

# Ophthalmologist Shares Periocular Excision Tips

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GRAND CAYMAN, CAYMAN ISLANDS — Lid and ocular surface lesions are signs of conditions where the eye and the skin overlap, Dr. Catherine Newton said at the Caribbean Dermatology Symposium.

Dr. Newton, a professor of ophthalmology at the University of Louisville (Ky.), presented examples of cases with skin and eye involvement that are not in-

flammatory diseases, including benign conditions (neoplasms) and potentially serious infections such as herpes.

Dr. Newton presented a case of an 82-year-old man who reported "something blocking his view" during a visit for corneal care. It was a bumpy mass that was diagnosed as a verrucous papilloma.

Cysts and benign neoplasms near the eye are common, Dr. Newton said.

An ophthalmologist performed a surgical resection of the verrucous papilloma,

and the patient has had no recurrence, she said in an interview.

Another case of a benign neoplasm involved a woman with a bump on the lower left lid (acanthoma). Dr. Newton treated this patient with lidocaine ointment, and she was later able to use a jeweler's forceps and remove the sac, which spared the patient an excision.

Dr. Newton presented a case of an 11-year-old girl with molluscum contagiosum as an example of an infectious disease

that can involve the eyes and skin. Molluscum contagiosum lesions often occur on the faces in children who acquire the infection by nonsexual transmission. The lesions can be mistaken for pustules, but histology data confirm the infection.

She treated the girl by curetting the lesions using local anesthesia, and the lesions have resolved completely. Cryotherapy and a peeling agent such as salicylic acid may also be used to treat molluscum contagiosum lesions. ■

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