

The Eye-Q Newsletter

A Quarterly Report for Health Care Professionals Delivering Eye Care

A Growth on the Eyelid: When to be Suspicious for Skin Cancer



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Introduction

Numerous lumps and bumps can occur on the eyelid or periocular skin as one ages. Some are easily recognizable as benign (xanthelasma, skin tags, inclusion cysts, styes) while others are more difficult to identify and may be benign, precancerous or cancerous.

Skin cancer is the most frequently occurring neoplasm in the adult population. The head and neck (exposed areas) are common sites for skin cancer to occur. The overwhelming majority of eyelid skin cancers (95%) are *basal cell carcinoma* followed by *squamous cell carcinoma*. Eyelid *melanomas* are extremely rare as well as other eyelid skin cancer such as *sebaceous cell adenocarcinoma*, *metastatic cancerous lesions* and *Merkel cell carcinoma*.

Causes of Skin Cancer

Excessive exposure to sunlight is the single most important factor associated with skin cancers on the face, eyelids and arms. Fair-skinned persons develop skin cancers far more frequently than dark-skinned persons. Skin cancer may also be hereditary (e.g. Basal Cell Nevus Syndrome). Exposure to chemical carcinogens (e.g. arsenic) or ionizing radiation may predispose to one to developing skin cancer.

Benign Lumps and Bumps

Benign lid lesions have certain identifiable characteristics. They have generally been present for several years and they lie quietly on the skin without disrupting adjacent structures (Fig. 1). There may occasionally be some mild inflammation (e.g. marginal chalazion) or flaking (some papillomas) but this is the exception rather than the rule. There is rarely, if ever, ulceration or bleeding and growth, for the most part, is very slow if at all. Benign lid lesions located along the lid margin do not disrupt the lashes or distort the natural smooth eyelid contour. Some benign lesions are pigmented (e.g. eyelid nevi). When pigmentation is present one should look to see if it is uniform in nature or blotchy and irregular. Benign pigmented lesions usually have a uniform color over their surface (Fig. 2).

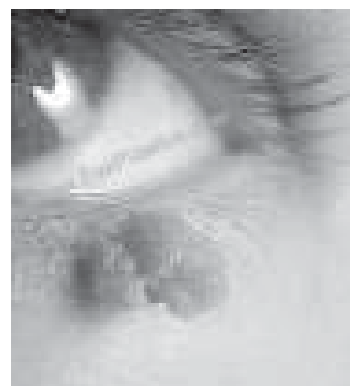


Fig. 1. Benign papillomas lower lid.



Fig. 2. Pigmented nevus lower lid.

Malignant Skin Lesions

Eyelid skin cancers occur most often on the lower lid but may also occur on the upper lid, medial or lateral canthal area, eyebrow, or adjacent eyelid skin (periocular region). They usually appear as painless, elevated nodules (Fig. 3). There may sometimes be some ulceration in the center of the growth (Fig. 4). At times, rather than a nodule, one sees an indentation or erosion of the skin or eyelid margin (Fig. 6). In contrast to benign lid lesion, there is usually some growth associated with the cancerous or pre-cancerous lesions. They continue to change over time and distort local tissue architecture. There may be associated flaking, crusting, itching or bleeding. Bleeding is particularly suggestive of a malignancy.

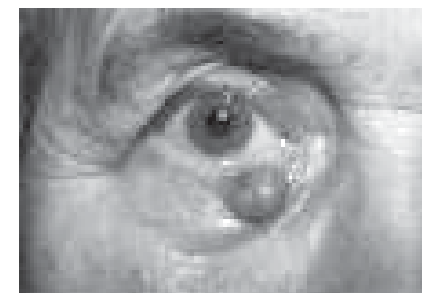


Fig. 3. Basal cell carcinoma on the right lower lid, appearing as a raised pearly nodule disrupting the eyelashes.



Fig. 4. Basal cell carcinoma on the left lower lid appearing as a raised lesion with central ulceration. There is loss of eyelashes and the smooth contour of the lid.

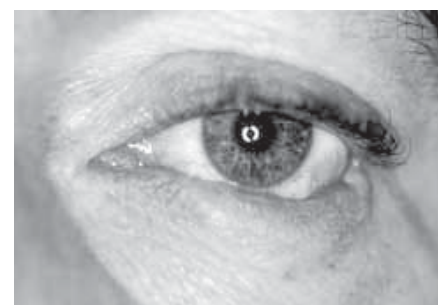


Fig. 5. Basal cell carcinoma on the left lower lid appearing as a poorly defined thickening with loss of lashes and distortion of the normal lid contour.

Malignant lesions along the lid margin disrupt the lashes and meibomian gland orifices. One may see defined thickening with loss of lashes and distortion of the normal lid contour.

see misdirected lashes or a focal loss of lashes (Figures 3, 4, 5). In addition, the normally smooth eyelid contour becomes irregular in the area of the cancerous growth.

If pigmentation is present, a blotchy, irregular or speckled pattern with light and dark areas is more likely with a malignant lesion. This is in contrast to the more uniform pigmentation typical of a benign lesion such as an eyelid nevus.

Although skin cancer is more likely to occur in the aging population, particularly fair-skinned individuals, it may also occur in younger persons in their 20's to 40's. A lid bump with suspicious features in a young individual should be assessed just as it would be in the 60 to 70 year old.

If the patient with a suspicious lid lesion has a past history of having had a lid growth removed from the same area, regardless of the time interval to recurrence, the possibility of a cancerous lesion is increased. In addition, if the patient with a suspicious eyelid bump has a known history of other skin cancers, it increases the likelihood that the lesion in question is a skin cancer.

Summary: When to suspect a cancerous eyelid lesion
Any lesion that:

- is changing in size or appearance
- is itchy and/or bleeding
- is associated with central ulceration or destruction of the surrounding skin
- Is disrupting, destroying, or redirecting the eyelashes
- Is disrupting the smooth eyelid contour
- Has blotchy, irregular pigmentation
- Has regrown after being removed a few months or a few years
- Has developed in a patient with other areas of skin cancer

