A RAPIDLY GROWING GIGANTIC SQUAMOUS CELL CARCINOMA OF THE UPPER EYELID IN AN ELDERLY HOSPICE PATIENT

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Introduction

- Squamous cell carcinoma (SCC) is an uncommon malignant neoplasm of the eyelids comprising 5–10% of all eyelid malignancies¹.
- The incidence for eyelid SCC has been reported to be between 0.09 and 2.42 cases per 100,000 population².
- Early diagnosis remains an important feature of treatment. Aggressive surgical excision, especially when the lesion is small, offers the highest cure rate.

Methods

- We report an uncommon case of a rapidly growing gargantuan squamous cell carcinoma of the right upper eyelid and its management in an elderly hospice patient.

Fig 3: MRI of orbits showing mass arising from the right lateral upper eyelid and extending into the right lateral orbital margin (red arrow).

Case Report

- An 84-years-old nonsmoker cognitively-impaired female, with poor functional status (ECOG 3), on hospice care, developed a rapidly growing, foul smelling, painful mass arising from the lateral right upper eyelid within the course of three months (Fig 1).
- It measured 9 x 8 x 4 centimeters in greatest dimensions, and it interfered with her quality of life, as it was causing complete ptosis impairing her daily activities.
- Cemiplimab, an anti-PD-1 agent, was initially recommended prior to surgery, but the risk of potential development of an immune-related adverse event in this frail elderly woman outweighed the potential benefits.
- After addressing goals of care with her family, the decision was made to proceed with radical wide excision of the tumor with repair with a cervico-facial flap (Fig 2).
- Excisional biopsy showed moderately differentiated squamous cell carcinoma invasive to subcutis without any lymphovascular invasion (Fig 4).
- The patient was discharged to home hospice three days later in stable conditions and asymptomatic.

Fig 1: Tumor on the right upper eyelid causing complete ptosis.

Fig 2: Palliative surgery- radical wide excision of the invasive SCC of the right upper eyelid and lateral canthus soft tissue and repair with a cervicofacial flap.

Conclusions

- Squamous cell carcinoma in the eyelid occurs much less common than basal cell carcinoma, but are more aggressive and invasive, and can metastasize and invade the orbital and intracranial structures.
- If treatment is delayed, periocular SCC can metastasize and invade the orbital and intracranial structures, hence it has a considerable potential of mortality and morbidity¹.
- Most cases of SCC are diagnosed when small, and cured with surgical excision but when orbital invasion develops, orbital exenteration is needed to achieve the cure³.
- Single agent or combination chemotherapy regimens as well as immunotherapies are being used. Anti-PD1 antibody- Pembrolizumab and Cemiplimab- have shown promising responses in recent studies⁴.
- Palliative surgery improved the quality of life in this patient; addressing goals of care is of utmost importance when formulating a treatment plan.

References

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Fig 4: Pathology of Right lateral canthus- Moderately differentiated squamous cell carcinoma invasive to subcutis.