A 75-year-old woman presented with a history of enlarging, erythematous right upper eyelid lesions. She reported approximately 3 months of symptoms, with initial development of a single erythematous lesion along the eyelid margin. The lesion had previously been evaluated by another practitioner who diagnosed a hordeolum and prescribed erythromycin ointment and warm compresses. However, the lesion became progressively larger with development of a second medial lesion over the ensuing 2 months, prompting referral. She denied pain, trauma, and prior skin cancer. Her medical history was notable for essential thrombocythemia (ET) with calreticulin (CALR) gene variation. Her ocular history was notable for an upper eyelid blepharoplasty 20 years prior but was otherwise unremarkable.

Examination of the right upper eyelid demonstrated a central lesion with a thickened eyelid margin, madarosis, and inspissated glands, and a medial nodular and erythematous lesion with overlying ulceration (Figure 1). There was minimal tenderness to palpation. There was no proptosis, and her extraocular muscle movements were full. There was mild conjunctival injection of the right eye without any conjunctival lesions. The remainder of her ocular examination was unremarkable.

WHAT WOULD YOU DO NEXT?

A. Intralesional corticosteroid injection

B. Biopsy of eyelid lesions

C. Oral antibiotics

D. Oral corticosteroids