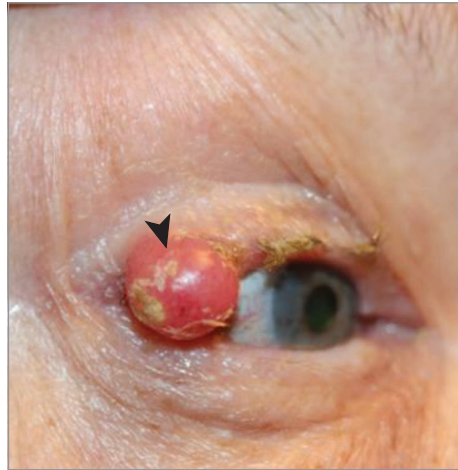


Ophthalmic Images

Metastatic Eyelid Lesion of High-Grade Neuroendocrine Carcinoma From Parotid Gland Primary

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A External photograph, upper eyelid lesion



B Magnetic resonance imaging of the head and neck, frontal view

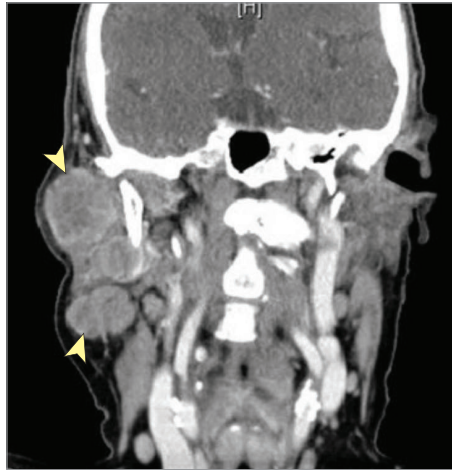


Figure. Neuroendocrine tumor primary and metastatic lesions. A, Upper eyelid metastatic lesion (black arrowhead). B, Parotid gland primary neuroendocrine mass (yellow arrowheads).

An immune-competent patient presented with a right upper eyelid lesion that enlarged over 2 months. They denied systemic symptoms but noted a right cervical mass 1 month after the eyelid lesion appeared. Examination revealed a smooth, nontender, dome-shaped, violaceous lesion at the eyelid margin with overlying crusting and madarosis (Figure, A). Firm masses were palpated in the right cervical, preauricular, and submandibular areas—the largest measuring 3.5 × 3.2 cm. Imaging demon-

strated somewhat contiguous right parotid masses (Figure, B) and cervical lymphadenopathy. Their eye examination was otherwise at baseline. Excisional biopsy revealed a high-grade neuroendocrine carcinoma thought to be of parotid, rather than eyelid, origin given the appearance on histopathology and negative *Polyomavirus* stain. This stain is usually positive in neuroendocrine tumors of the skin, such as Merkel cell carcinoma. The patient did not have distant metastasis at the time and underwent chemotherapy, but they eventually died of their disease.

ARTICLE INFORMATION

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