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Original article

Descriptive study on basal cell eyelid carcinoma[☆]



M.J. Pfeiffer^{a,*}, N. Pfeiffer^b, C. Valor^b

^a Servicio de Oculoplastia, Clínica Oftalmológica Herzog Carl Theodor, Munich, Germany

^b Universidad Complutense de Madrid, Madrid, Spain

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ABSTRACT

Objective: To describe a series of cases of basal cell carcinomas of the eyelid.

Methods: A descriptive and retrospective study was conducted by reviewing the medical outcome, histopathological history, and photographic images of 200 patients with basal cell eyelid carcinomas. All were treated in the Herzog Carl Theodor Eye Hospital in Munich, Germany, between 2000 and 2013.

Results: In the present study, it was found that females are more affected than males. The mean age of presentation of the tumor occurred at the age of 70 years. In 50% of the cases the tumor was found on the lower lid, especially medially from the center of the lid. The lid margin was involved in 47% of all tumors. The mean diameter was 9.2 mm. The recurrence rate after surgery with histologically clear resection margins was 5%. There was a significant relationship between tumor diameter and age. As tumors were located farther away from medial and closer to the lid margin, they became larger.

Conclusions: There is a predominance of women affected by this tumor. This may be related to the fact that the sample was taken from those attending an oculoplastic surgery clinic, where there are generally more women than men attending. The formation of basal cell carcinomas increases with age. The infrequent involvement of the upper lid could be explained by the protection of the eyebrow. The frequent involvement of the lower lid may be due to the light reflection (total reflection) by the cornea on the lower lid margin. Also chemical and physical effects of the tears may be more harmful on the lower lid. Patients tend to ask for medical help when they are females, younger, when the tumor is closer to the medial canthus or when the tumor is away from the lid margin.

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* Corresponding author.

E-mail address: Consulta@parpado.com (M.J. Pfeiffer).

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Estudio descriptivo sobre el carcinoma basocelular en el párpado

R E S U M E N

Palabras clave:

Carcinoma basocelular
Localización palpebral
Distancia al margen palpebral
Cirugía oculoplástica
Recidivas

Objetivo: Describir la presentación y características del carcinoma basocelular en los párpados.

Material y métodos: Se realiza un estudio retrospectivo a través de la revisión de historias clínicas, resultados anatomopatológicos y fotografías de 200 pacientes consecutivos con carcinoma basocelular palpebral intervenidos en la clínica oftalmológica Herzog Carl Theodor de Múnich, Alemania, entre los años 2000 y 2013.

Resultados: En el presente estudio las mujeres se afectan de forma más frecuente. La edad media son los 70 años. La afectación del párpado inferior se presenta en la mitad de los casos, siendo especialmente frecuente en el tercio central. El 47% de los carcinomas estudiados afectan al margen palpebral. El diámetro promedio es de 9,2 mm. El porcentaje de recidivas tras cirugía con márgenes limpios es del 5%. Estadísticamente se encuentran correlaciones significativas, de tal forma que, a mayor diámetro de la lesión mayor edad del paciente; los tumores aparecen con mayores tamaños a medida que se alejan de la zona medial y se acercan al margen del párpado.

Conclusiones: Existe un predominio de afectación en el sexo femenino; esto puede deberse a que la toma de la muestra pertenece a una consulta de cirugía oculoplástica. La aparición del carcinoma aumenta conforme avanza la edad. Existe una menor incidencia de basaliomas en el párpado superior que puede estar relacionada con la protección de la ceja frente a la luz solar. La mayor afectación del párpado inferior puede estar relacionada con un efecto de reflexión de la luz por la córnea hacia dicho párpado. Otra teoría se basa en el daño químico y físico producido por la concentración lagrimal. Los pacientes acuden a consulta de forma más precoz en edades más tempranas, si son mujeres, si se trata de tumores más cercanos a la zona medial y cuando hay mayor lejanía del margen palpebral.

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Introduction

The basal cell carcinoma is the most frequent malignant neoplasia of the skin. It constitutes around 80% of the non-melanocytic skin tumours.¹ This cancer originates from the basal cells of the epidermis. It is characterised for presenting a pearly edge and being pink. Sometimes, it can ulcerate and bleed. It usually presents in exposed areas. Solar radiation is one of the most studied risk factors; the recreational and intermittent intense exposure has been related with basal cell carcinoma and melanoma, and the occupational chronic exposure with the spinocellular carcinoma.^{2,3} Any person can develop a basal cell carcinoma; however, people with more risk are those of white skin with difficulty to get tanned, blonde or red hair and blue, green or grey eyes (phototypes I and II). Age, solid organ transplant,⁴ family history and previous background of non-melanocytic skin cancer are also associated. Genetically, there is a relation in the mutation of receptor proteins PTCH1 and 2 and this tumour.^{5,6} Apart from clinical conditions such as the nevoid basal cell carcinoma syndrome, also known as Gorlin syndrome,⁷ Bazex syndrome,⁸ medulloblastoma, xeroderma pigmentosum⁹ or epidermolysis bullosa simplex and Dowling-Meara type,¹⁰ basal cell carcinoma are especially related to younger patients.

The basal cell carcinoma is the most frequent malignant tumour in the eyelids, with its early diagnosis and exeresis being important. The eyelid is a complex structure in which

the correct reconstruction is key to maintaining its functionality, symmetry and aesthetics.

The aim of this descriptive study is to analyse the gender, age, iris colour, location, diameter, distance to the eyelid margin and recurrence after surgery of 200 people affected by cancer in this location.

Material and methods

Clinical records, histopathological results and photographs of a series of 200 patients were analysed. All were operated on in the Herzog Carl Theodor Eye Hospital in Munich, Germany, between 2000 and 2013. The selection criteria have been based on the presence of one or more basal cell carcinomas in patients from all ages, in any stage of the disease, with or without concomitance of other benign and malignant tumours. Clinical syndromes associated with a higher risk of basal cell carcinoma among the subjects included in the study were not found. All the cases were confirmed as basal cell carcinomas by the Anatomopathology Department of the Herzog Carl Theodor Eye Hospital. The statistical analyses were performed using SPSS.

According to the design of our map (Fig. 1),¹¹ we classified the different tumours by its location on the upper, lower or medial canthus, lateral eyelid (U, L, M or L) followed by a number from 1 to 30 that represents the location in millimetres from the centre of the tumour from the medial area. The

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