International Journal of Medical and Pharmaceutical Research
Website: https://ijmpr.in/ | Print ISSN: 2958-3675 | Online ISSN: 2958-3683
NLM ID: 9918523075206676
Volume: 4 Issue:3 (May-June 2023); Page No: 77-79

Case Report

Sebaceous Adenoma of Eyelid

Pooja V. Patil[1], B.S. Khaire[2], E.B. Shelke[3]

[1]Junior Resident, Department of Ophthalmology, S.R.T.R. G.M.C. Ambajogai
[2]HOD & Professor Department of Ophthalmology, S.R.T.R. G.M.C. Ambajogai
[3]Associate Professor, Department of Ophthalmology, S.R.T.R. G.M.C. Ambajogai

ABSTRACT

Aims: To report a case of Sebaceous Adenoma of eyelid in 30 years old male and its diagnosis and management. **Case Report**: We described a case of 30yr old male patient presented to our hospital complaining of swelling over medial part of the left lower eyelid since 1year. Patient was suspected as left eye sebaceous cyst. He underwent complete surgical excision with histopathological examination of the sample. **Result**: We diagnosed the case postoperatively as a Sebaceous Adenoma of left eyelid based on histopathological examination. **Conclusion**: Thus, the diagnosis is Sebaceous Adenoma of eyelid. Therefore, the complete surgical excision with clear margins is necessary as incompletely excised lesions commonly recur.

Key Words: *Sebaceous Adenoma, benign, Muir-Torre syndrome, Lynch syndrome, case report*

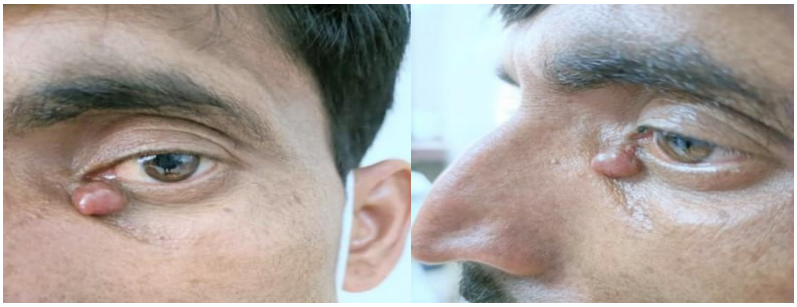
***Corresponding Author**
Pooja V. Patil
Junior Resident, Department of Ophthalmology, S.R.T.R. G.M.C. Ambajogai

INTRODUCTION

Most of the eyelid tumours are of cutaneous origin, mostly epidermal, which can be divided into epithelial and melanocytic tumours. Benign epithelial lesions, basal cell carcinoma (BCC), cystic lesions, and melanocytic lesions represent about 85% of all eyelid tumors[1]. Cutaneous squamous cell carcinoma (SCC) and melanoma are relatively rare. Adnexal and stromal tumours are less frequent. Other tumours of the eyelid are lymphoid tumours, hamartomas, and choristomas. Sebaceous lesions of the eyelid involve the Zeiss or meibomian glands such as Sebaceous hyperplasia, or senile sebaceous nevus, and sebaceous adenomas which occur mainly on the face and scalp of individuals aged 60 years, on average[2,3]. Sebaceous adenomas were first reported by Van Walbeek[4], in 1949, and were characterized as benign tumors that present clinically as tan, pink, or yellow nodules or papules, usually approximately 5 mm in the largest size[4,2]. Like most sebaceous proliferations, these tumors typically arise in the head and neck regions of older individuals[2] although sebaceous neoplasms in the eyelid associated with Muir–Torre syndrome have been reported[5,6]. Most sebaceous carcinomas arising in the periocular region of elderly patients are aggressive lesions. Extraocular forms are rare, small, and appear to be less aggressive.

CASE:

A 30-year-old man was referred to our hospital and presented with acystic lesion involving the left lower eyelid, which had enlarged progressively for the last 1year. There were no family and medical histories of ocular disease or any malignancy. On examination, the patient's corrected visual acuity was 6/6 in both eyes. No remarkable changes were found in the anterior chamber, lens, vitreous, and fundus of both eyes. The mobility and position of the left eyeball were within normal limits. External examination revealed a yellowish-pink, cystic growth at the left lower eyelid, close to the margin near medial canthus, measuring 10 × 10 × 5 mm. The surface of the lesion was normal. There were no surrounding induration, madarosis, pain, and discharge. Systemic examination was performed, and no malignant suspected lesion was found.



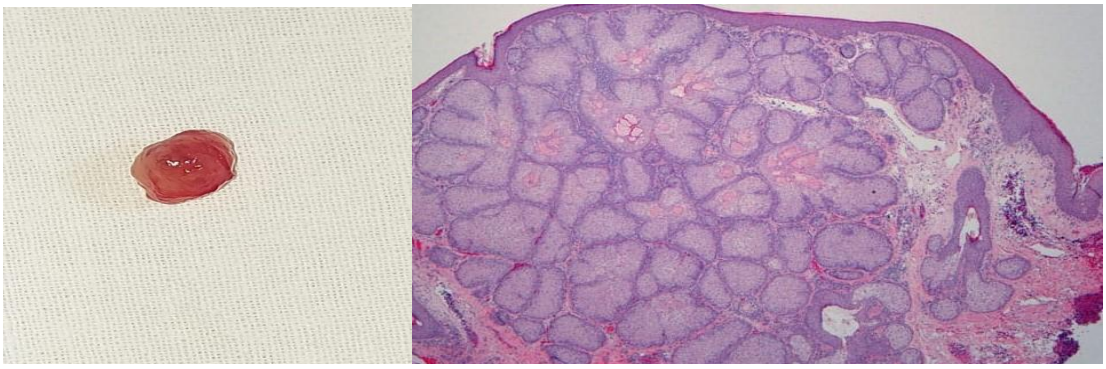
PRE-OPERATIVE PHOTOGRAPHS

MANAGEMENT:

Because sebaceous adenomas are benign, treatment for most individuals is conservative management, although bothersome lesions can be removed for patient comfort. Consider complete excision also if the lesion is partially biopsied or of clinical concern for carcinoma with sebaceous differentiation

Therefore, we considered complete excision of lesion in order to prevent any recurrence.

INTRA-OPERATIVE PHOTOGRAPHS



GROSS AND HISTOPATHOLOGICAL EXAMINATION

DISCUSSION

Sebaceous adenomas (SAs) are rare, benign sebaceous gland tumours of the eyelid. SAs may be associated with primary internal malignancies. This association is known as Muir-Torre Syndrome (MTS). Clinically presents as a yellow or pink-tan papule or nodule. Clinically can be mistaken for basal cell carcinoma. Muir-Torre syndrome (MTS) is a clinical variant of Lynch syndrome, which is defined as at least 1 sebaceous neoplasm (sebaceous adenoma, sebaceoma and sebaceous carcinoma) or keratoacanthoma and at least 1 Lynch syndrome related internal cancer. MTS is caused by germline variants in the DNA mismatch repair (MMR) genes encoding for *MSH2* and *MLH1*, accounting for most of the cases. Isolated mutations in *MSH6* and *PMS2* account for a small minority of cases. *MUTYH* associated polyposis (MAP) is an autosomal recessive disorder associated with colorectal polyps (adenomas) and adenocarcinomas that can also be associated with cutaneous sebaceous neoplasms, closely imitating MTS. Overall quality of evidence in support of MMR IHC reflex testing on MTS associated cutaneous neoplasms is weak to moderate. Some pathologists do targeted testing specially if patient has multiple sebaceous neoplasms, outside the head and neck or history of colorectal, breast or urothelial cancer. Solitary tumors are treated by complete surgical removal with a 100% cure rate. Incomplete removal has occasionally resulted in local recurrence. On histopathological examination, section studied shows thin capsulated, well circumscribed tumour tissue and underneath shows lobules filled with admixture of basaloid cells (peripheral arrangement), sebaceous cells centrally placed cells with clear cytoplasm. Groups of cells separated by thin fibrous septa suggestive of sebaceous adenoma.

CONCLUSION

Thus, the diagnosis is Sebaceous Adenoma of eyelid commonly seen in old age therefore rare in young age. The importance of this benign eyelid tumour stems from its association with internal malignancies in MTS. Surgical removal is indicated for diagnosis or if there is a sudden increase in size. Complete excision with clear margins is necessary as incompletely excised lesions commonly recur.

REFERENCES

1. Maino JH, Richer SP, McGregor D(1983). Caruncle lesions: the use of histological evaluation in determining a definitive diagnosis. *J Am Optom Assoc*; **54**(6):521–524. [PubMed] [Google Scholar]
2. Iwasaki J, Yoshida Y, Yamamoto O, Tajima S(2008). Poroma with sebaceous differentiation of the eyelid: a rare site of occurrence. *Acta Derm Venereol*; **88**(2):166–167. [PubMed] [Google Scholar]

3. Deprez M, Uffer S(2009). Clinicopathological features of eyelid skin tumors. A retrospective study of 5504 cases and review of literature. *Am J Dermatopathol*; **31**(3):256–262. [PubMed] [Google Scholar]
4. Van Walbeek K(1949). Adenoma of a sebaceous gland of the lacrimal caruncle. *Ophthalmologica*; **117**(6):370. [PubMed] [Google Scholar]
5. Short KA, Williams A, Creamer D, Fuller LC(2008). Sebaceous gland hyperplasia, human immunodeficiency virus and highly active anti-retroviral therapy. *Clin Exp Dermatol*; **33**(3):354–355. [PubMed] [Google Scholar]
6. Moscarella E, Argenziano G, Longo C, et al(2012). Clinical, dermoscopic and reflectance confocal microscopy features of sebaceous neoplasms in Muir-Torre syndrome. *J Eur Acad Dermatol Venereol.* Epub April 4. [PubMed] [Google Scholar]