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Short communication

Interferon alpha 2 β , partial keratectomy and amniotic membrane transplant for the treatment of a recurrent conjunctival squamous carcinoma[☆]

P. Verdaguer^{a,*}, M. Fideliz de la Paz^a, J.P. Álvarez de Toledo^a, R.I. Barraquer^b

^a Graduate in Medicine, Centro de Oftalmología Barraquer, Barcelona, Spain

^b Ph.D. in Medicine, Graduate in Medicine, Centro de Oftalmología Barraquer, Barcelona, Spain

ARTICLE INFO

Article history:

Received 4 June 2010

Accepted 28 January 2011

Available online 14 October 2011

Keywords:

Squamous carcinoma

Conjunctiva

Eyelid

Keratectomy

Interferon alpha 2 β

Amniotic membrane

ABSTRACT

Case report: An 80-year-old woman diagnosed with a recurrent squamous conjunctival carcinoma treated with surgical excision of the lesion, zonal reconstruction and topical interferon alpha 2 β .

Discussion: Squamous conjunctival carcinoma is the most frequent neoplasm of the ocular surface. Surgical removal of the lesion is the traditional treatment, but this technique has a high recurrence rate. Interferons are glycoproteins that trigger intracellular pathways with antiviral and antitumoral properties. Recent studies have proven their activity against conjunctival carcinoma.

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Interferón alfa 2- β , queratectomía parcial y trasplante de membrana amniótica para el tratamiento de un carcinoma escamoso conjuntival recidivante

RESUMEN

Caso clínico: Mujer de 80 años de edad diagnosticada de carcinoma escamoso conjuntival recidivante tratado con escisión quirúrgica de la lesión, reconstrucción zonal e interferón alfa 2- β tópico.

Discusión: La neoplasia escamosa de la conjuntiva y córnea es el tumor más frecuente de la superficie ocular. La cirugía mediante resección de la lesión es el método tradicional de tratamiento de estos tumores, pero presenta un elevado índice de recurrencias. La inmunoterapia es una alternativa actual para estos tumores. Los interferones son

Palabras clave:

Carcinoma escamoso

Conjuntiva

Párpado

Queratectomía

Interferón alfa 2 β

Membrana amniótica

[☆] Please cite this article as: Verdaguer P, et al. Interferón alfa 2- β , queratectomía parcial y trasplante de membrana amniótica para el tratamiento de un carcinoma escamoso conjuntival recidivante. Arch Soc Esp Oftalmol. 2011;86(5):154-157.

* Corresponding author.

E-mail address: paulaverdaguer@gmail.com (P. Verdaguer).

glicoproteínas que actúan activando una cascada de eventos intracelulares que confieren una actividad antivirales y antitumoral. Su actividad frente a las neoplasias epiteliales de la superficie ocular se ha demostrado en los últimos años.

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Clinical case

An 80-year-old woman was referred by another service due to conjunctival tumoration in the right eye (RE) dated 5 months back. Personal history of interest includes the removal of a small upper-external palpebral papilloma in the RE one year back. Corrected visual acuity in RE, measured with Snellen optotypes, was of 0.65 and in the left eye (LE) of 0.8.

The ophthalmological exploration carried out in the right eye revealed a conjunctival tumoration with the appearance of a papilloma in the internal edge, involving the half-moon fold and caruncle with dilated capillary crests and extension to the sclero-corneal limbus at approximately 3 o'clock. The lesion was more prominent in the lower area, slightly displacing the lower eyelid and causing a discrete ectropion of the middle third of the palpebral edge. The new tissue comprises the inferior and superior lachrymal points and extends toward the skin of the internal edge. An ulcerated cutaneous lesion is also observed in the upper eyelid with chronic inflammatory signs (Fig. 1).

The patient provided the anatomopathological report of the lesion biopsy which diagnosed squamous carcinoma. Nuclear magnetic resonance was performed to discard retro-ocular infiltration. Considering the diagnostic orientation of squamous carcinoma involving the superior and inferior eyelids and the nasal conjunctiva of the right eye, the patient underwent surgery to remove the lesion and reconstruct the involved area with a free conjunctiva graft obtained from the temporal quadrant placed over the middle rectum area and

a muscle-skin pediculated graft to repair the internal edge. Biopsies were made of all the removed fragments, recommending follow-up by a general oncologist. The initial surgical and functional result is excellent and the anatomopathological report of the lesion confirms the squamous carcinoma diagnostic with resection margins free of the lesion at the palpebral level and infiltrating squamous carcinoma with a minimum damaged area which makes contact with the resection edge in the bulbar conjunctiva of the sclero-corneal limbus. Due to said location, it was decided to maintain an expectant attitude.

Fourteen months after the intervention, in a regular checkup a white-grayish lesion was observed, including vascularization and corneal infiltration between 12 and 6.30 o'clock in the nasal quadrant. A 3.8 mm geographic corneal epithelial defect was evidenced, with thinning, at 3 o'clock close to the limbus (Fig. 2). A diagnostic of relapsing conjunctival carcinoma was suspected, initiating treatment with interferon alpha 2 β in a concentration of 1×10^6 UI/ml 5 times a day during 2 months. In this period, initially the epithelial defect was reduced and the relapse regressed. Considering the positive evolution, it was decided to continue the topical treatment, but 4 months later an extension of the lesion was observed over the cornea (Fig. 3). Due to the diagnostic impression of relapsing squamous carcinoma, the recurring lesion was surgically removed with a partial laminar half-moon keratectomy performed with 2 trephimators having different diameters, resection of the entire bulbar conjunctiva and reconstruction of all the resected area with an amniotic membrane graft, fixed by means of continuous 10-0 nylon suture utilizing transfixating points and anchoring it to the superficial scleral layers to avoid early dislocation (Fig. 4). Five days after the intervention and after removing the occlusive

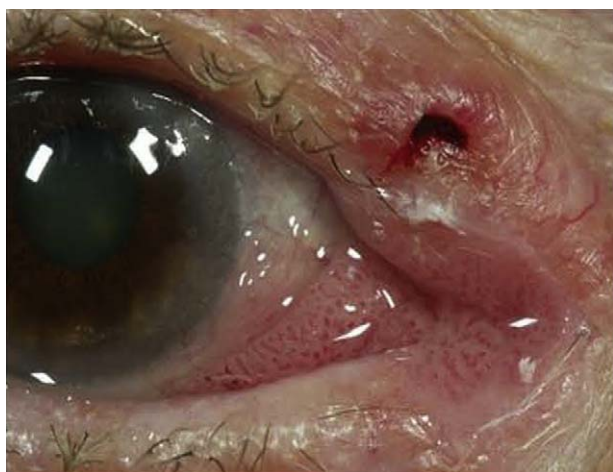


Fig. 1 – Papillomatous tumoration of the nasal bulbar conjunctiva which invades the half-moon fold, the caruncle, the internal edge, the superior and inferior lacrimal points, the superior palpebral edge where it causes skin ulceration, and the inferior palpebral edge.

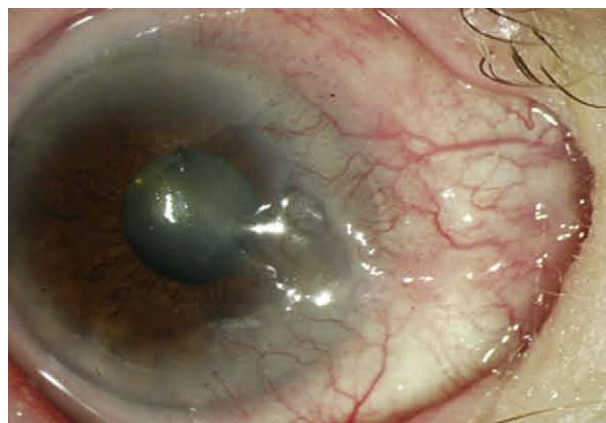


Fig. 2 – Appearance after the first intervention. Good palpebral reconstruction. Vascularized half-moon lesion with clinical neoplasia relapse signs and geographic epithelial defect in the nasal paracentral sector.

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