

## Keeping an eye (answers on page 37)

### Part one

Kwame, a 45-year-old office worker, has come to see you about a lump on his right upper eyelid that has been very gradually enlarging for around two months. It has never been tender, but it is now so large that it is causing the lid to evert, and he is finding it uncomfortable to close his eye completely. Close examination shows that it does not distort the lid margin, there is no loss of eyelashes, it is not tender on pressure, and the skin over the lump is smooth. Kwame says that it has never discharged pus or ulcerated.

- Q1 What are your initial thoughts about this lesion?**
- (a) It is a chalazion caused by blocking of a meibomian gland
  - (b) It is a 'stye'
  - (c) It is completely benign
  - (d) It can be treated by applying warm compressed twice or three times a day
  - (e) You cannot rule out more serious pathology such as an early squamous cell carcinoma
  - (f) Malignant lesions of the eyelids are more common on the lower, than on the upper, eyelid

### Part two

- Q2 Tender or frankly painful lumps on the eyelids vary in their causes and nomenclature. Which of the following describes an infected chalazion?**
- (a) Hordeolum externum
  - (b) Hordeolum internum
  - (c) Dacryocystitis
  - (d) Blepharitis
  - (e) Cyst of Moll

### Part three

- Q3 On further questioning, Kwame lets you know that this is not the first time he has had a lump like this at the same spot on the same eyelid. He thinks it is about the third or even fourth time it has arisen. In the past it has resolved on applying hot compresses. What are your thoughts now about it?**
- (a) It is still obviously benign – as are most recurrent lesions like this
  - (b) Without eyelash loss or ulceration there is no need to worry that it may be more serious.
  - (c) To get rid of it once and for all it is better to excise it, which is a relatively simple minor operation.
  - (d) Recurrence of a lesion like this is a red flag for malignancy and Kwame should be referred to a specialist surgeon.
  - (e) You need to evert the lid to avoid missing a larger component of the lesion that is hidden from direct view.

### Part four

- Q4 Which of the following are facts about malign eyelid lumps?**
- (a) Basal cell carcinomas tend to occur near the medial canthus on the lower lid
  - (b) Eyelid melanomas are always pigmented
  - (c) Whitening of the eyelashes are a red flag for malignancy
  - (d) If it distorts the lid margin without eyelash loss it is likely to be benign
  - (e) Development of diplopia indicates invasion of the orbit