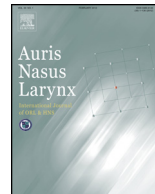




Contents lists available at ScienceDirect

Auris Nasus Larynx

journal homepage: www.elsevier.com/locate/anl



Patterns of lymphatic spread and the management of eyelid carcinomas

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ARTICLE INFO

Article history:

Received 3 January 2016
Accepted 15 February 2016
Available online xxx

Keywords:

Eyelid carcinoma
Lymph node metastasis
Sebaceous carcinoma
Squamous cell carcinoma
Therapeutic management

ABSTRACT

Objective: Eyelid carcinomas are rare, and the management strategy of regional lymph node metastasis linked to eyelid carcinomas has not been standardized to date. The aim of the present study was to analyze the patterns of regional metastasis and to assess the optimal extent of surgical treatment for lymph node metastasis of eyelid carcinoma.

Methods: This study was a retrospective review of patient data from a single institution. From a series of 268 eyelid carcinomas, we selected the 21 patients with lymph node metastasis, and we analyzed the patterns of lymphatic spread, approach to treatment and outcomes.

Results: The most common histological type of eyelid carcinoma with regional metastasis was sebaceous carcinoma (17/21, 81.0%). Submandibular area metastases were seen only in the patients with the primary tumor originating in the medial half of the eyelid, but parotid area metastases were seen in both the patients whose tumors had a medial-half origin and those with a lateral-half origin. Although 11 of the 16 patients with parotid-area metastases underwent a tumorectomy or superficial parotidectomy (which resulted in four cases of recurrence in the parotid area), none of the five patients who underwent a total parotidectomy developed parotid-area recurrence. The incidence of regional recurrence of the patients who received adjuvant radiotherapy (14.3%) was lower than that of the patients without adjuvant radiotherapy (57.1%).

Conclusion: Continued surveillance and optimal management of regional lymph node metastases are important for the control and survival of eyelid carcinomas.

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1. Introduction

Eyelid carcinoma is a rare malignancy that accounts for approximately 10% of head and neck skin cancers and represents 16–48% of all eyelid tumors [1,2]. Although several types of

epithelial malignancies can develop from the eyelid, the clinical behavior varies widely from indolent basal cell carcinoma to aggressive sebaceous carcinoma. In Europe and the United States, basal cell carcinoma is the most frequent eyelid malignancy, accounting for almost 90% of all eyelid carcinomas, followed by squamous cell carcinoma and sebaceous carcinoma [1,2]. Sebaceous carcinoma accounts for approx. 3–6% of the epithelial eyelid malignancies reported in Western series [1,3]. In contrast, a higher incidence of sebaceous carcinomas in Asians

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and Indians is well known, reported to account for 27–37% of all eyelid carcinomas [1,3–7].

Eyelid carcinomas sometimes develop regional lymph node metastasis and subsequent distant metastasis. In particular, sebaceous carcinoma is a locoregionally aggressive malignancy [7–10], and its tumor-related mortality has been reported to be as high as 30% [4]. The most common pathway of metastasis of eyelid sebaceous carcinoma is via lymphatic channels to regional lymph nodes. Lymph node metastasis to a parotid area or the cervical area occurs in up to 30% of the patients [3,9,11]. However, no typical pattern or pathway of lymphatic spread has been fully elucidated because of the rarity of eyelid carcinomas [7].

Head and neck surgeons may encounter a rare opportunity to treat lymph node metastases of eyelid carcinoma. However, the management strategy for regional metastasis has not been standardized to date. The optimal extent of parotidectomy or neck dissection is still unclear [7,9]. The aim of the present study was to analyze the patterns of regional metastasis and to assess the optimal extent of surgical treatment for lymph node metastasis of eyelid carcinoma.

2. Materials and methods

2.1. Patient selection and patient review

At Kyushu University Hospital (Fukuoka, Japan) from 1995 to 2013, 268 patients of epithelial malignancy arising in the palpebra or palpebral conjunctiva were treated. Histopathologically, 122 (45.5%) patients were basal cell carcinomas, 122 (45.5%) were sebaceous carcinomas, 20 (7.5%) were squamous cell carcinomas, and 4 (1.5%) were Merkel cell carcinomas, based on the results of histological examinations of specimens obtained from biopsy or surgical excision. The histological diagnosis was performed according to the World Health Organization classification and the Armed Forces Institute of Pathology classification of skin tumors and eye tumors. Patients of malignant melanoma and malignant lymphoma were excluded from this study, because their clinical features and therapeutic strategies differ vastly from those of other malignancies.

Among the 268 patients of eyelid carcinoma, there were 21 patients who developed regional lymph node metastasis as an initial presentation or by subsequent metastasis. Nodal metastases were detected clinically by physical examination and imaging (ultrasound or computed tomography), and confirmed pathologically by fine-needle aspiration in most patients. All patients were finally diagnosed as lymph node metastasis from the eyelid carcinoma by postoperative histopathological examination. A retrospective chart review was carried out for these 21 patients with attention to the location of the primary tumor, the area of lymph node metastasis, treatment methods, and outcomes. Clinical information was obtained from the patients' medical records. The patients consented to review of their medical records for research purposes. This retrospective study was conducted according to the Helsinki Declaration.

3. Results

3.1. Clinicopathological findings

Twenty-one of the 268 eyelid carcinoma patients (7.8%) in our series developed regional metastases to the parotid area (peri- or intra-parotid nodes) and/or cervical nodes as an initial presentation or subsequent metastasis during the observation period. The characteristics of these 21 patients are shown in Table 1. Their ages at the initial diagnosis of the primary tumor ranged from 36 to 87 years with an average of 74 years. There were five males and 16 females. The primary sites of the tumors were the upper eyelid in 13 patients (61.9%) and the lower lid in eight patients (38.1%). In addition, 14 (66.7%) primary tumors were located in the medial half of the eyelid, four (19.0%) in the lateral half, and three (14.3%) in both the medial and lateral halves. The greatest diameter of the eyelid primary tumors ranged from 8 mm to 50 mm with a mean of 18.4 mm (unknown in three patients). Histologically, 17 of the 122 sebaceous carcinomas (13.9%), three of the 20 squamous cell carcinomas (15.0%), and one of the four Merkel cell carcinomas (25.0%) revealed lymph node metastases, whereas none of the 122 basal cell carcinomas (0%) developed lymph node metastasis.

Four patients (19.0%) manifested lymph node metastasis at the same time as their diagnosis of the primary eyelid tumor, and the remaining 17 patients (81.0%) developed nodal metastasis as subsequent recurrence after initial treatment. In the patients of subsequent metastasis, the time span between the excision of the primary tumors and the detection of the regional metastasis ranged from 5 months to 133 months with a median of 20 months.

Table 1
Patient characteristics ($n = 21$).

Patient factor	Number	%
Sex		
Male	5	23.8
Female	16	76.2
Age at initial presentation (years)		
Range	36–87	
Mean	74	
Site of primary tumor		
Upper lid	13	61.9
Lower lid	8	38.1
Histology		
Basal cell carcinoma	0	0.0
Sebaceous carcinoma	17	81.0
Squamous cell carcinoma	3	14.3
Merkel cell carcinoma	1	4.8
Treatment for primary site		
Surgery	15	71.4
Surgery + radiation therapy	6	28.6
Period of regional metastasis		
Initial presentation	4	19.0
Subsequent metastasis	17	81.0
	Median 20M (5–133M) ^a	
Area of metastasis		
Parotid nodes (intra- or peri-parotid)	12	57.1
Cervical nodes	5	23.8
Parotid and cervical nodes	4	19.0

Abbreviation: M, months.

^a Time to regional metastasis after initial surgery of primary tumor.

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