Correspondence

Verrucous Carcinoma of the Eyelid

Dear Editor,

Verrucous carcinoma (VC) is a rare variant of squamous cell carcinoma with low grade, well-differentiated, and very slow-growing malignancy. Due to its local invasiveness and recurrence, the treatment of choice is surgical excision with clear margins. We report a case of a female patient with eyelid VC.

A 78-year-old woman presented with a growing mass on the right medial canthal area that first appeared 4 months prior. The patient had a history of tumor on her right medial canthus, which had previously subsided following laser treatment at a private dermatology clinic but soon recurred into a larger sized tumor. On examination, a 5 × 5-mm-sized, well defined, hard, and elevated dome-shaped mass containing a cutaneous horn with a long projection of keratin was observed (Fig. 1A). There was no other ophthalmologic abnormality. After performing an incisional biopsy, the lesion was diagnosed as keratoacanthoma, and well differentiated squamous cell carcinoma could not be ruled out. Twenty days after the initial exam, at which the biopsy was performed, the size of the mass had increased (Fig. 1B). Therefore, complete excision and eyelid reconstruction with bilobed flap were performed. The histologic diagnosis was VC. Microscopic examination showed downward growth of a well differentiated atypical squamous epithelial lesion with marked superficial hyperkeratosis, and the lower portion of the tumor formed a wide base that appeared to exert pressure on the surrounding dermis (Fig. 1C-1E). There was no complication in functional or cosmetic aspects 7 months postoperatively (Fig. 1F). No evidence of recurrence was observed at that time.

VC is a low-grade variant of squamous cell carcinoma that is clinically exophytic and locally aggressive. The typical location is the oral cavity, particularly the cheek mucosa, gingiva, or retromolar areas. The tumor might also be found on the skin surface including the plantar surface of the foot, hand, lower leg, genitalia, and less commonly, the eyelid [1]. To the best of our knowledge, there is only one case report of an Asian patient with occurrence in the eyelid [2], and five case reports have been published in total [2,3].

Macroscopically, VC shows exophytic growth as a pro-

Fig. 1. (A) External clinical photographs of the presenting patient showing a 5 × 5-mm-sized mass consisting of a dome-shaped base, horn-shaped top and hyperkeratinized tip in the right medial canthal area. (B) Twenty days after the initial exam, the mass has increased in height. (C) The completely excised mass reveals superficial hyperkeratosis and “elephant feet-like” downward growth (black arrows) compressing the underlying connective tissue (H&E, ×10). (D) Note the expansile, pushing border (white arrows), which is a diagnostic feature of verrucous carcinoma (H&E, ×100). (E) High-power view demonstrates well-differentiated squamous epithelium with minimal atypia in some area (dotted circle) (H&E, ×400). (F) Good functional and esthetic results were observed at 7 months after surgery.
gressively enlarging mass and could be misdiagnosed as a
target wart. However, microscopically, verrucous surface
and "elephant feet"-like downgrowth seem to compress the
underlying connective tissue and typically appear as dys-
plasia or minimal atypia [4].

Differential diagnoses include verruca vulgaris (common
warts), giant keratoacanthoma, pyoderma vegetans,
pseudocarcinomatous hyperplasia, and verrucous squa-

The prognosis of VC is often favorable because of the
lack of distant metastasis [5]. Nevertheless, it can also be
locally invasive and require surgical removal. Because in-
complete excision can accelerate tumor growth and induce
frequent local recurrence, complete surgical resection with
safety margins is recommended.

The authors are the first to report a case of VC occurring
on the eyelid in a Korean patient. Despite its rare incidence
on the eyelid, VC should be considered in the differential
diagnosis when squamous cell-derived tumors such as ker-
atoacanthoma or large warts are suspected.

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Conflict of Interest

No potential conflict of interest relevant to this article
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