

Eyelid

Functional Anatomy

The eyelid is composed of skin externally and mucosa (the conjunctiva) on the surface apposed to the eye (Fig. 29-4). In addition to covering and protecting the eye, elements within the eyelid generate critical components of the tear film. If the drainage system of the sebaceous glands is obstructed by chronic inflammation at the eyelid margin (blepharitis) or, less commonly, by neoplasm, then lipid may extravasate into surrounding tissue and provoke a granulomatous response producing a lipogranuloma, or *chalazion*.

Neoplasms

The most common malignancy of the eyelid is basal cell carcinoma. Surprisingly, primary melanomas of the eyelid skin are extremely rare. Regardless of histogenesis, eyelid neoplasms may distort tissue and prevent the eyelids from closing completely. Because chronic exposure to air damages the cornea, prompt treatment of locally invasive basal cell carcinomas is imperative to preserve vision. Basal cell carcinoma has a distinct predilection for the lower eyelid and the medial canthus.

Sebaceous carcinoma may form a local mass that mimics *chalazion* or may diffusely thicken the eyelid. This neoplasm may also resemble inflammatory processes such as blepharitis or *ocular cicatricial pemphigoid* because of a predilection for intraepithelial spread as occurs in Paget disease of the nipple (Chapter 23) or vulva (Chapter 22). Sebaceous carcinoma tends to spread first to the parotid and submandibular nodes. The overall mortality rate can be as high as 22%. Sebaceous carcinoma of the eyelid is less likely to be associated with the Muir-Torre syndrome than sebaceous neoplasms developing elsewhere.

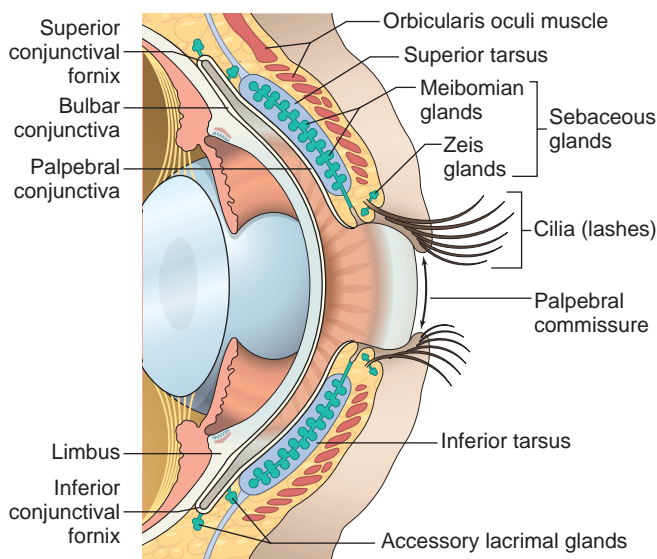


Figure 29-4 Anatomy of the conjunctiva and eyelids.

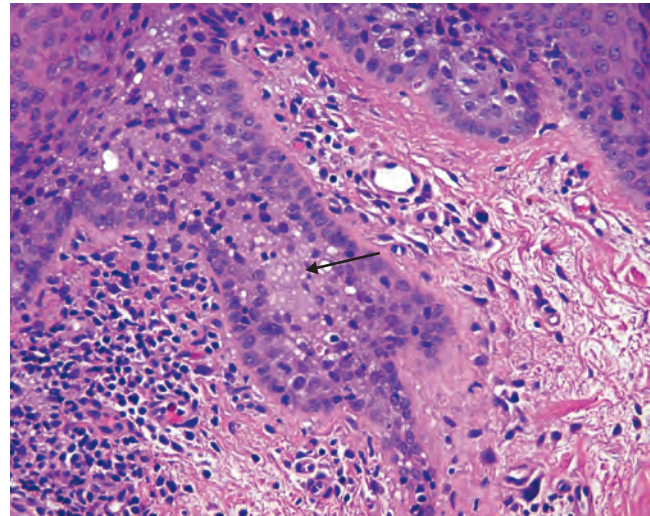


Figure 29-5 Pagetoid spread of sebaceous carcinoma. Neoplastic cells with foamy cytoplasm are present within the epidermis (arrow). Invasive sebaceous carcinoma was identified elsewhere in this biopsy sample.

MORPHOLOGY

In moderately differentiated or well-differentiated sebaceous carcinoma, vacuolization of the cytoplasm is present and helps in the diagnosis. This cancer may, however, resemble a variety of other malignancies histologically, including basal cell carcinoma, hence establishing the correct diagnosis can be difficult. Pagetoid spread (Fig. 29-5) may mimic Bowenoid actinic keratosis in the eyelid and carcinoma in situ in the conjunctiva. Sebaceous carcinoma may spread through the conjunctival epithelium and the epidermis to the lacrimal drainage system and the nasopharynx. It may also extend into the lacrimal gland ductules and thereby into the main lacrimal gland.

In individuals with AIDS, *Kaposi sarcoma* may develop in either the eyelid or the conjunctiva. In the eyelid the lesion may appear clinically to have a purple hue because the vascular lesion is embedded in the dermis, but in the thin mucous membrane of the conjunctiva, Kaposi sarcoma appears bright red and may be confused clinically with a subconjunctival hemorrhage.

KEY CONCEPTS

- Basal cell carcinoma is the most common primary malignancy of the eyelid and may be very invasive locally.
- Sebaceous carcinoma of the eyelid, by contrast, may metastasize and is therefore a serious and potentially life-threatening condition.

Conjunctiva

Functional Anatomy

The conjunctiva is divided into zones (Fig. 29-4), each with distinctive histologic features and responses to disease.