

A Clinical Study Of Lid Tumours In Jamnagar District

Parth K. Shah^{1*}, Mayank P. Acharya², Nishant D. Solanki,³ Manoj Kumari⁴

^{1,3,4}Junior Resident, ²Additional Professor Of Department Of Ophthalmology, Guru Gobind Singh Hospital, Jamnagar

ABSTRACT

BACKGROUND: Eyelid Tumours Are By Far The Most Common Neoplasm Encountered In Clinical Ophthalmic Practice. They Are Estimated To Represent More Than 90% Of All Ophthalmic Tumours. Approximately 5% To 10% Of All Skin Cancers Occur In The Eyelid. **AIM:** To Study The Incidence Of Lid Tumours. To Study The Presentation Of Benign And Malignant Lid Tumors. To Characterize A Pattern Of Distribution Of Lid Tumours. **MATERIAL AND METHODS:** This Study Was Carried Out Over A Period Of Two Year At The Department Of Ophthalmology, Guru Gobind Singh Hospital. Detailed Ophthalmic Examination Was Carried Out With Histopathological Examinations. **RESULT:** In Our Study, Out Of 100 Cases 34 Cases Were Malignant And 66 Cases Were Benign. In Our Study 56 Male Patients And 44 Female Patients. Right Eye Was Involved In 58% Cases And Left Eye Involved In 42% Cases. In Benign Tumours Sebaceous Cyst Was Most Common And In Malignant Tumours Meibomian Gland Carcinoma Was Most Common. Both Lids Were Involved In 1 Male And 1 Female. Out Of These Patients 1 Had Meibomian Gland Carcinoma And 1 Had Squamous Cell Carcinoma. **CONCLUSION:** Study Shows Male Predominance. Benign Tumours Were Present In 71% Male Patients And 59% In Females. Malignant Tumours Were Present In 29% Male Patients And 41% Females. An Overall Prediction For Right Eye And Upper Eyelid Was Found. Benign Tumours Presented At Younger Age Group And Malignant Tumours Were Present At Older Age Group. Benign Tumours Were More Common In Males And Malignant Tumours Were More Common In Females.

Keywords: Eyelid, Tumour, Benign, Malignant, Meibomian Gland Carcinoma, Squamous Cell Carcinoma

INTRODUCTION

The Eyelids Are A Highly Specialized Region Of The Ocular Adnexa Consisting Of Multiple Tissue Types, All Having The Potential To Give Rise To A Spectrum Of Benign And Malignant Tumours. Eyelid Tumour Thus Form An Important Part Of Ophthalmology Practice. Eyelid Tumours Are By Far The Most Common Neoplasm Encountered In Clinical Ophthalmic Practice. They Are Estimated To Represent More Than 90% Of All Ophthalmic Tumours. Approximately 5% To 10% Of All Skin Cancers Occur In The Eyelid. The Presentation Of The Tumours Is Myriad And Often Poses As Diagnostic Dilemma To The Attending Ophthalmologist. Many A Time The Conclusion Of Diagnosis Becomes Based On The Expertise Of A Histopathological Examination Of The Excised Specimen Of

The Tumour Mass Or The Whole Tumour Itself. Tumors Of The Eyelids Can Be Classified Based On Origin Such As Tumors Of The Epidermis/Dermis, Tumours Of Melanocytic Origin, And Those Of Glandular, Neural, Vascular, Metastatic, Xanthomatous, Histocytic, And Inflammatory Origin. Most Of These Cancers Are Slow Growing And Occurs In The Middle Aged Or Elderly. A High Index Of Suspicion Is Required When There Is A Slowly Enlarging Lump, Loss Of Eye Lashes, Prominent Blood Vessels, Pigmentation Or Recurrent Blepharitis. Each Of The Nationwide Or International Studies Duly Emphasizes The Role Of Concurrent Histopathological Confirmation As Most Of The Malignant Tumours Tend To Masquerade The Benign Lesions.

MATERIAL AND METHODS

In This Study 100 Cases Were Included As Per The Inclusion And Exclusion Criteria Mentioned. A Detailed Study Of The Clinical History And Examination Was Performed With A Histopathological Confirmation. In All Cases Biopsies For Histopathological Confirmation Were

*Corresponding Author:

Dr. Parth K Shah
09/50, Vijaynagar Flats,
Naranpura, Ahmedabad.
Email: drparth88@gmail.com
Contact No: 9898998265

Performed And Supplemented By Lid Reconstructive Surgery And/OR Radiotherapy Or Chemotherapy. Under The Ocular Examinations Parameters Like Visual Acuity, Anterior Segment Examination With Posterior Segment Examination Were Carried Out. Detailed Examination Of The Lid Mass With Reference To Its Position On The Lid, Size, Shape, Mass Consistency, Translucency, Any Adherence To Neighbouring Structure And Inflammatory Features Were Noted. Surrounding Lymph Nodes Evaluation And An Active Search For Any Signs Of Metastasis Was Done. With This An Initial Clinical Impression Was Drawn Following Which Other Investigational Modalities In Form Of Ultrasonographic Scanning, Ultrasonic Bio Microscopy, Ct Scan And Mri Were Done In Relevant Cases Especially In The Cases Where An Intraocular/ Intra Orbital Extension Was Suspected. With The Clinical Inference In Mind, All Lid Masses Were Subjected To Biopsy With The Biopsied Material Sent For Further Histopathological Evaluation.

RESULTS

In Our Study, Total 100 Patients Of Different Age Groups Of Both Sexes Are Included. Out Of 100 Cases 34 Cases Were Malignant And 66 Cases Were Benign.(Table 1) Out Of 100 Cases There Were 56 Male Patients And 44 Female Patients. Out Of 56 Male Patients 40 Patients Had Benign Lesions And 16 Patients Had Malignant Lesions. Out Of 44 Female Patients, 26 Had Benign Lesions And 18 Had Malignant Lesions.(Table 2) Out Of 100 Cases, 58 Had Right Eye Involvement And 42 Had Left Eye Involvement. 52 Patients Had Upper Eyelid Involvement And 45 Patients Had Lower Eyelid Involvement With 03 Patients Had Both Eye Involvement.(Table 3) Out Of 34 Malignant Cases, 16 Patients Had Meibomian Gland Carcinoma, 10 Patients Had Basal Cell Carcinoma, 7 Patients Had Squamous Cell Carcinoma And 01 Patients Had Lymphoma.(Table 4) In Our Study, Benign Tumours Were More Common At Younger Age Group With Mean Age Presentation At 38 Years.

Malignant Tumours Were More Common At Older Age Group With Mean Age At 59 Years.(Table 5) In Our Study, Out Of 66 Benign Cases 17 Patients Had Sebaceous Cyst With 25.75%.(Table 6) Both Lids Were Involved In 1 Male And 1 Female. Out Of These Patients 1 Had Meibomian Gland Carcinoma And 1 Had Scc.

DISCUSSION

The Patients Attending The Out Patient Department (O.P.D) At The Guru Gobind Singh Government Hospital Were Included In The Clinical Study Of Lid Tumours. In Our Study Of 100 Patients, 56 Were Males And 44 Were Females. A Male Preponderance With A Male: Female (1.53:1) Ratio Of Was Found For Benign Tumours Whereas Amongst The Malignant Cases Females Outnumbered Males (18 Vs16) 1.13:1. Mean Age At Presentation For Benign Tumours Were 38.28 Years And For Malignant Cases Was 59.26 Years. In Males Benign Tumours Were Maximally Presenting In Age 20-30 Years Whereas In Females Age Group 30-40 Was Commoner. For Malignant Cases 60-70 Age Group For Females And 50-60 Age Group For Males Were Found. A Predilection For Right Eye (1.39:1) And Upper Eyelid(1.15:1) As An Overall Incidence Was Observed Amongst The Tumours. In A Similar Study A Retrospective Analysis Of 135 Eyelid Tumors Treated At Department Of Ophthalmology S.M.S. Hospital, Jaipur By Drmukesh¹ Et Al From 1999-2006, Malignant Eyelid Tumours Were 54 (40%) In Number. Female Male Ratio Was 1.3:1 In Malignant Cases. In This Study, Benign Tumours Were 60% With Female: Male Ratio Was 1.2:1. In A Study J Indian Med Assoc. 1996 Abdi U; Tyagi N²; Maheshwari V; Gogi R; Tyagi S Department Of Pathology, Jawaharlal Nehru Medical College, Aligarh Muslim University. A Retrospective Study Of 207 Cases A Slight Preponderance Of Males As The Male/ Female Ratio Was 1.3:1. Malignancy Was Noticed In 85 Cases (41.1%). In The Malignant Tumours, In Meibomian Gland Carcinoma Male: Female Ratio Of 1.28:1 Was Found. There

Was Slightly Equal Incidence In Basal Cell Carcinoma And Squamous Cell Carcinoma. Mean Age Of Meibomian Gland Carcinoma In Males Was 61.33% And Females Were 58.6%. Amongst The Cases Of Meibomian Gland Carcinoma Right Eye Was More Common In Female And Left Eye In Males. 3 Cases Of Both Lid Involvement Were Found, Out Of 2 Had Meibomian Gland Carcinoma And 1 Had Squamous Cell Carcinoma. Kass And Hornblass³ Performed A Meta Analysis Of The 13 Case Series Of Sebaceous Carcinoma. According To Their Data, The Incidence In Western Population Is From 0.2% To 0.7% Among All Eyelid Tumour And 1.5-5% Among Eyelid Malignancies. In Our Study Benign Cases Male: Female Ratio Of 1.53:1 Was Found. Most Common Benign Tumour Was Sebaceous Cyst (25.75%) Followed By Pyogenic Granuloma(18.18%) And Then Nevus. One Unusual Case Of Pseudocarcinomatous Hyperplasia Was Also Reported. Right Eye Was Again Common Among Benign Tumours And Upper Lid Predilection As Also Observed. In Iowa⁴, In A Study Spanning A 38 Year Period Between 1932 And 1969, 892 Lid Lesions Were Processed Through The Pathology Laboratory. Of These Lesions, 76 % Were Benign; The Most Common Tumor Was Seborrheickeratosis(23.8%), Benign Epithelial Cyst(21.9%), Chalazion(16%), Inflammatory Dermatitis And Nevus(Each About 12%) And Xanthelesma(4.4%).

CONCLUSION

Lid Tumours Have Myriad Presentation. Many Benign Lesions Have A Tendency To Masquerade Malignant Lesion. These Tumours Thus Are A Clinopathological Challenges For The Ophthalmologist. My Study Of 100 Patients Of Lid Tumours, I Came Up With The **Following Conclusions:** Benign Tumours Were More Common At A Younger Age With Mean Age 38.28 Years.Malignant Tumours Were More Common At Older Age With Mean Age 59.26 Years.Benign Tumours Were More Common In Males With Male: Female Ratio 1.53:1.Malignant Tumours Were More Common In Females With

Female: Male Ratio 1.13:1.An Overall Tumours Were More Common In Right Eye And Upper Eyelid In Both Eyes As Found.Cystic Lesion Like Sebaceous Cyst Was Most Common (25.75%) In Benign tumours. Meibomian Gland Carcinoma Was Commonest In Malignant Lesions(47%).Malignant Tumours Can Often Present As Benign Tumours. Hence, We Feel That All Lid Pathological Lesions Must Be Subjected To Histopathological Examination To Discern Not Only The Diagnosis But Also The Management.

Table 1: Tumour Distribution

Lesion	No. Of Cases
Benign	66
Malignant	34
Total	100

Table 2: Sex Distribution Of Lid Tumours

	Benign	Malignant
Male	40	16
Female	26	18

Table 3: Eye And Eyelid Distribution

	Left Eye	Right Eye	Total
Upper Eyelid	20	32	52
Lower Eyelid	21	24	45
Both Eyelids	01	02	03
Total	42	58	100

Table 4: Distribution Of Malignant Tumours

	No.Of Cases
Meibomian Gland Carcinoma	16
Basal Cell Carcinoma	10
Squamous Cell Carcinoma	07
Lymphoma	01
Total	34

Table 5: Age Wise Distribution Of Lid Tumours

Age	Benign			Malignant			Total
	M	F	Total	M	F	Total	
20-30	M	F	Total	M	F	Total	27
	19	8	27	00	00	00	
30-40	M	F	Total	M	F	Total	19
	09	10	19	00	00	00	
40-50	M	F	Total	M	F	Total	14
	04	03	07	05	02	07	
50-60	M	F	Total	M	F	Total	18
	05	03	08	06	04	10	
60-70	M	F	Total	M	F	Total	15
	01	02	03	03	09	12	
70-80	M	F	Total	M	F	Total	06
	02	00	02	01	03	04	
80-90	M	F	Total	M	F	Total	01
	00	00	00	01	00	01	

Table 6: Distribution Of Benign Tumour

Tumour	No.Of Patients	Percentage
Sebaceous Cyst	17	25.75%
Pyogenic Granuloma	12	18.18%
Nevus	09	13.63%
Epidermoid Cyst	06	09.09%

Hemangioma	06	09.09%
Papilloma	06	09.09%
Neurofibroma	04	06.06%
Molluscum Contagiosum	04	06.06%
Pleomorphic Adenoma	01	01.51%
Pseudocarcinomatous Hyperplasia	01	01.51%

Table 7: Age And Sex Distribution

Tumour	No.Of Males	Mean Age	No.Of Females	Mean Age
Meibomian Gland Carcinoma	09	61.33	07	58.6
Basal Cell Carcinoma	04	56.25	06	59.4
Squamous Cell Carcinoma	03	61.00	04	58.5
Lymphoma	00	00	01	70

Table 8: Eye And Eyelid Predilection

Tumour	Male				Female			
	Re	Le	Ul	Li	Re	Le	Ul	Li
Meibomian Gland Carcinoma	05	04	04	06	04	03	03	05
Basal Cell Carcinoma	01	03	02	02	04	02	00	06
Squamous Cell Carcinoma	01	02	01	02	03	01	02	02
Lymphoma	00	00	00	00	00	01	01	00
Total	07	09	07	10	11	07	06	13

Table 9:- Age And Sex Distribution

	No.Of Patients	Mean Age
Male	40	38.26
Female	26	40

Table 10: Eye And Eyelid Predilection

Benign Tumours	Re	Le	Ul	Li
Male	26	14	22	18
Female	14	12	20	06

REFERENCES

1. Eyelid Tumours : A Retrospective Analysis Of 135 Cases At A Referral Centre In Western India Dr. Mukesh Sharma Et Al 2006 Aioc 50 Abdi U, Tyagi N, Maheshwari V, Tumours Of The Eyelid: A Clinicopathologic Study. J Indian Med. Assoc 1996; 94:405-9.
2. Jahagirdarss, Thakre Tp, Kle Sm, Kulkarni H, Mamtani M. A Clinicopathological Study Of Eyelid Malignancies From Central India. Indian J Ophthalmol (Serial Online) 2007 (Cited 2009 Dec 9); 55:109-12. Available From: [Http://Www.Ijo.In/Text.Asp?2007/2/109/30703](http://www.ijo.in/Text.Asp?2007/2/109/30703)
3. Hornblass A., Lauer S.A. : Sebaceous Carcinoma Of The Eyelids. Ophthalmology 2005; 111”1641.
4. Ni C, Searl Ss, Kuo Pk, Et Al: Sebaceous Cell Carcinoma Of The Ocular Adnexa: Int. Ophthalmolclin 1982; 22:23-61