

Sebaceous Gland Carcinoma of Upper Eyelid with Parotid Metastasis: A Case Report

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Received on 23.03.2019, **Accepted on** 10.04.2019

Abstract

Sebaceous gland carcinoma is a rare malignancy which usually arises from periocular region. It accounts of 1–5.5% eyelid malignancies and represents third most common eyelid malignancy. It mostly occurs in elderly women and is characterized by high rate of local recurrence along with regional and distant metastases. A delay in diagnosis, often leads to inappropriate management with increased morbidity and mortality rates. This is a rare case report of sebaceous gland carcinoma of right upper eyelid that presented with metastasis to parotid lymph node.

Keywords: Sebaceous Gland Carcinoma; Parotid metastasis.

How to cite this article:

Tauseef Ali, Sarolkar Anil, Virendra Bhandari. Sebaceous Gland Carcinoma of Upper Eyelid with Parotid Metastasis: A Case Report. Indian J Canc Educ Res. 2019;7(1):27-28.

Introduction

Sebaceous gland carcinoma (SGC) is highly malignant tumor of eyelids, arising from the meibomian glands, gland of Zeis or glands associated with the caruncle. Sebaceous glands are most commonly present in the dermis of periocular skin, caruncle, tarsal plate and skin follicles of eyebrow while the glands of Zeis are mostly found at the eyelash's base.

The upper eyelid is the most common site of origin seen in 63% of cases, the lower lid in 27% of cases, and both in 5% of cases [1]. Extra ocular manifestation comprises of about 25% of sebaceous gland carcinoma [2] involving mainly the head and neck region which has abundance of sebaceous gland followed by external genitalia, parotid and submandibular glands, external auditory canal, trunk, upper extremity, sole, larynx and pharynx [3].

Case History

A 55 year old male known case of sebaceous gland carcinoma of right upper eyelid, presented with swelling at right side of face in parotid region. On examination prior to surgery there was a diffuse swelling over the upper eyelid laterally covering almost 40% of right eyelid. The lid margin was distorted and tumor was firm and fixed. A wide excision of eyelid along with anterior orbital tissue biopsy was done. Histopathology confirmed it as sebaceous carcinoma. In past he had underwent excision of tumor from same site thrice.

During followup after one year, he developed swelling over right parotid. PET CT scan reported no evidence of FDG active disease at primary operated site with no internal visceral malignancy, but FDG avid mildly enlarged right preauricular node/ intra parotid node was noted. Patient underwent right superficial parotidectomy with sampling of level II nodes. Post OP HPE- poorly differentiated sebaceous carcinoma in parotid gland as well as



intra parotid node. Surgical margins negative, level II lymph nodes negative. Then patient was given radiation 60 Gray (Gy)/30 fractions (#) with IGRT technique to right parotid and draining nodes of the neck on right side. Now patient is on regular follow up since 2011 with no evidence of disease.

Discussion

Sebaceous Gland carcinoma though rare, is a highly aggressive malignancy with a mortality rate second to malignant melanoma [4]. Irrespective of its location and nature of local spread, probability of regional and distant metastases is high. Surgery is the main stay of treatment, ranging from local wide excision of tumor along with the margins extending beyond the palpable tumour with excision of regional lymph nodes to orbital exenteration due to diffusely infiltrating nature of neoplasm [5]. Other modalities also includes radiotherapy or chemotherapy depending upon the staging at the time of initial presentation of tumor. Before surgery, careful assessment of the patient is very important for the evidence of pagetoid spread, multicentricity of tumor or for any conjunctival alteration such as telangiectasia, papillary change, or any mass.

Radiation therapy has been recommended only as an adjunctive or palliative mode of treatment, while surgery remains as main treatment of choice. Indications for radiation in sebaceous gland carcinoma are poor surgical candidates, advanced age or disease, and in patients who refuse exenteration for advanced local disease [7].

Chemotherapy has also been tried but the role is doubtful as there is not much study supporting its benefits due to rare occurrence of this malignancy. In a study by Shields, effective results of using topical mitomycin-C for pagetoid invasion of conjunctiva by sebaceous gland carcinoma was reported [8]. Bhandari suggested, use of systemic chemotherapy has no effect on local and distant control of the disease rather the disease progression was noted [9].

Conclusion

This rare report is presented with the aim that sebaceous gland carcinoma can also metastasize to

parotid gland and should be kept in mind on follow up of the patients.

Sources of support: NIL

Ethical Issues: NIL

Conflict of Interest: NIL

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