



AMERICAN SOCIETY OF OPHTHALMIC PLASTIC AND RECONSTRUCTIVE SURGERY



The American Society of Ophthalmic Plastic and Reconstructive Surgery (ASOPRS) was founded in 1969 to establish a qualified body of surgeons who have training and experience in this highly specialized field. The purpose of the Society is “to advance training, research and patient care in the fields of aesthetic, plastic and reconstructive surgery specializing in the face, orbits, eyelids and lacrimal system.”

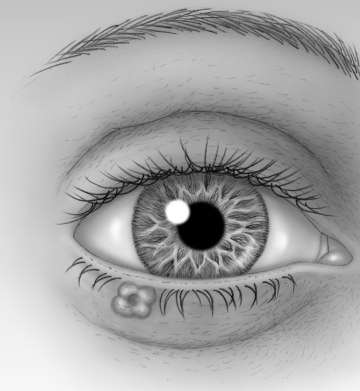
In the United States, there are only a few hundred ASOPRS members, surgeons who have devoted themselves to the specialty of oculo-facial plastic surgery. It takes years of specialized training to safely perform procedures on the delicate tissues around the eyes. After medical school, ASOPRS surgeons complete four years of eye surgery training and become board certified ophthalmologists. Then, after two years of extensive oculofacial plastic surgery training, qualifying examinations and a scientific thesis, they are eligible to be considered by their peers for fellowship in ASOPRS.

ASOPRS Executive Office
5841 Cedar Lake Road, Suite 204
Minneapolis MN 55416
952-646-2038 Fax 952-545-6073
info@asoprs.org
www.asoprs.org

BCK Patel MD, FRCS
patelplasticsurgery.com

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PERIOCULAR SKIN CANCERS



SKIN TUMORS AROUND THE EYE

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WHAT IS SKIN CANCER?

The outer layer of skin is called the *epidermis*. Epidermal cells include flat *squamous* cells, round *basal* cells, and pigment producing *melanocytes*. The *dermis* is the deeper layer of skin and contains the hair follicles, oil and sweat glands, and blood vessels. Skin cancers can arise from any of these skin cells. A biopsy is usually required to confirm the diagnosis of skin cancer.

What are the causes?

Excessive exposure to sun is the single most important factor associated with skin cancers of the face, eyelids, and arms. Fair-skinned people develop skin cancers far more frequently than darker-skinned people. Skin cancers may also be hereditary.

What are the types of skin cancer?

The most common types of periocular (eye area) skin cancers are *basal cell carcinoma* and *squamous cell carcinoma*. Either may appear as a painless nodule, or as a sore that won't heal. The skin may be ulcerated, or there may be bleeding, crusting, or the normal eyelid structure may be deformed. The eyelashes may be distorted or missing.

Melanomas arise from the pigment-producing melanocytes. This is a less common but more serious form of skin cancer. A mole that bleeds or becomes tender, or one that changes in size, shape, or color, should be evaluated by a physician.

Sebaceous gland carcinoma arises from the oil glands in the skin. This is also a more serious form of skin cancer. It may appear as a thickening of the eyelid, or as persistent eyelid inflammation.

Are periocular skin cancers serious?

Basal cell and squamous cell skin cancers enlarge locally and rarely spread (metastasize) to other parts of the body. Left untreated, they will continue to grow and invade surrounding structures. When detected early and treated appropriately, there is a better chance of excising the tumor completely and minimizing the amount of tissue that needs to be removed.

Melanomas and sebaceous gland carcinomas can metastasize to other parts of the body through the bloodstream or lymphatic system. Prompt, aggressive treatment is necessary because of the risk of early spread.

What are the treatments?

Surgical excision is the most effective treatment for periocular skin cancers. There are two very important principles in treating skin cancers—complete removal and reconstruction. Complete removal of the skin cancer is necessary to reduce the chance of recurrence. Reconstruction of the resulting defect is tailored to preserve eyelid function, protect the eye, and provide a satisfactory cosmetic appearance.

Your doctor may recommend *Mohs surgery*, which is a technique where the lesion is removed layer by layer under microscopic control. A dermatologist specially trained in the technique performs Mohs surgery, and the ophthalmic plastic surgeon repairs the area once the cancer is removed. Alternatively, your surgeon may elect to remove the cancer using frozen sections. In this instance, the surgeon removes the lesion with a small margin of normal tissue. The specimen is quickly frozen and

the pathologist examines the tissue to determine if the entire tumor has been removed. Once this is confirmed, the area is repaired.

How the area where the skin cancer was removed is reconstructed depends on the size of the defect left behind. Smaller defects can be repaired by suturing the edges together. Larger areas may require local flaps or free skin grafts to close them.

Radiation may be useful for patients who cannot tolerate surgery, or in addition to surgery in more aggressive types of skin cancers.

What are the risks and complications?

Recurrence is rare but may occur even after complete excision of a skin cancer. Recurrence is much more common if the lesion is not completely excised. If the skin cancer involves the tear drainage system, the eye may tear afterwards. These conditions can usually be treated with additional surgery.

Bleeding and infection, which are potential risks with any surgery, are very uncommon. As with any medical procedure, there may be other inherent risks that should be discussed with your surgeon.

Is surgery effective?

Early and complete removal of periocular skin cancers is vital to reduce the chance of a recurrence, and to reduce the risk of spread to other parts of the body. Careful follow-up after surgery is necessary to look for recurrence and to look for new cancers so they can be treated promptly.

BCK Patel MD, FRCS
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