

Case Report of Sebaceous Gland (Meibomian Gland) Carcinoma Over Left Lower Eye Lid



Medical Science

KEYWORDS : Firm Sebaceous (Meibomian Gland) Carcinoma, Large, Polygonal Tumor Cells With Abundant, Foamy Lipid –Laden Cytoplasm, Excision Biopsy.

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ABSTRACT

The malignant sebaceous gland carcinoma most commonly arises in the periocular area. Very few cases of sebaceous cell carcinoma have been reported at extraocular sites. The most common site of origin is the meibomian glands of the eyelids, leading to the term meibomian gland carcinoma. However, this neoplasm can occur in other sebaceous glands, such as in the ear, the glands of Zeis, and in the eyebrow. Sebaceous gland carcinoma is a lethal eyelid malignancy. Hereby, representing a case of 68 yrs old female patient having sebaceous (meibomian gland) carcinoma over left lower eye lid who underwent excision biopsy in D.Y. Patil hospital, Kolhapur.

INTRODUCTION –

Sebaceous glands are small sebum-secreting glands connected to hair follicles in the skin. Sebaceous gland tumours might possibly be benign such as sebaceous hyperplasia and sebaceous gland adenomas, or malignant such as sebaceous carcinoma.

Sebaceous carcinoma is a rare, highly aggressive and lethal malignancy with a predilection for the periocular region. Most commonly, it involves meibomian glands of eyelids, leading to the terminology meibomian gland carcinoma. It is locally invasive and readily spreads to regional lymph nodes.

Foamy cytoplasm and polygonal tumor cells are characteristic of sebaceous gland carcinoma and helps distinguish it from conjunctival or cutaneous squamous cell carcinoma.

CASE REPORT –

A 68 years old female patient who is a resident of Kolhapur came to our OPD in D.Y.Patil Hospital, Kolhapur. She told that she had mass over left lower eyelid since 1 year which was associated with pain and gradual and progressive in onset.

She had no traumatic history or no similar complaints in past and neither of her family members had similar complaints.

On examination she had mobile, firm lesion on medial 1/3rd of left lower eyelid which was irregular in shape, firm in consistency 4 mm × 4 mm in dimension. Her vision was 6/36 with pin hole 6/12 in right eye and 6/24 with pin hole 6/12 in left eye. Both eyes shows early cataract. Her extraocular movements, anterior segment and fundus examination were normal.

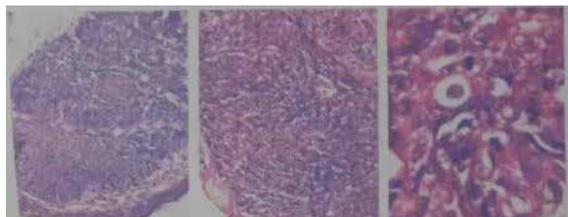
She underwent excision biopsy of left lower eyelid mass and after excision that specimen send for histopathological examination. Histopathological report showed that there is a neoplasm covered with skin and adnexae. It shows lobules of large, polygonal tumor cells. They possess abundant, foamy lipid – laden cytoplasm. Nuclei are hyperchromatic, pleomorphic with numerous mitotic figures. Nucleoli are prominent. Peripheral palisading is absent. Central necrosis is noted in some lobules. Surrounding stroma shows lymphocytic infiltration. After one week of follow up her vision in right eye 6/36 with pin hole 6/12 in

and 6/24 with pin hole 6/12 in left eye and cosmetically better after surgical treatment.

CONCLUSION –

After patient's detailed examination, She underwent excision biopsy of left lower eyelid mass and after excision that specimen send for histopathological examination and histopathological report showed that patient has sebaceous gland (meibomian gland) carcinoma. Now patient is cosmetically better after surgical excision and surgical treatment is beneficial for patient.

MICROSCOPIC FINDINGS -



- lobules of large, polygonal tumor cells.
- Abundant, foamy lipid – laden cytoplasm. –
- Nuclei are hyperchromatic, pleomorphic with numerous mitotic figures.
- Nucleoli are prominent.
- Central necrosis is noted in some lobules.

BEFORE EXCISION BIOPSY –





AFTER EXCISION BIOPSY –