

## Eyelid basalioma

Basal cell carcinoma (BCC) is the most common eyelid malignancy, accounting for over 90 % of malignant eyelid tumors. Lower eyelid is the most common site followed by the medial canthal area. Lightly pigmented individuals are at higher risk for BCC and the primary risk factor is exposure to sunlight, especially in childhood and adolescence. BCC can also be associated with systemic conditions, such as xeroderma pigmentosum or Gorlin syndrome. The risk of developing a subsequent BCC after initial diagnosis is significant.

BCC may initially be suspected by its clinical appearance, and typical findings include a non-healing skin lesion, skin crusting, ulceration and bleeding, and telangiectasias. BCC can also simulate chronic inflammation of the eyelid margin and may present with madarosis. Diagnosis can only be confirmed with a biopsy, and it is needed before any major resection or reconstructive procedures. Based on histopathologic presentation, BCCs can be classified into several subtypes, nodular being the most common.

Though BCC infrequently metastasizes and mortality is extremely rare, local invasion is common and prompt treatment is advised to avoid any harm to surrounding tissues. Surgical excision with margin control is widely regarded as the preferred treatment of choice and complete surgical removal is nearly always curative. Other or complementary treatment options include cryotherapy, topical or systemic chemotherapy, photodynamic therapy and radiation therapy. While treating BCC of the eyelid, special attention must be paid to both cosmetic and functional outcomes.