Royal Berkshire
NHS Foundation Trust

Periocular skin cancer

Information for patients

Skin cancer involving the skin of the eyelid or around the eye is called a periocular skin cancer. Eyelid skin cancers occur most often on the lower eyelid, but may be found anywhere on the eyelid margins, corners of the eye, eyebrow skin, or nearby areas of the face.

Usually, they appear as painless raised patches or nodules. Occasionally, the eyelashes are distorted or missing. There may be ulcerations of the involved area, along with bleeding, crusting, and/or distortion of the normal skin structure. Such findings need to be evaluated and may require a biopsy (laboratory testing on a sample of skin) to confirm the diagnosis of skin cancer.

What are the common periocular skin cancers?

The most common types of skin cancers are basal cell carcinoma (BCC), followed less commonly by squamous cell carcinoma, sebaceous gland carcinoma and malignant melanoma. BCC grows in one area and usually does not spread (metastasize) to distant parts of the body. However, with time, if not completely removed, it will invade adjacent areas. It is important to know that basal and squamous cell carcinomas are relatively slow growing. Thus, when detected early and treated in a prompt and appropriate manner, there is a better chance of removing the tumour completely and minimizing the amount of tissue affected by

the carcinoma.

Sebaceous gland carcinoma and malignant melanoma are more serious forms of skin cancer because they may spread (metastasize) to other parts of the body. They are rare forms of eyelid cancers. These types of skin cancer require prompt, aggressive treatment because of the threat of early spread to the rest of the body.

What is Basal Cell Carcinoma?

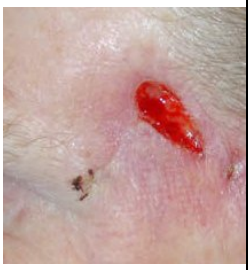
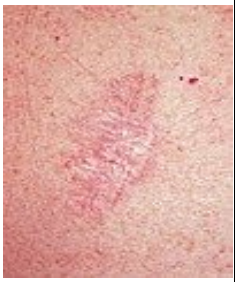
Basal cell carcinoma (BCC or Rodent Ulcer) is the most common form of skin cancer. Over 30,000 new cases of BCC's are reported each year in the U.K. Fortunately, it is a very slow growing form of skin cancer and rarely spreads to other areas or organs in the body. If left untreated, BCC's can disfigure, especially on the face, therefore early recognition and treatment is important.

BCC's are caused by long-term exposure to sunlight and frequently occur on sun

exposed skin, such as the face, scalp, ears, hands, shoulders and back. The white adult population is at risk of developing BCC's, although most at risk are outdoor workers, sailors and the very fair skinned. BCC's are frequently seen in persons aged over 50 years, but a greater number of younger adults are developing this form of skin cancer.

What are the early warning signs?

If you develop a skin lesion or soreness that fails to heal within 4-6 weeks and has two or more of the following features seek medical advice:

<table>
<tr>
<td>An open sore or ulcer. It may bleed or crust but does not heal.
  </td>
<td>A red patch on the skin which may be itchy, painful or crusty. Sometimes no symptoms are felt, but the lesion does not heal or fade.
  </td>
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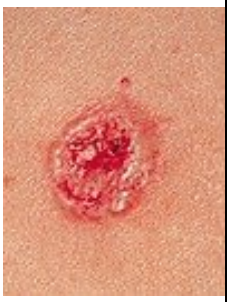
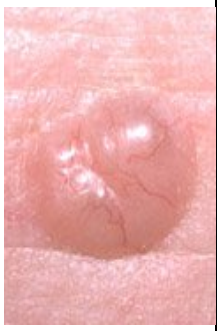
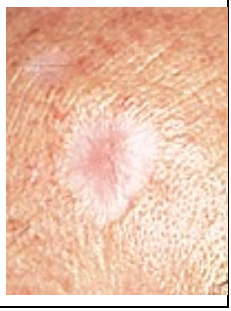
<tr>
<td>A smooth raised growth can appear with an ulcer in the centre. These BCC's can be flesh coloured, pink, shiny, red or pigmented like a mole.
  </td>
<td>A firm nodule in the skin. These, too, can appear flesh coloured, pink, shiny, red or pigmented like a mole.
  </td>
</tr>
<tr>
<td colspan="2">BCC's can take on the appearance of a flat scarred area in the skin. This area appears pale or white compared to surrounding skin and may have an ulcer or indentation in the centre. This form of BCC can grow more quickly, making the affected skin look taught and shiny.
  </td>
</tr>
</table>

Remember Basal Cell Carcinomas are curable - recognise the early warning signs.

How are BCC's treated?

There are two very important principles in the management of eyelid skin cancers: complete removal and reconstruction. Complete removal of the tumour is critical to reduce the possibility of the cancer returning. Recurrent skin cancer is even more difficult to manage.

The surgeon may remove the tumour and have a pathologist (specialist in interpreting and diagnosing diseases from test samples) check the tissue margins (frozen section) to be sure the tumour is completely removed. In another method, a dermatologic surgeon cuts out the tumour in a special way (Mohs technique) to ensure total removal. More commonly, the surgeon may remove the tumour and repair the resulting defect either on the same day or within the next 48 hours.

Once the tumour has been completely removed, reconstructive surgery is usually necessary. Occasionally, the wound can heal on its own through a process called granulation. More commonly, reconstructive surgery is performed to make a new eyelid or repair the defect. Many excellent techniques are available to reconstruct almost any surgical defect. The operation will be specifically tailored to the defect that resulted from the removal of the tumour.

Regardless of technique, the goals remain the same: to reconstruct the eyelid so that it functions properly, protects the eye, preserves vision, and has a satisfactory cosmetic appearance. Any form of therapy for eyelid skin cancer will leave a scar. However, an effort is always made to minimize scarring and obtain the best possible cosmetic results. After surgery, the healing process may take six months to one year.

Are there alternative treatments to surgery?

Whilst surgery with an excision margin around the tumour is recommended, there are alternative treatments. These include:

- Cryotherapy (freezing), curettage (scraping) and cautery (burning): curettage and cautery are not recommended for BCC's on the face, recurrent, large, morphoeic tumours (tumours with margins that are difficult to define). The disadvantage of these methods is that the removed tissue is destroyed as a result of the treatment so the doctors are unable to test the tissue in the laboratory and it may be uncertain whether there has been adequate removal of the affected area.
- Radiotherapy (use of x-rays to kill cancer cells and shrink tumours): generally used for elderly patients with extensive lesions when major surgery may not be appropriate.

- Photodynamic therapy (use of laser light and a chemical reaction to destroy cancer cells): effective for superficial BCC's. Superficial BCC's are more successfully removed by this method than are other BCC's.
- Topical fluorouracil (cream or lotion containing anti-cancer drugs): useful in the management of multiple superficial basal cell carcinoma on the trunk and limbs.
- Topical imiquimod (a substance containing a drug to improve the body's natural response to disease): more effective for superficial than nodular tumours.

If you have any concerns or questions, please speak to your consultant.

What other precautions do we need to protect ourselves in future?

If you have had one BCC it is likely others will develop over the years. Examine your skin every 6-12 months for early warning signs. Look and feel for any changes in your skin in the rest of the body. Ask your partner to examine your back, neck, ears, or scalp. Alternatively, a mirror can be used to examine these areas. If you are in doubt, seek advice from your GP.

Wear protective clothing and wide brimmed hats when outdoors. These will protect the skin areas most at risk. Wear *100%* UV protective sunglasses as the skin surrounding the eyes is vulnerable to BCC's. Avoid sunshine

during the mid-day hours if possible. High factor sunscreen (SPF 15+) is vital. Apply them before going out in the sun and re-apply every 2-3 hours, or more frequently if perspiring or swimming.

Advise others, especially family and friends, to protect themselves. Carry out annual whole body checks.

Useful contacts

Macmillan Cancer Support

Tel: 0808 808 00 00

Website: www.macmillan.org.uk/

British Association of Dermatologists

www.bad.org.uk/public/leaflets/basal.asp

Visit the Trust website at www.royalberkshire.nhs.uk

This document can be made available in other languages and formats upon request.

Department of Ophthalmology, June 2006
Reviewed: August 2018
Review due: August 2020