

Primary Mucinous Carcinoma of the Eyelid Mimicking Recurrent Chalazion

A Diagnostic Challenge — Case Report

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POSTER #60

▲ **Recurrent eyelid lesion after 2+ failed I&C procedures = excisional biopsy, not repeat curettage**

BACKGROUND

PRIMARY MUCINOUS CARCINOMA (PMC)

<150 cases worldwide

Low-grade eccrine sweat gland malignancy · Indolent growth · Strong eyelid predilection

▲ DIAGNOSTIC PITFALL

Mimics chalazion, epidermal cyst, sebaceous cyst

Must distinguish from **metastatic** mucinous adenocarcinoma (breast, GI) — treatment implications differ fundamentally

CASE PRESENTATION

PATIENT

68-year-old female

Left lower eyelid nodule · 18-month history

PRIOR TREATMENT — DIAGNOSTIC DELAY

2× Incision & Curettage

Recurrence within 3-6 months each time

EXAMINATION (OUR CENTRE)

12 × 8 mm gelatinous nodule

Well-circumscribed · Pinkish-tan · Medial lower eyelid · No ulceration

HISTOPATHOLOGY

"Floating island" pattern: Epithelial cell islands floating in abundant extracellular mucin pools — pathognomonic for primary mucinous carcinoma.

SURGICAL MARGINS

✓ **Clear — 5 mm margins**

Wide local excision · Permanent section histopathology

IMMUNOHISTOCHEMISTRY PANEL

✓ POSITIVE

- ✓ CK7
- ✓ GCDFP-15
- ✓ ER / PR
- ✓ p63

✗ NEGATIVE

- ✗ CK20
- ✗ CDX2

GI origin excluded

→ Supports primary cutaneous origin. ER/PR positivity = eccrine differentiation, not breast metastasis.

METASTATIC WORKUP

✓ **Whole-body PET-CT** — No occult primary identified

✓ **Mammography** — Normal, breast primary excluded

→ **PRIMARY cutaneous origin confirmed**

18-MONTH FOLLOW-UP

✓
No local recurrence

✓
No regional metastasis



Disease-free



Full lid closure

Tenzel flap




Excellent cosmesis



Follow-up

3-mo × 2yr then 6-mo

 **The key lesson:** Any eyelid lesion recurring after 2+ I&C procedures warrants **excisional biopsy with histopathology** — not another curettage. This patient had **18 months of diagnostic delay** from repeated treatment of presumed benign disease. The gelatinous appearance and medial location should have prompted earlier suspicion.

TAKE-HOME MESSAGES

- 1** PMC can **masquerade as recurrent chalazion** — maintain suspicion for any gelatinous, well-circumscribed eyelid lesion, especially in patients over 60
- 2** **2+ failed I&C procedures = excisional biopsy** with histopathological examination as standard of care — never repeat I&C
- 3** **Comprehensive IHC panel** (CK7, CK20, CDX2, GCDPF-15, ER/PR, p63) is essential to confirm primary cutaneous origin and exclude metastatic breast or GI adenocarcinoma
- 4** **Complete excision with clear margins is curative.** Systemic workup (PET-CT + mammography) mandatory. Long-term follow-up ≥ 5 years — late recurrences up to 10 years reported