org

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