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 demonstrated 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. The patient did not have distant metastasis at the time and underwent chemotherapy, but they eventually died of their disease.