EYELID LESIONS:
The GOOD,
The BAD,
And the UGLY!

- Kelly S. Keefe M.D.
- Ophthalmic Pathology and Plastics
Objectives:

- To be able to recognize a wide variety of eyelid lesions you might see in your practice, and become familiar with their clinico-pathology.
- To become familiar with how to recognize and classify eyelid lesions by “CLUES” : color clues, epidermal vs. dermal clues, etc., thereby aiding in the probable diagnoses.
- To recognize clinical characteristics of “worrisome” malignant lesions of the eyelid, those that would need timely referral.
Color “clues” to eyelid lesions
Contour “clues” to eyelid lesions

- Tell you if the lesion is:
  - Epidermal
  - Vs.
  - Dermal
Bumpy vs. Smooth
The GOOD, the BAD, and the UGLY!!

The GOOD ones:
Epidermal Eyelid Lesions (Benign)
Papillomas (skin tags)
Molluscum

- Infected epidermal cells
Seborrheic Keratosis

- “greasy” keratin cysts
- elevated, “stuck-on”
Dermal Eyelid Lesions
Cystic
Epidermal Inclusion cyst vs. Dermoid cyst
Hair follicle cyst

- Pilomatrixoma
Hydrocystoma
Syringoma
Chalazion: Lipogranuloma
Pigmented Eyelid Lesions (benign)

- Yellow
- Brown
Brown - secondary pigmentation

- Pigmented Papillomas
- Pigmented Seb K’s
The BAD ones !!:
Basal Cell Carcinoma

- Most common eyelid malignancy
Basal Cell Carcinoma

Features:

- Elevated, pearly nodules coming up from dermis
- Central crater, or ulcer
- Telangiectasias
- Destroys normal skin elements (lashes etc.)
Typical Nodular BCC

- Blue and below
Morphea-form BCC
Squamous Cell CA

- Extra keratin!
- Pink cells and downwardly invasive
Pagetoid spread all over ocular surface
Melanoma

- Worrisome features in a pigmented lesion:
  - Thickening, nodularity
  - Mottled pigment (variegated)
  - Bluish-brown color deep in surrounding tissue (invasion)
  - Irregular shaggy edges
The UGLY !!

- A few case reports
- Eyelid lesions, life-threatening malignancies
Wildly malignant, large epithelioid cells

Immunohistochemistry: (+)
S100
HMB45
Full-thickness Skin Graft
Case Report #2: Eyelid “freckle”

- 32 yr old ACDU Navy male Sr Chief
- Had longstanding flat freckle on lower eyelid
- Wife noticed 2nd freckle one day
- He looked more closely at his lid in the mirror next morning
Case Report # 3:

- 41 yr old Marine Corps officer
  - Tingling and numbness R forehead
  - New onset double vision when looking down at sidewalk while running
  - Felt a lump in his upper R eyelid, like an “olive”, firm
Aggressive Basal Cell/Squamous Cell Carcinoma
Treatment

- Exenteration
- Orbital margins positive
- Neurosurgery: Dura involved
- Palliative radiation
Lytic lesion to hip

- Positive needle biopsy for baso-squamous cell cancer
82 yr old lady, San Diego

- Treated with multiple topical ointments and drops
- Redness worsened, vision deteriorated
- Cornea became cloudy
Biopsy:

- Comedo-pattern Sebaceous Cell CA
- Exenteration
- Orbit margins positive superiorly
- Pt declined further treatment, was comfortable
EYELID LESIONS:
The GOOD,
The BAD,
And the UGLY!