Comment on: Malignant tumors of the eyelid in India: A multicenter, multizone study on clinicopathologic features and outcomes

Dear Editor,

We read the article on malignant tumors of the eyelid in India with great interest. [1] Variation in the type of eyelid malignancy is linked to the skin color and location from equator. The multicentric collaboration of the authors to circumvent the bias resulting from the vast terrestrial extent and diverse pigmentation in India is applaudable.

Sebaceous cell carcinoma (SGC) was found to be the most common lid cancer in India.^[1] The metastasis and local recurrence in SGC is mostly seen within the first 2 years after the initial treatment.^[2] However, the aggressive behavior^[3] and the possibility of delayed recurrence in SGC warrants observation every three months for a year, every 6 months for 3 years, and every year thereafter.^[4] The mean follow-up in this study was 21.44 months and in the analysis of distal metastasis, lymphatic spread, and recurrence, any patient with > three months of follow-up post excision were included. The shorter duration of follow-up in some of these cases could have resulted in underreporting of the adverse outcomes and lack of relationship between adverse outcomes with canthal involvement and dimension of the tumor.

Positron emission tomography (PET) or sentinel node biopsy (SNB)^[5] are indicated for tumor size >10 mm, canthal and anterior orbital extension, and signs of lymphatic invasion on histopathology. In the current study, none of patients underwent SNB. PET was performed in only 21 subjects, despite 42 SGC and 12 squamous cell carcinomas, being T2b or worse (AJCC 7th to edition), possibly

contributing to metastasis in 14.5% cases despite margin clearance at surgery.

The study highlights the need for creation of a structured referral system with affordable investigations/treatment modalities to enable timely diagnosis and intervention for improvement of long-term cancer survival in India.

Financial support and sponsorship

Nil

Conflicts of interest

There are no conflicts of interest.

Ruchi Goel, Shalin Shah, Priyanka Golhait

Department of Ophthalmology (Guru Nanak Eye Centre) Maulana Azad Medical College, New Delhi, India

Correspondence to: Dr. Ruchi Goel, Department of Ophthalmology, Guru Nanak Eye Centre, Maulana Azad Medical College, New Delhi - 110 002, India. E-mail: gruchi1@rediffmail.com

References

- Gupta R, Bhaduri A, Desai S, Das S, Menon V. Malignant tumors of the eyelid in India: A multicenter, multizone study on clinicopathologic features and outcomes. Indian J Ophthalmol 2020;68:2466-70.
- Sa HS, Rubin ML, Xu S, Ning J, Tetzlaff M, Sagiv O, et al. Prognostic factors for local recurrence, metastasis and survival for sebaceous carcinoma of the eyelid: Observations in 100 patients. Br J Ophthalmol 2019;103:980-4.
- Kaliki S, Ayyar A, Dave TV, Ali MJ, Mishra DK, Naik MN. Sebaceous gland carcinoma of the eyelid: Clinicopathological features and outcome in Asian Indians. Eye (Lond) 2015;29:958-63.

- 4. Honavar SG. Sebaceous gland carcinoma: Can we do better? Indian J Ophthalmol 2018;66:1235-7.
- Esmaeli B, Nasser QJ, Cruz H, Fellman M, Warneke CL, Ivan D, et al. American joint committee on cancer T category for eyelid sebaceous carcinoma correlates with nodal metastasis and survival. Ophthalmology 2012;119:1078-82.

Access this article online	
Quick Response Code:	Website:
同科学的集团	www.ijo.in
	DOI: 10.4103/ijo.IJO_155_21

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Cite this article as: Goel R, Shah S, Golhait P. Comment on: Malignant tumors of the eyelid in India: A multicenter, multizone study on clinicopathologic features and outcomes. Indian J Ophthalmol 2021;69:1639-40.

© 2021 Indian Journal of Ophthalmology | Published by Wolters Kluwer - Medknow