A 62-year-old male was referred for evaluation of a painless right lower-eyelid lesion noted during routine glaucoma follow-up. The lesion had been present for 3 years with slow, gradual enlargement. The patient denied any associated symptoms. He was a former smoker and had no history of skin cancer or immunosuppression. The remainder of his medical history was noncontributory.

Inspection of the right lower eyelid revealed a cystic-appearing nodule that transilluminated and had a few overlying telangiectasias. The cystic portion was continuous with a deeper, smooth subcutaneous component that was well defined, firm, and nonmobile, with a total lesion length of 1 cm (Figure 1A). There was no madarosis, eyelid margin effacement or preauricular lymphadenopathy. Although no overt features of malignancy were present, the deeper component was atypical for a hidrocystoma and an excisional biopsy was performed. Histopathologic evaluation showed a neoplasm composed of low-grade round nuclei growing in a micropapillary pattern within pools of extracellular mucin (Figure 1B). There was tumor present at the margin. Immunostains were positive for estrogen receptor and progesterone receptor. Variable staining for INSM1, a sensitive nuclear stain for neuroendocrine differentiation, and focal staining for synaptophysin, another neuroendocrine marker, were also seen. This immunophenotype is consistent with a primary tumor derived from endocrine mucin-producing sweat gland carcinoma or a metastatic mucinous carcinoma of breast origin.

WHAT WOULD YOU DO NEXT?

A. Wide local excision

B. Excision with frozen sections

C. Mohs surgery

D. Metastatic workup