An African American patient in their early 60s with a medical history significant for recent diagnosis of monoclonal gammopathy of unknown significance (MGUS) and prostate cancer was referred to the oculoplastic service for evaluation of intermittent, bilateral swelling and pain of their medial upper eyelids only for the past 2 years. They denied pruritus. Episodes occurred every few months and lasted for a few weeks at a time, with no obvious triggers. The patient denied other ocular symptoms and had no other skin findings. Their examination was notable for mild upper eyelid spongy edema with hyperpigmented, ecchymotic-appearing redundant skin overhanging the eyelid margins (Figure 1). There were no palpable nodules, and there was no lymphadenopathy. Review of systems was negative for fatigue, generalized muscle weakness, or neurologic deficits.

WHAT WOULD YOU DO NEXT?

A. Biopsy the eyelid skin

B. Obtain computed tomography of the orbits

C. Start a course of topical corticosteroids

D. Order thyroid serologies