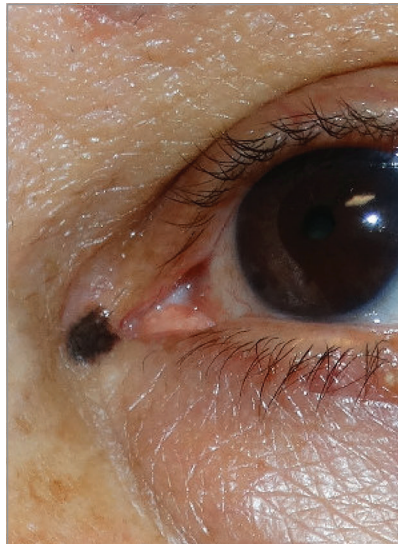


Ophthalmic Images

Pigmented Squamous Cell Carcinoma In Situ of the Eyelid

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A External photograph, medial canthal lesion



B Histopathology, hematoxylin-eosin stain

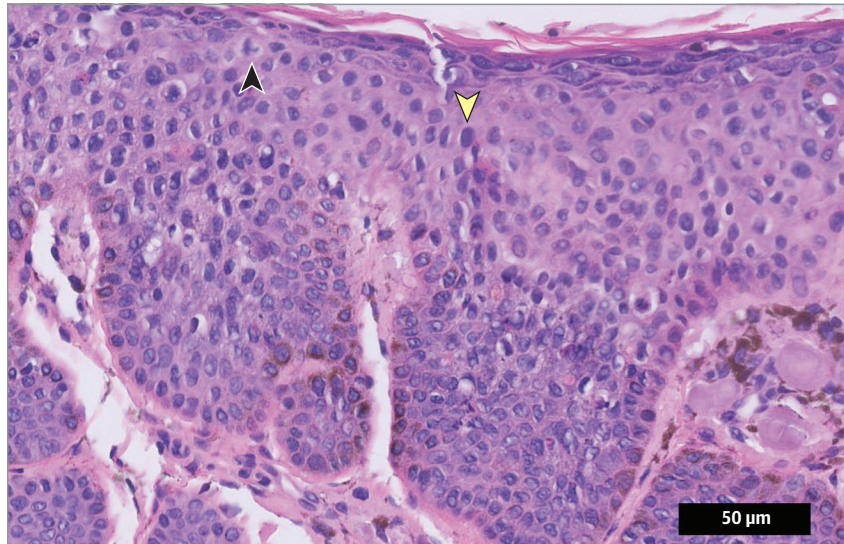


Figure. A, Pigmented medial canthal lesion on external photograph. B, Hematoxylin-eosin stain illustrates atypical keratinocytes with variation in nuclear size and shape and increased nuclear:cytoplasmic ratio (yellow arrowhead), along with occasional mitotic figures (black arrowhead) throughout the pigmented epidermis.

A healthy 61-year-old female patient presented for evaluation of a medial canthal pigmented lesion that had been growing larger for the past 2 years. She denied itching, bleeding, or pain. A dermatologist had noted brown and red papules on her chest thought to be seborrheic keratoses, benign nevi, and cherry angiomas. Examination revealed a flat 3 × 3-mm hyperpigmented lesion with irregu-

lar margins (Figure, A). Histopathology from a 2-mm punch biopsy demonstrated atypical keratinocytes spanning the entire thickness of the epidermis without invasion of the dermis, leading to a diagnosis of pigmented squamous cell carcinoma in situ (Figure, B). Pigmented squamous cell carcinoma is a rare variant of squamous cell carcinoma. It has been described on the face, conjunctiva, esophagus, and oral and genital mucosa.¹⁻³ The patient is currently planned for Mohs surgery and oculoplastic reconstruction.

ARTICLE INFORMATION

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