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## Cosmetic Removal of a Sebaceous Adenocarcinoma of the Eyelid

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On April 1, 1974, a 9-year-old male, Borzoi dog was presented with an enlarging tumor involving the right upper eyelid. A small polyp had been removed from the same area three years previously. The mass recurred nine months before presentation and enlarged rapidly.

On examination, a firm, dark mass, 1 cm in diameter, with a roughened and partly necrotic surface, was noted growing from the central margin of the upper lid (*Figure 1*). Most of the stalk of the tumor was on the conjunctival side of the margin; the mass rubbed against the bulbar conjunctiva and dorsal cornea. A mild conjunctivitis was present but the cornea was normal. A tentative diagnosis of sebaceous adenoma or adenocarcinoma was made and cosmetic removal performed.

The surgical procedure involved splitting the lid along its margin into skin and conjunctival portions. This was done on each side of the tumor for a distance of about 1 cm (*Figure 2*). Blunt and sharp dissections were used to separate the two portions of the lid to a depth of about 1.5 cm. The tumor was then isolated on the conjunctival side by sharp dissection at the lid margin (*Figure 3*). The tumor and part of the conjunctiva were removed by wedge resection (*Figure 4*).

Fine, absorbable, 6-0 collagen suture was used to appose the edges of the conjunctival incision. The edges of the lid margin (conjunctival and skin) were apposed by 4-0 silk suture, care being taken to lay the knots outside the palpebral fissure (*Figure 5*). This procedure caused no distortion of the lid because of the elasticity of the conjunctiva.

The next day the surgical area was not swollen, the eye appeared comfortable and

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A 9-year-old male Borzoi dog was presented for evaluation of an enlarging tumor of the eyelid. Cosmetic removal was performed using a lid-splitting technique. The tumor was diagnosed histologically as a sebaceous adenocarcinoma but was clinically benign.

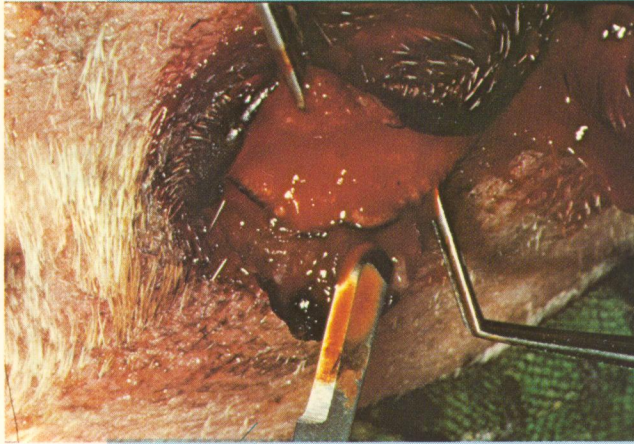
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**Figure 1**—Extent of the tumor on the right upper eyelid and its relationship to the globe are evident.





**Figure 2** (left)—A No. 64 beaver blade (left) is used to split the lid along its margin. The lid is stabilized with forceps (right).

**Figure 3** (above)—The palpebral portion of the lid is seen at the top. The conjunctival portion containing the tumor is at the bottom.

the dog was sent home (*Figure 6*). Postsurgically, topical chloramphenicol ointment was used three times a day.

Due to unavoidable circumstances, the animal was not presented for removal of the sutures until a month later. Most of the sutures had already dropped out and the few remaining had incited small granulomas. Except for the granulomas, the lid looked normal. The eye seemed comfortable (*Figure 7*).

The granulomas resolved spontaneously after the sutures were removed. The eye remained normal without evidence of recurrence or metastasis of the lid tumor during a follow-up period of six months.

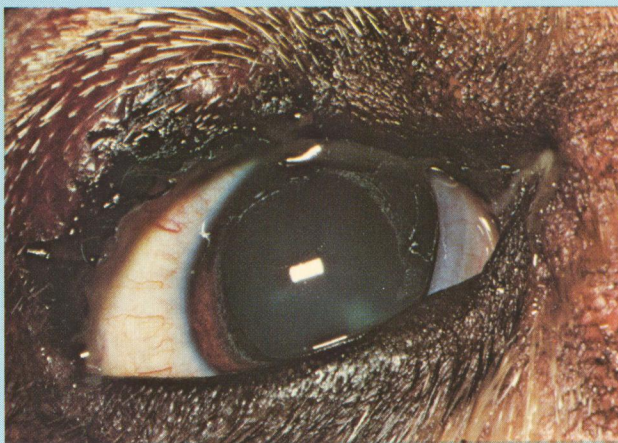
The tumor was diagnosed histologically as a sebaceous adenocarcinoma. This is in keeping with most of the lid tumors seen in this clinic. Although they may be malignant histologically; clinically, their behavior is benign. ■



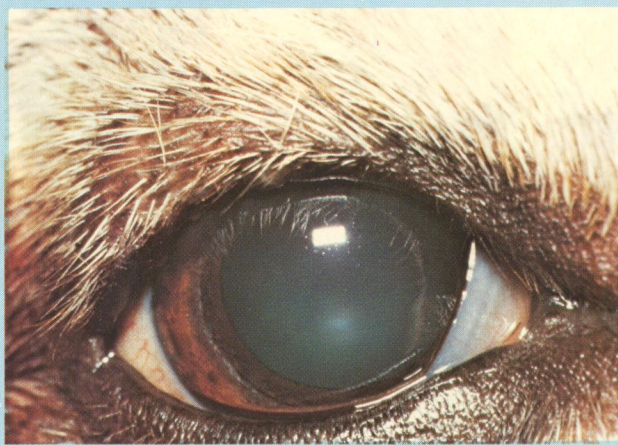
**Figure 4**—The tumor has been removed. The incised conjunctival edges can be seen just below the uninterrupted palpebral edge.



**Figure 6**—Appearance of the eye one day after surgery.



**Figure 5**—Silk sutures are seen on the everted margin of the lid.



**Figure 7**—Appearance of the eye one month after surgery.