

Sebaceous Cell Carcinoma Responds Well to Mohs

BY ALICIA AULT

AUSTIN, TEX. — Mohs surgery seems to be effective for primary sebaceous cell carcinoma when there is an absence of orbital extension, according to a retrospective case study.

Sebaceous cell carcinoma of the eyelid is extremely rare, but not uncommon, representing up to 5% of all eyelid tumors, Dr. Humza Ilyas of the Universi-

ty of Wisconsin, Madison, said at the annual meeting of the American College of Mohs Surgery. Dr. Ilyas presented a series of 16 cases that were seen at a single clinic from 1987 to 2008.

A major issue with these tumors is that they are frequently misdiagnosed histopathologically and clinically, said Dr. Ilyas. That causes a delay in diagnosis, so “it’s important to maintain a high index of suspicion,” he said. Patients who have

the tumors typically do not do that well. Primary sebaceous cell carcinoma is complicated by recurrence, and it can be multicentric or demonstrate pagetoid spread.

In this case series, nine tumors (56%) were on the upper lid and seven (44%) were on the lower lid. The patients’ mean age was 72 years, with a range of 51-90. Mean time from symptom onset to diagnosis was 8 months (range, 5 weeks to 2 years).

One patient had orbital extension, and exenteration was performed. All other patients had Mohs surgery (15), with a mean of 3.5 layers. One Mohs patient was lost to follow-up. Post-op follow-up ranged from 7 months to 14 years, with a mean duration of 4.5 years.

One (7%) of the 14 Mohs patients developed a local recurrence 1.5 years after surgery; that patient had exenteration as treatment and had no further evidence of disease 12 years later. Twelve of the 14 (86%) had no evidence of local recurrence.

Of the 14 who had Mohs, 6 (43%) had histologic evidence of pagetoid spread. There were no deaths attributable to the sebaceous cell carcinoma.

Dr. Ilyas said that although this was a small study, Mohs appears to be the most effective option for tumors with pagetoid spread. The outcomes were comparable to published series in the literature with conventional wide excision with frozen or paraffin margin controls, he said. There may be instances where adjunctive radiation or topical chemotherapy may be helpful.

Dr. Ilyas reported no disclosures. ■

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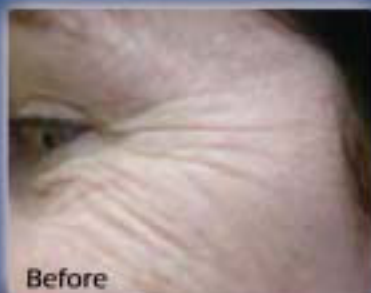
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BCC Is Most Common Form Of Periocular Skin Cancer

AUSTIN, TEX. — A chart review aimed at quantifying the incidence and type of periocular skin cancers showed that the vast majority were basal cell carcinomas, and that there was a slight predominance of the cancers in men.

The study was undertaken partly because there has been an increase in eyelid malignancies, which is thought to be due to a lack of protection from ultraviolet radiation, Dr. Jens Thiele said at the annual meeting of the American College of Mohs Surgery.

This is the largest U.S.-based study of periocular cancers ever conducted, said Dr. Thiele, a dermatologist in private practice in Birmingham, Ala.

He and his colleagues reviewed charts at a single center from 553 consecutive Mohs surgery patients from January 2005 to September 2008.

All of the patients were white (Fitzpatrick skin types I, II, and III). There were 346 men and 207 women. Interestingly, 61% of the tumors were in men.

Of the tumors, there were 435 basal cell carcinomas (BCCs), 105 squamous cell carcinomas (SCCs), 10 melanomas, and one of each of the following: sebaceous carcinoma, trichoepithelioma, and dermatofibrosarcoma protuberans.

The investigators also quantified location and pre- and postoperative defect sizes. Most often, BCCs were located on the lower eyelid (246, or 57%). They

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Two UVA Sunscreen Filters Are Better Than One

BY BRUCE JANCIN

SAN FRANCISCO — An SPF 40 sunscreen containing two UVA filters—ecamsule and avobenzone—protected patients from flares of polymorphous light eruption significantly better than formulations containing only one UVA filter, in a large outdoor randomized trial.

La Roche-Posay's novel sunscreen, marketed over the counter by L'Oréal as Anthelios 40, contains ecamsule 3%, avobenzone 2%, octocrylene 10% for UVB protection, and titanium dioxide

Flares of polymorphous light eruption occurred later and with a higher cumulative UVA dose with the dual-UVA-filter sunscreen than with either of the single-filter products.

5% as a physical filter providing protection across the UV spectrum.

Ecamsule provides enhanced protection in the short-UVA range, where avobenzone is less effective. Ecamsule protects against UV in the 290- to 400-nm range, with peak protection at 345 nm. It is also more photostable than avobenzone, Dr. Vincent DeLeo explained at the annual meeting of the American Academy of Dermatology.

Dr. DeLeo of St. Luke's-Roosevelt

Hospital in New York reported on 144 adult patients with polymorphous light eruption (PMLE) who participated in the randomized, double-blind clinical trial. They applied the dual-UVA-filter sunscreen daily on one side of the body and the same product minus either the ecamsule or avobenzone on the other side. Then they went outdoors for controlled doses of natural sunlight.

The primary study end point was a

composite efficacy measure consisting of delayed time to onset of PMLE or lower global flare severity, based on a 10-point scale assessing itching, papules, vesicles, and erythema.

In paired comparisons, the success rate was 56% with the dual-UVA-filter sunscreen, vs. 11% for the ecamsule-deprived sunscreen, and 36% with the dual-UVA-filter sunscreen, compared with 16% for the avobenzone-deprived prod-

uct. Both differences were statistically significant.

Flares of PMLE occurred later and with a higher cumulative UVA dose with the dual-UVA-filter sunscreen than with either of the single-filter products.

L'Oréal, which funded the study, has exclusive patent rights to ecamsule (Mexoryl SX), approved by the Food and Drug Administration in July 2006 as the first new UVA filter in nearly 2 decades. ■

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Finacea is for dermatologic use only, and not for ophthalmic, oral, or intravaginal use. Finacea is contraindicated in individuals with a history of hypersensitivity to propylene glycol or any other component of the formulation. In clinical trials, sensations of burning/stinging/tingling occurred in 29% of patients, and itching in 11%, regardless of the relationship to therapy. Post-marketing safety—Skin: facial burning and irritation; Eyes: iridocyclitis on accidental exposure to the eye. There have been isolated reports of hypopigmentation after use of azelaic acid. Since azelaic acid has not been well studied in patients with dark complexion, these patients should be monitored for early signs of hypopigmentation.

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were also found on the medial canthus (28%), upper eyelid (10%), and lateral canthus (6%).

Squamous cell tumors also were found most frequently on the lower eyelid (64 or 61%), followed by the medial canthus (17%), the upper eyelid (15%), and the lateral canthus (7%), Dr. Thiele reported.

Six of the 10 melanomas were also on the lower eyelid; 8 of the tumors were in females.

For BCCs, the pre- and postoperative sizes were smallest on the upper eyelids, while the largest tumors were found on the medial canthus. The mean number of Mohs layers needed for BCC clearance ranged from 1.33 in the lateral canthus to 1.42 in the medial canthus.

SCCs had larger pre-op and postop sizes, but the number of layers needed for clearance was lower. The mean number for SCC clearance was 1.5 in the medial canthus and 1.1 in the lateral canthus, Dr. Thiele said.

Although this study confirmed the results of some large Australian databases, the chart review found a two fold higher occurrence of SCCs on the upper eyelid than had been reported previously, he noted.

Better knowledge of high-risk histologies and locations of periocular skin cancers should assist surgeons, said Dr. Thiele, who reported no conflicts.

—Alicia Ault