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J. of Ambulatory Surgery 10 (2003) 161–162

Ambulatory  
Surgery

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## Brief report

# Tumours of the eyelid: ambulatory surgery treatment

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## Abstract

**Purpose:** To analyse the peculiar surgical features of the eyelid and the nature of those tumoural lesions located in the eyelid and its surrounding area, treated as a Day-Surgery procedure in a Plastic Surgery Department. **Methods:** A retrospective review of 107 patients with periocular lesions surgically treated in our hospital in 2002 by Ambulatory Surgery. **Conclusions:** In our hospital, the palpebral cutaneous tumours most frequently treated as Ambulatory Surgery are Basal cell carcinoma (43%), mainly involving elderly patients. Reconstruction with a small number of flaps and skin graft is an easy process, producing satisfactory results. Early implementation of Ambulatory Surgery procedures may avoid more aggressive and complex techniques.

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**Keywords:** Eyelids; Tumours; Ambulatory surgery

## 1. Introduction

Skin tumours located in the eyelid are lesions, which require early and accurate management. Delay in the treatment of these conditions may lead to serious consequences, especially with malignant tumours [8], since their growth in this location can jeopardise eyelid mobility, lacrimal gland function and even sight. Ambulatory Surgery is an efficient approach to be considered for such lesions [4], as it allows the excision of small and medium size lesions with little disturbance for the patient. This makes admission to hospital unnecessary, so that the individual is spared the anxiety produced by a Hospital stay, and the Medical Centre is spared the expenses that this stay may generate.

Due to the particular anatomical and physiological characteristics of the eyelid, tumours located here become a challenge for the surgeon. Minimal thickness, relative elasticity and increased sensibility of the skin in this location have to be accounted for. Surgery in the palpebral region can be performed under local anaesthesia.

## 2. Objective

Our aim is to analyse the peculiar features of the eyelid as well as the nature of those tumoural lesions located in the eyelid and its surrounding area, treated as a Day-Surgery procedure in a Plastic Surgery Department.

## 3. Material and methods

We reviewed the charts of patients with palpebral lesions treated by Ambulatory Surgery and local anaesthesia (Lidocaina, mepivacaina or bupivacaina) in the year 2002 in our Plastic Surgery Department. Features analysed included: gender and mean age of patients, histopathology and location of the tumour and surgical procedure performed.

## 4. Results

We have treated 107 patients with a total number of 110 lesions (43 male and 64 female), with mean age 62 years. Topographic distribution [3] of the lesions is as follows:

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- Medial canthus: 41 lesions.
- Lower eyelid: 34 lesions.
- Upper eyelid: 22 lesions.
- Lateral canthus: ten lesions.

From a histopathological point of view [5,6] we found: Basal cell carcinoma (43%) is the most frequent condition, followed in decreasing order by Squamous cell carcinoma, Cysts, Keratosis (actinic and seborrheic), pigmented nevi, xanthelasma-xanthoma palpebrarum, Bowen's disease, Lentigo Maligna-Melanoma (one case, in upper eyelid, close to eyebrow).

The location and size of the lesion determines the sort of closure, which is needed to cover the solution of the skin left after the excision. There must be complete resection of the lesion with an acceptable security margin, which needs to be increased in those cases with a highly suspected chance of malignancy [5].

## 5. Surgical procedure

Direct closure of the skin defect was performed in 40% of the cases, and 36% required reconstruction through local flaps. In 9% of the patients, palpebral free border was affected and cuneiform resection was performed followed by planar reconstruction (conjunctiva, tarsus, skin). Other therapeutic options used were electrofulguration, fullthickness grafts and carbon dioxide laser.

The different local flaps [1] utilised for closure were: glabellar–nasoglabellar flap, V–Y advancement flap, frontal flap and full-thickness skin grafts for medial canthus reconstruction [7], as well as rhomboidal or Limber flap for medial and lateral canthus, rotation and Tripiet flaps, and Full-thickness skin grafts [2] for lower eyelid. Upper eyelid permits a direct closure after extirpation of the lesions, especially in elderly patients.

Immediate postoperative complications are hematoma and pain. Both of these can be reduced by following a series of simple rules such as the adminis-

tration of local criotherapy, compression and prescription of adequate analgesic support. Late complications include Ectropion with lagofthalmus, reduction of the overture and insufficient resection. This later problems require specific surgical correction [3] which might not always be possible under local anaesthesia.

## 6. Conclusions

In our hospital, palpebral cutaneous tumours most frequently treated as Ambulatory Surgery are Basal cell carcinoma (43%), mainly involving elderly patients. Reconstruction with a small number of flaps and skin graft is an easy process, producing satisfactory results. Early implementation of Ambulatory Surgery procedures may avoid more aggressive and complex techniques.

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