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Short communication

Conjunctival squamous cell carcinoma: paradoxical response to interferon eyedrops[☆]

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ABSTRACT

Case report: A 67-year-old male was seen for a longstanding corneal-conjunctival tumor. Treatment included topical interferon α 2b (IFN- α 2b) 10 U/ml. A significant increase in lesion size was observed after 8 weeks. A surgical excision with cryotherapy was then performed. Pathological examination confirmed the diagnosis of squamous cell carcinoma. At this time the patient was found to have a positive HIV serology.

Discussion: Conjunctival intraepithelial neoplasia (CIN) is a pre-cancerous lesion of the ocular surface. Medical treatment of CIN is essentially with IFN- α 2b due to its antiviral/antitumor properties. In patients with HIV, treatment response could be paradoxical. We recommend serology for HIV before treatment with topical IFN- α 2b.

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Carcinoma epidermoide conjuntival: respuesta paradójica al colirio interferón

RESUMEN

Caso clínico: Varón de 67 años consulta por tumoración corneconjuntival de larga evolución. Se inicia tratamiento con interferón α 2b (IFN- α 2b) tópico 10 U/ml. Tras 8 semanas existe importante aumento de tamaño de la lesión. Se realiza tratamiento quirúrgico/crioterapia. El estudio anatomopatológico confirma el diagnóstico de carcinoma epidermoide. La serología es positiva para VIH.

Discusión: La neoplasia conjuntival intraepitelial (CIN) es una lesión precancerosa de la superficie ocular. El tratamiento médico de elección del CIN es la terapia inmunomoduladora con IFN- α 2b. En pacientes con VIH la respuesta puede ser paradójica. Recomendamos realizar estudio serológico para VIH antes del tratamiento con IFN- α 2b tópico.

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Palabras clave:

Neoplasia escamosa de la superficie ocular

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Introduction

Ocular surface squamous neoplasia (OSSN) is a condition with partial thickness neoplastic changes of the conjunctival epithelium or conjunctival intraepithelial neoplasia (CIN). If it affects the entire epithelium thickness, it is classified as carcinoma in situ (CIS). If it crosses the basal membrane and invades the stroma, it is called conjunctival squamous cell carcinoma (CSCC).¹

It predominantly affects men over 60 years of age. Its most common site is the interpalpebral conjunctiva and limbus. Its growth is slow and progressive. These are unilateral lesions, protuberant or flat, with a sentinel vessel in 65% of cases. Clinical differentiation between CIN and CSCC is difficult, and a biopsy is performed if the diagnosis is unclear. Genetic factors, ultraviolet B, human papillomavirus (HPV 16 and 18) and HIV are involved in its etiology.² Lesion excision is the traditional treatment method; however, recurrences of it are from 24% to 39%.³ Immunomodulatory therapy is an alternative, and interferon α_2b (IFN), 5-fluorouracil and mitomycin-C are equally effective. IFN α_2b has few side effects and is used at 10^6 IU/ml doses four times/day until complete lesion resolution (14-20 weeks).

Clinical case

A 67-year-old male was seen for a longstanding corneal-conjunctival tumor. His history included excision of cutaneous skin tags due to papillomavirus. The patient had a nodular, gelatinous, leukoplakic lesion in the interpalpebral nasal area invading the cornea (Fig. 1). The rest of the eye examination was normal. OSSN clinical diagnosis was performed. The patient refused surgery; therefore, treatment with topical IFN- α_2b 10^6 U/ml four times/day was suggested. At 4 weeks increased size was observed, a phenomenon already described by other authors³; therefore, it was continued for an additional 4 weeks, after which the lesion grew to twice its initial size (Fig. 2). Ocular ultrasonography showed no signs of intraocular involvement. Due to the morphological changes, surgery was decided with the Shields "no touch" technique associated with conjunctival margin cryotherapy.⁴ The defect

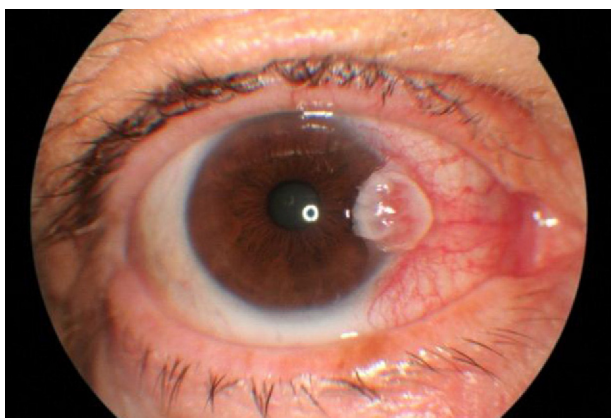


Fig. 1 – Exophytic whitish lesion in nasal conjunctiva of the right eye (OD).

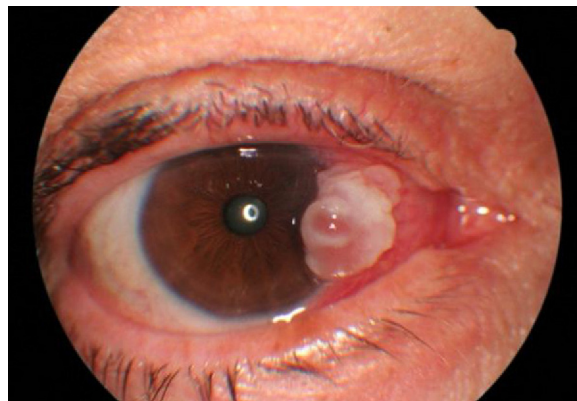


Fig. 2 – Lesion has doubled in size after 2 months of IFN- α_2b treatment.



Fig. 3 – Immediate postoperative appearance of OD after excision and cryotherapy with subsequent defect reconstruction with conjunctival autograft fixed with fibrin sealant.

was covered with a conjunctival autograft with fibrin sealant (Fig. 3). After 3 years of follow-up, no signs of recurrence have been observed (Fig. 4). Pathological examination confirmed the CSCC diagnosis (Figs. 5 and 6).

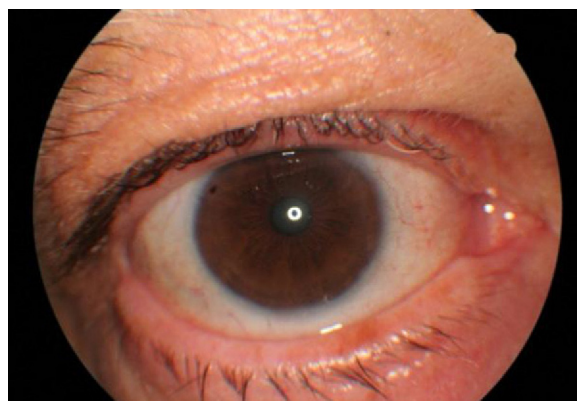


Fig. 4 – OD image at 2 years after surgery.

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