Eyelid Lesions: Benign and Malignant

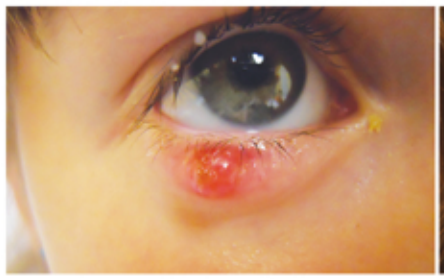
By Stephen J. Laquis, MD

As a fellowship trained eyelid surgeon, family practitioners and dermatologists often refer me patients that have lesions on or around the eyelid. While many lesions are benign, here in Fort Myers where the sun exposure is high, it is not uncommon to see patients with dangerous skin cancers in these areas. Skin cancer is the most common form of cancer in the United States. Risk factors for skin cancer include UV (ultraviolet) exposure, a family history of skin cancer, sunburns early in life, fair skin, and light colored eyes. The list of lesions that can occur on or around the eyelids is exhaustive, but this article will introduce you to some of the most common benign and malignant lesions that I see in my practice in both the pediatric and adult populations.

Benign Eyelid Lesions

Chalazion

Chalazions are extremely common and in lay terms are often referred to as a "stye". They occur in children and adults alike. A chalazion is caused by the blockage of an oil gland in the eyelid. This blockage may cause swelling, redness, irritation, increased tearing, and pain. Often a chalazion can be treated at home by applying warm compresses multiple times daily until the blockage resolves and the chalazion resolves. However, in some cases conservative treatment fails and it is necessary to use antibiotic eye drops and even incision and drainage to remove it.



Lower Eyelid Chalazion

Upper Eyelid Chalazion

Papilloma

Eyelid papillomas are one of the most common benign eyelid growths. These lesions are flesh colored with a smooth or a rough "wart-like" surface, and may appear as a solitary lesion or as multiple lesions. While the lesions themselves are often not bothersome, when located close to or on the eyelid they may interfere with vision, or cause local skin irritation. Treatment may include observation or a simple excision can be accomplished in the office.

Nevus

More commonly referred to as a mole, nevi on the eyelid should always be evaluated. Most of these lesions are benign, but certain forms of nevi do have the potential to transform into malignant lesions. Eyelid nevi are usually found on the eyelid margin, and may be flat, elevated or dome-shaped. Most benign nevi are tan to dark brown in coloration. If evaluation reveals a suspicious lesion, the nevi may require biopsy or simple excision in the office.

Malignant Eyelid Lesions

There are three major forms of skin cancer, Basal Cell Carcinoma, Squamous Cell Carcinoma, and Malignant Melanoma. Each form has unique characteristics and treatment. In addition to seeing a dermatologist for an annual check-up, it is important to self screen as well. Don't forget the ABCDE's of Skin Cancer: A-Asymmetry: Is the lesion asymmetrical?, B-Border: Are the borders irregular?, C-Color: Does the lesion contain multiple colors?, D-Diameter: Is it larger than a pencil eraser (6mm)?, and E-Elevation: Is the lesion raised or have an uneven surface?

Basal Cell Carcinoma

Basal Cell Carcinomas are the most common malignant lesion found on the eyelids, accounting for 90-95% of eyelid skin cancers. Usually, these skin cancers are located on the lower eyelid margin or the inner canthus of the eye. Basal Cell Carcinomas typically present as a pearly white ele-vated lesion. It is not uncommon for a patient to notice loss of eyelashes or a change in eyelash position prior to noticing the actual lesion on the eyelid. While Basal Cell Carcinomas may be locally invasive they do not metastasize to distant sites. This however does not decrease the need for treatment as these types of skin cancers on the eyelid can ultimately invade the local tissues of the eye causing visual disturbance or interruption of the tear duct architecture. Depending on the size and location of the lesion, excision may be done in our office or at an outpatient surgery center. Either way, it is necessary for the specimens to be sent to a pathologist for review to make sure the entire lesion was removed.

Basal Cell Carcinoma

Squamous Cell Carcinoma

Squamous Cell Carcinomas are forty times less common than Basal Cells, but they are more aggressive and have the potential to spread. These skin cancers usually present as a red, firm lesion with a scaly crust. They usually arise from areas of solar injury such as an actinic keratosis or HPV infection. If you have a red spot that doesn't seem to be healing or a scaly patch of skin that never seems to go away, this may be a squamous cell and should be further evaluated.

Malignant Melanoma

Malignant melanoma accounts for less than 1% of all skin cancers around the eye. While the least prevalent of all skin cancers, it is the most dangerous skin cancer and the leading cause of death from skin disease. Prognosis depends on the depth of invasion of the lesion. Of great concern is the ability for melanoma to metastasize to distant sites when left untreated. Metastatic workup and lymph node dissection are necessary for deeper tumors. Diagnosis requires a biopsy in office and if positive surgical excision is required.

About Dr Laquis

Dr. Laquis earned his medical degree from New York Medical College. He completed his internship in Internal Medicine and his Ophthalmology residency at Yale University. After his residency he completed a two year fellowship at Vanderbilt University through the prestigious American Society of Ophthalmic Plastic and Reconstructive Surgeons. In addition to maintaining a successful private practice with locations in Bonita Springs and Fort Myers, he is the Chief of Ophthalmology for Lee Memorial Health System and an Assistant Professor at the University of South Florida where he trains surgeons in eyelid, facial cosmetic, and orbital surgery. In his free time he enjoys fishing and spending time with his wife and four young children.

Our practice takes great pride in providing professional and clinically exceptional medical care to our patients. If this article left you with further questions or inspired you to explore some of the medical or cosmetic procedures presented, we encourage you to call us for a consultation at (239) 947-4042.