Lumps and Bumps
Rebecca Stack
Summary

- Eyelid lesions
- The conjunctiva
- Children
- Bumps inside the eye
- Macular bumps and macular degeneration
Eyelid Lesions

- What is it?
- Is it benign or malignant?
- To help decide:

  Ask
  Look
  Feel
  Biopsy
“ASK” – clues in history

- Prior skin cancer
- Sun exposure
- Radiation therapy
- History of smoking
- Skin type and ancestry
- Duration of lesion
“LOOK” for signs

- Ulceration, bleeding or crusting
- Heaped up, pearly margins
- Irregular pigmentary changes
- Telangiectasia
- Destruction of normal eyelid architecture
  - Especially loss of lashes (madarosis)
“FEEL” the lesion

- Often feel before see
- May extend beyond what’s visible
- Mobile/fixed
- Firm (indurated)/soft
- Lymph nodes
- Patient can palpate to look for recurrence
Biopsy

Do you perform biopsy near or on eyelids?

1. Yes both
2. Face only
3. Nowhere
“BIOPSY” to confirm

- Shave
- Excision
- Incision
- Punch
- Full thickness
- Wedge
Benign lesions

- Papillomata
- Cystic lesions
  - Chalazion
  - Cyst of Moll, Apocrine Hydrocystoma
- Nevi
- Hemangioma
- Xanthelasma
Papillomas

- Epithelial proliferation
- Most common benign lesion in periocular region

Types
- Seborrheic keratoses
- Verrucae
- Acrochordons (skin tags)
- Squamous papillomas
- Fibroepithelial polyps

Shave excision
Chalazia

- Focal inflammation from blocked meibomian gland
- Heat, compresses, lid hygiene, time
- Treat blepharitis
  - Fucithalmic
  - Maxitrol
  - Tears
  - Omega 3
  - Doxycycline
- Incise and drain
- Intralesional steroid controversial
Eyelid Naevi

- May be present birth
- Appear through life
  - Puberty
  - Pregnancy
  - Menopause
- Change and grow
- Often lightly pigmented
Xanthelasma

- Lipid laden macrophages in dermis
- Medial canthus
- Rarely associated with familial hypercholesterolemia
- Treatment by excision
- Recurrence common
- Trichloroacetic acid and laser reduce size
Molluscum contagiosum

- Common viral condition in children
- Benign and self limiting
- Multiple small dome shaped umbilicated nodules
- Multiple treatments
  - Excise, Curette, Salicylic acid gel
- On eyelid lesions cause follicular conjunctivitis
Actinic/Solar Keratoses

- Malignant Potential
- Most common precancerous skin lesion
- 25% spontaneous resolution over 1 yr
- 12-16% incidence of SCC
- Treat with excision
- Don’t use cryotherapy on/near eyelids
  - Scarring causes trichiases
  - Destruction of eyelid margin
  - Need histological diagnosis
Treatment

- I would use aldara or similar
- 1) yes
- 2) no
Aldara

- Brand name for Imiquimod
- Immune response modifier
- Acts through Toll-like receptor 7 to induce innate and cell-mediated immune responses
- Proven effective to treat actinic keratosis, superficial BCC and external genital warts
- Some efficacy in treating nodular BCC but higher recurrence rates
Aldara

- Wash area with soap and water prior to use
- Light application rubbing cream in until disappears
- 5x week with 2 day rest period for 6 weeks
- Leave uncovered
- After 8 hours wash thoroughly
- Avoid exposure to sunlight
- Common to experience local skin irritation erythema, edema, vesicles, flaking, scabbing
Keratoacanthoma

- Malignant potential
- May be low grade squamous cell ca
- Appear in middle age
- Rapid growth into nodule with central crater
- Involution over 3-6 months observed
- Excisional biopsy
Malignant Eyelid Lesions

- Basal cell carcinoma
- Squamous cell carcinoma
- Melanoma
- Sebaceous cell carcinoma
- Merkel cell carcinoma
- Kaposi sarcoma
Basal cell carcinoma

- Most common eyelid malignancy (90-95%)
- Distribution:
  - lower lid 50-60%
  - medial canthus 25-30%
  - upper lid 15%
  - Lateral canthus 5%
- Risks include fair skin, sun exposure, smoking
- Nodular - most common
- Morpheaform (fibrosing) - more aggressive
Margin control

<table>
<thead>
<tr>
<th>Treatment</th>
<th>Primary Tumor, %</th>
<th>Recurrent Tumor, %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Mohs surgery</td>
<td>1.0</td>
<td>5.6</td>
</tr>
<tr>
<td>Surgical excision</td>
<td>10.1</td>
<td>17.4</td>
</tr>
</tbody>
</table>
Indications for Mohs

Tumour factors
- Recurrence
- Subtype
- Perineural invasion

Site factors
- Recurrence risk
- Medial canthus especially

Tissue preservation

Patient factors
- Immunosuppressed
- Radiotherapy
Squamous cell carcinoma

- 40 times less common than BCC
- More aggressive than BCC
- Hematologic, lymphatic, direct extension
- Wide surgical resection with margins
Melanoma

- 5% of skin cancers, less than 1% of eyelid tumors
- Potentially lethal
- Shouldn’t do incisional biopsy or punch
- 90% Lentigo maligna melanoma
- 10% nodular
Treatment of Cutaneous Melanoma

- Wide (>5mm) surgical excision with histological confirmation
- If vascular or lymphatic involvement
  - Sentinel node biopsy or lymph node dissection
- Risk of mets related to thickness and level of invasion (Clark levels)
Congenital lesions

- Not present at birth
- Appear first months of life
- Increase in size
- Vision may be affected
  - Astigmatism
  - Strabismus
  - Occlusion
- Capillary haemangiomas
  - Regress spontaneously
  - Propranolol
- Dermoid
  - Excise if problematic
Congenital Lesions

- Usually stable
- Excision option
- Symptomatic treatment
Conjunctiva

- **Retention cysts**
  - May spont resolve
  - Pop to ease symptoms
  - If recur can excise

- **Pterygium**
  - Treat with lubrication
  - Topical or PO NSAIDs
  - Excision
    - Frequent irritation
    - Reduced vision
Conjunctiva

- OSSN
  - Increasing incidence
  - Unusual pterygium
  - Lateral aspect, inferior
  - Grows
  - Not fan pattern

- Excision and MMC drops
“Hayfever” conjunctivitis
- Seasonal grass
- Perenial dust mites

Atopic disease
- May be seasonal
- Often children
- Increased rates Asian, PI

Contact allergy
- Drops, make-up

Oral antihistamines minimally effective
- Olapatadine (Patanol)
  - Especially seasonal allergic
Intra-ocular bumps

- Melanoma
1 in 7 people over 50 will get Macular Degeneration

This simple test could Save Your Sight
- Incidence increasing
- 70% increase by 2030
- 1 in 4 over 80 lost sight

Blindness by cause for New Zealanders over the age of 60, 2009:
- Macular Degeneration 48%
- Uncorrected Refractive Error 4%
- Glaucoma 16%
- Cataract 11%
- Other 21%
Macular degeneration

- Wet
  - Rapid decrease in vision
  - Immediate medical treatment
    - intravitreal injections

- Dry
  - More common
  - Gradual loss central vision
  - No current proven treatment
Macular degeneration

- **Risks**
  - Age
  - Smoking 3 x risk and 10 years earlier
  - Family history (50%)

- **Symptoms**
  - Blurred vision, especially centrally
  - Distortion
  - Dark patches in central vision
Prevention

- Don’t smoke
- Routine eye check 2 yearly after 50
- Fish 2-3 times/week
- Healthy diet and weight
- Zinc and antioxidant supplement with lutein
  - Vision care with lutein
  - Blackmores Macu-vision + lutein
Macular degeneration

- Increase awareness
- Encourage regular eye checks
- Monitor distortion MONOCULAR
- Urgent referral for sudden change in central vision
### Take home messages

<table>
<thead>
<tr>
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<th>Actinic Keratoses</th>
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<tbody>
<tr>
<td>Loss of lashes</td>
<td>No cryo to lid</td>
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<tr>
<td>Bleeding</td>
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<tr>
<td>Chalazia</td>
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<td>Treat blepharitis</td>
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<td>Recurrent consider biopsy</td>
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<td>Drain posterior</td>
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<td>Naevi</td>
<td>Conjunctiva</td>
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<tr>
<td>May change</td>
<td>Atypical refer</td>
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<tr>
<td>Often non-pigmented</td>
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<tr>
<td>Biopsy</td>
<td>Lubrication key</td>
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<tr>
<td>Always histology</td>
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<td>Not for pigmented lesions</td>
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**Actinic Keratoses**
- No cryo to lid
- Aldara OK for face

**Conjunctiva**
- Atypical refer
- Lubrication key

**Macular Degeneration**
- Monitor distortion
- Urgent referral ↓ VA
- Treatment available
- Multivitamins
  - AREDS formula
  - Lutein
Thank You