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A Rare Case of Secondary Sebaceous Gland Carcinoma of the Conjunctiva

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Abstract:
A 56 years old female with past history of sebaceous gland carcinoma of right lower lid post status surgery and chemotherapy presented with complaints of a painless mass in her right eye for 3 months, gradually progressive in size. After wide local excision by the "no – touch" technique histopathological examination of a mass on the superior conjunctiva showed tumour tissue arranged in small nests, ,infiltrating pageliotis and lobules with centre showing comedo necrosis suggestive of sebaceous gland tumor. Conjunctival sebaceous gland carcinoma is a rare ocular malignancy treated with excision, radiotherapy. Frequent follow up to monitor recurrence is crucial.

Key-words: *Sebaceous gland tumour, sebaceous gland tumour of conjunctiva, metastasis*

Key Messages : Sebaceous gland carcinoma of conjunctiva is a rare entity which if undiagnosed proved to have masquerading feature and hence early detection and excision of the tumour is of utmost necessity to preserve the vision and prevent further progression

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I. Introduction:

Sebaceous gland carcinoma is a very rare malignant tumour with 3.2% incidence among malignant tumours and 0.8% of all eye lid tumours, primarily originating from tarsal meibomian glands, rarely from gland of Zeiss or sebaceous gland of caruncle and has a pagetoid spread giving it a unique place among eyelid malignancies [(1)(2)]. Mean age at diagnosis is mid-sixties. It is dangerous due to its masquerading feature such as blepharo-conjunctivitis, chalazion or superior limbic keratoconjunctivitis often delaying the diagnosis until metastasis has occurs and it extends locally to conjunctiva. The incidence of metastasis is high (41%) [3,4,5, ,]. Possible risk factors for Sebaceous cell carcinoma are elderly female , prior irradiation and immunosuppression [6,7] . Hence presenting a rare case of secondary sebaceous gland carcinoma of right eye bulbar conjunctiva due to suspected seeding of the tumour cells.

II. Case History:

A 56 years old female presented to the Ophthalmology Outpatient Department of A tertiary care hospital in southern India with complaints of a painless mass in her right eye for three months, gradually progressive in nature and associated with a foreign body sensation

Patient gives a past history of carcinoma buccal mucosa and right lower lid sebaceous carcinoma which was treated with surgery and radiotherapy following which patient was asymptomatic. On examination, her best corrected visual acuity in right eye (OD) was 6/24 and left eye (OS) was hand movements close to face with >45degree of exotropia in left eye since birth. Anterior segment examination of OD showed conjunctival hyperaemia, chemosis, discharge and pale pink mass with irregular margins measuring 3x 1cm from the superior palpebral conjunctiva protruding inferiorly,(fig.1) Lagophthalmos present in OS and. Intraocular pressure in both eye (OU), were normal.

A wide local excision with "no – touch" technique performed and sent for histopathological examination(fig.2). Post operatively patient was started on antibiotic steroid eyedrops and radiotherapy was deferred due to the presence only one functional eye.

Histopathology revealed tumour tissue made up pleomorphic polygonal cells having vesicular nuclei, inconspicuous nucleoli and foamy to abundant clear cytoplasm. Tumour tissues were arranged in small nests, lobules and infiltrating pagetoid spread. These features were suggestive of a sebaceous carcinoma. (fig.3)

No recurrence was seen at 1-month follow-up. Conjunctival surface was healthy with no scar and adequate tear function. Anterior segment and the vision were same as that at presentation. Thereafter, the patient was followed up every month for 6months. The patient is currently both objectively and subjectively free from tumour recurrence. (fig.4)

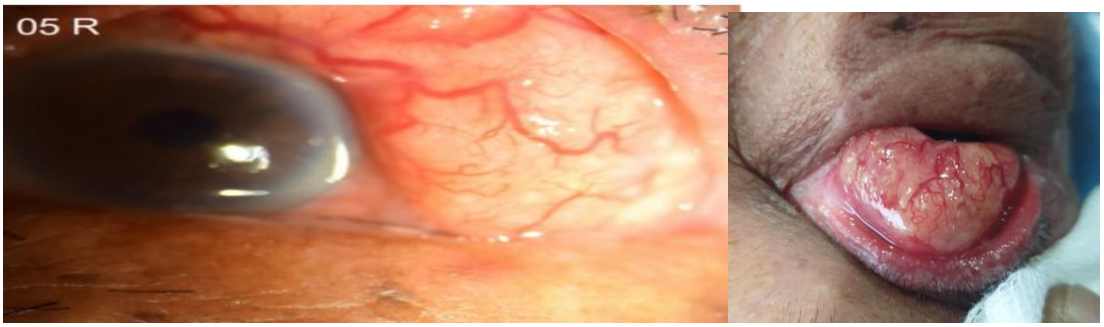

Figure 1. left conjunctival sebaceous cell carcinoma

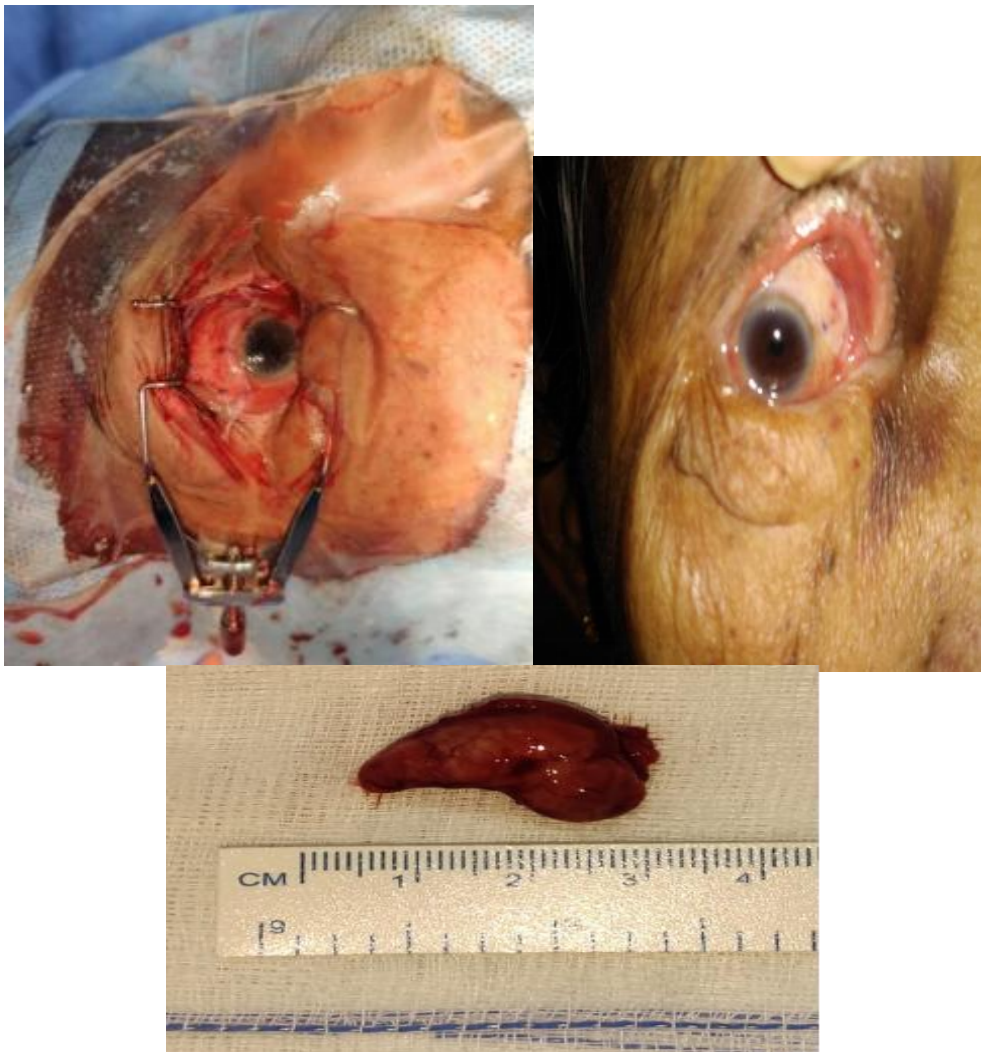

Figure2. Operative and postoperative image

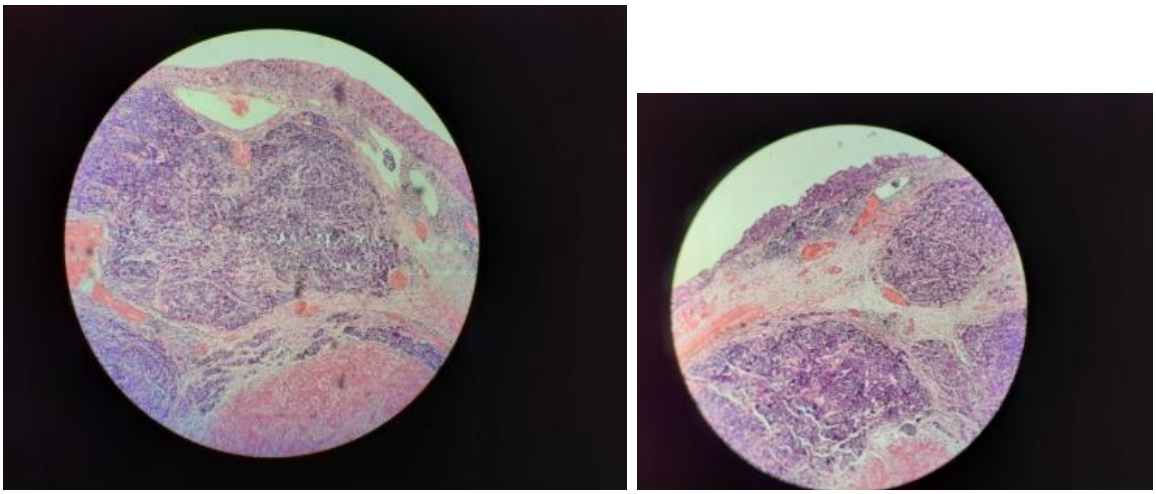

Figure3. Histology of sebaceous cell carcinoma

III. Discussion:

Sebaceous gland carcinoma of conjunctiva is a rare condition. Elderly female with prior history of irradiation is a risk factor for developing sebaceous gland carcinoma. This case is presented as a sequel of post-operative right lower lid sebaceous cell carcinoma. [6,7] Following treatment modalities have been described for malignant conjunctival tumours: wide local excision with 5–6 mm margins in without orbital involvement, MMS, map biopsies, exenteration when orbital involvement is demonstrated, radiation, cryotherapy, and topical or systemic chemotherapy in metastatic disease [1] . In this case patient had only one functioning eye that was affected and hence post-surgery, patient was treated with topical steroids and was deferred of radiation or chemotherapy. Patient well tolerated the treatment and is free of malignancy till the last follow up. Concluding metastatic Conjunctival sebaceous gland carcinoma of right conjunctiva occurring due to seeding of the tumour cells during primary excision of the tumour from right lower lid, which can be treated with excision, radiotherapy or cryotherapy. High degree of suspicion and immediate treatment are the keys to success in eliminating the disease.

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