

# Symblepharon: An Unusual Presentation of Carcinoma In Situ

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## Introduction

- Symblepharon is a pathological adhesion between the bulbar and palpebral conjunctiva
- It has been known to be a postoperative complication or is also associated with cicatrising conjunctival disorders such as ocular mucous membrane pemphigoid and Stevens-Johnson syndrome/toxic epidermal necrolysis.
- We describe a rare case where symblepharon was the presenting feature in a case of histopathologically diagnosed conjunctival Squamous Cell Carcinoma in Situ.

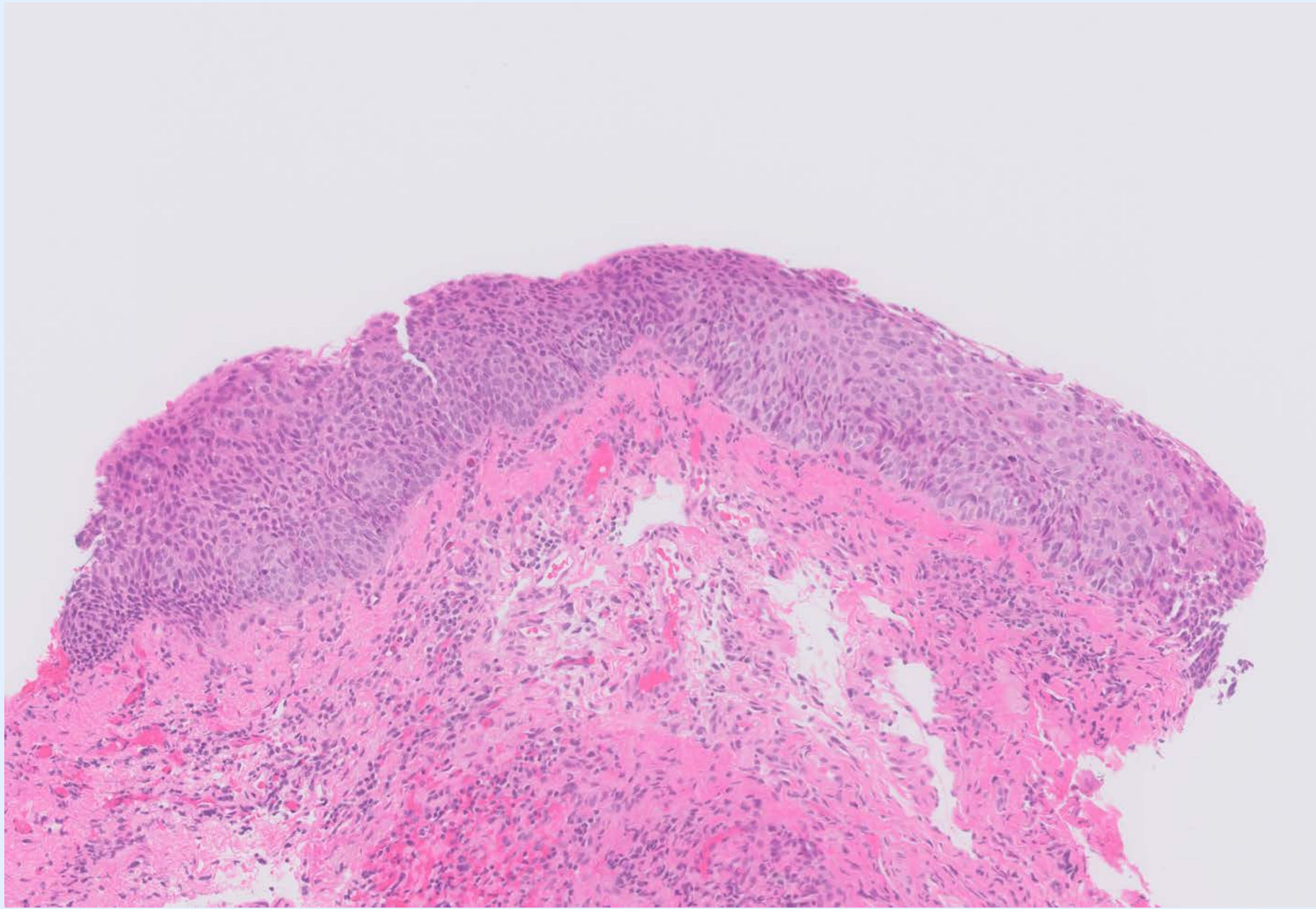


Figure 2: Microscopy shows conjunctival mucosa with squamous metaplasia of the surface epithelium and full thickness dysplasia amounting to carcinoma in situ.

## Case History

- A 94 year old female was initially seen in eye casualty with a 6 month history of left eye redness and irritation
- A granulomatous lesion was found on the tarsal conjunctiva at the left inner canthus and was adherent to the inferonasal quadrant of the cornea and associated with symblepharon
- A provisional diagnosis of chronic pyogenic granuloma which had become adherent to the cornea and she was treated with oral co-amoxiclav and predforte
- She was reviewed over the next 2 months with no improvement in her condition
- A differential diagnosis of ocular cicatricial pemphigoid was made and it was decided to go ahead with an excision and biopsy of lesion under local anaesthetic



Figure 1: Initial presentation of symblepharon

## Discussion

- Ocular Surface Squamous Neoplasia (OSSN) is an umbrella term describing a spectrum of CIN, CIS and invasive SCC<sup>1</sup>
- Risk factors include sun exposure, male gender, age and viral infection such as human immunodeficiency virus (HIV) and human papilloma virus (HPV)
- The severity of disease is classified according to the thickness of the epithelium that is involved<sup>2</sup>
- Carcinoma in situ (CIS) is classified as full-thickness atypia
- CIS accounts for 39% of all premalignant and malignant lesions of the conjunctiva<sup>3</sup>
- Distinguishing between CIS and invasive SCC is difficult without histopathological results as there are no consistent clinical criteria to distinguish between<sup>3</sup>
- Clinical features of OSSN include either a papillomatous or fleshy gelatinous lesion most commonly in the interpalpebral area at the perilimbal conjunctiva<sup>4</sup>
- The lesion can sometimes encroach on the cornea and redness and irritation has been noted to be present in cases
- Treatment in recent years is more focussed towards topical chemotherapy agents such as interferon alpha-2b, (IFN- $\alpha$ 2b), 5-fluorouracil (5-FU), and mitomycin C (MMC)<sup>5</sup>
- Surgical management options have been associated with secondary complications such as eye wall thinning, symblepharon, stem cell deficiency, and corneal opacities<sup>5</sup>
- Symblepharon has been reported as a possible complication of surgical management of OSSN. It is not routinely described as a clinical presenting feature

## Conclusion

- We describe a case where a patient presented with symblepharon which was later discovered to be Carcinoma in Situ. This is the only known published case to our knowledge
- This case highlights the importance of further investigation of persistent and atypical symptoms that are not responding to usual treatments

## Findings

- She underwent an excision of the lesion with a mucous membrane and amniotic membrane graft
- Pathology confirmed a squamous metaplasia of the surface epithelium and full thickness dysplasia amounting the squamous cell carcinoma in situ
- She is being managed on a course of topical Interferon Alpha 2b and responding well

## References

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