Pictorial CME

# A Case of Eyelid Tumour in a Rural Setup

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**1. Carcinoma of Eyelid pretreatment** **2. Placing handmade lead block** **3. 3 months after treatment**

Eyelid carcinoma is an unusual tumor.[1] Squamous cell carcinoma (SCC) accounts for 5–10% of all eyelid malignancies with an incidence of 0.09–2.42 per 100 000 and is the second most common malignancy of the eyelid after basal cell carcinoma (BCC). SCC is aggressive tumor with a tendency for local invasion and a potential for metastasis to regional lymph nodes and distant organs.[2] Radical surgical excision with a frozen section control by either a standard method or Moh's micrographic surgery is the most commonly employed method of treating SCC of the eyelid. However, due to advanced age, the presence of coexisting diseases, and patient refusal, some patients are unsuitable for surgical management. Furthermore, despite recent progress in reconstructive surgery, eyelid tumor is difficult to excise completely without functional and cosmetic impairment. Therefore, radical radiotherapy might be a treatment alternative for the patients who refuse surgery or who are not suitable for invasive procedures.

A 57 year old fragile male presented with an ulcer over right eye of 2 months duration .History of previous burns was present. He had ECOG performance status of zero. The right eyelid was affected involving 3/4 of both upper

and lower eyelid , extending onto eyebrow and inner canthus. The tumor size was 4x4cm.

He had a biopsy which revealed poorly differentiated squamous cell carcinoma and other staging workup was normal. CT scan revealed 2.7 X1.2 cm heterogeneously enhancing mass in the right upper eyelid extending to preseptal region and lateral wall of right orbit. A final Diagnosis was Marjolins ulcer Right Eyelid -STAGE- T3a N0 M0 was made and patient was planned radical radiotherapy with electron beam.[3]

A handmade lead block (2mm) enough thickness to block electron completely was inserted under the eyelid to prevent lens exposure. Lead block is capped with thin layer of wax bolus to prevent Lead toxicity. Electron beam energy 6 MeV used for the depth of 2 cm and 6X6 applicator to total dose of 57.5 Gy in 23 fractions per day and 250cGy per fraction. He completed treatment in august 2017 and is on follow up with an excellent response. Complications encountered were dryness of cornea and corneal ulcer which was managed conservatively by our ophthalmology department.

## CONFLICT OF INTEREST :

The authors declared no conflict of interest.

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## REFERENCE

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