Oculoplastic

Eyelid Lumps, Bumps and Skin Cancers

Skin tumours of the eyelids

Most 'lumps and bumps' appearing around the eyelid are due to benign growths that are not considered to be skin cancers. These include simple 'skin tags', pigmented age-related warts (seborrheic keratosis), tarsal cysts or chalazion, skin gland inclusion cysts (hydrocystomas), squamous papilloma and simple benign naevi.

The appearance and characteristics of the lump often gives a strong indication of the diagnosis, but a biopsy may be recommended if there are features suggestive of a skin cancer.

Basal Cell Carcinoma (BCC)

The most common skin cancer around the eyelids is a basal cell carcinoma. These are also referred to as a 'rodent ulcer' due to its tendency to cause localised tissue ulceration. Risk factors for BCCs include increasing age, fair Caucasian skin and sun exposure. Treatment is generally complete excision, as these skin cancers do not tend to spread to other parts of the body or metastasize.

Squamous Cell Carcinoma (SCC)

A less common type of skin cancer is a squamous cell carcinoma. It also has similar risk factors as a BCC but can metastasize and spread to other parts of the body. Patients who have recurrent 'sun spots' or solar keratosis are at increased risk and need regular follow-up with their skin specialist or dermatologist.

Melanoma

Far less common is melanoma, which can rarely occur on the eyelids. These are generally dark and pigmented lesions that are raised and change over time. There are many causes of pigmented lesions around the eyelids (simple freckle, naevi, seborrhoeic keratoses) that can often be distinguished from a potential melanoma before biopsy. Melanoma is a serious type of skin cancer as it has a strong tendency to metastasize.

Diagnosis

After close examination with the aid of a microscope, a biopsy may be required to confirm a
suspected diagnosis. An incisional biopsy, where only part of the lesion is sampled, can often be done as a minor operative procedure in the Treatment Room at an initial consultation.

**Treatment**

Once the diagnosis has been confirmed, surgery will generally be recommended. Other options include freezing/cryotherapy, radiotherapy and topical cream application. These latter options are generally reserved for atypical situations, as surgery is usually the best way to completely remove the tumour and reduce the risk of metastasis or further recurrence.

The aim of treatment is to completely excise the skin cancer and then reconstruct the defect to restore the normal appearance of the eyelid.

**Excision**

Excision options include a combined procedure with a specially trained dermatologist who uses a technique known as **Moh’s micrographic surgery**. This is a very accurate method of skin tumour excision that confirms complete tumour removal at the time of surgery. By taking small slices of skin the dermatologist can confirm with a microscope the presence or absence of tumour not visible to the eye, until all tumour is confirmed as removed. Moh’s excision also tends to preserve more of the normal eyelid tissue and minimise the size of the subsequent reconstruction required. This technique involves two separate surgeries, usually within three days of each other.

Alternatively, the tumour may be confirmed as removed with a **staged excision**. The specimen is removed and sent to a pathologist for overnight analysis and the reconstruction takes place 1-2 days later.

The tumour margins may also be confirmed as clear during the surgery with a technique known as **frozen-section histopathology**.

Your surgeon will discuss with you the method of tumour excision. The decision regarding the method of tumour excision depends on the type, location and size of the skin tumour and will vary from patient to patient.

**Reconstruction**

Once the skin tumour has been confirmed as completely excised, reconstruction will be required. The size of the defect will determine how extensive and complicated this will be. The eyelids require special consideration as they involve two layers of tissue and include...
the lacrimal drainage system for the tears.

Some lesions are small enough to allow healing without further surgery. Other lesions will require direct closure with sutures. More complex options involve the use of skin/muscle flaps and/or grafts. The eyelid may need to remain closed for up to four weeks in the case of a complex flap and skin graft. A second procedure to open the newly grafted eyelid may be required.

Risks of surgery

Reconstruction aims to restore as much as possible the normal appearance and function of the eyelid. However, possible complications include scarring, altered appearance, displaced eyelid margin (ectropion), dry eyes and sometimes secondary surgery may be required months or years later. If the lacrimal tear ducts have been excised due to tumour involvement, the result may be chronic eye watering. This may be improved with subsequent surgery in some cases.

Consultation

Should you require a consultation for Oculoplastic conditions, please call 1800 986 695.

At Eye Surgery Associates we are able to offer you appointments at any one of our three sites: East Melbourne, Malvern and Doncaster.