

FC11.114 ROLE OF NON-SURGICAL THERAPIES IN THE MANAGEMENT OF PERIOCCULAR MALIGNANCY: A CASE SERIES

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Background: Around 5 % of all skin cancers are periocular, and eyelid malignancy accounts for 90% of ophthalmic tumours. Surgical excision is usually the first choice treatment for periocular tumours, but non-surgical therapies may be useful for in-situ malignancy and patients with co-morbidities.

Objectives: In recent years 5% imiquimod cream and photodynamic therapy (PDT) have gained popularity in the management of basal cell cancers (BCCs) and in-situ squamous cell cancers. However, these treatments may cause short and long-term ocular complications, and are not currently licensed for periocular use. We present our experience of treating periocular tumours with PDT and imiquimod.

Methods & Results: We conducted a retrospective audit of case-notes. 17 patients were treated from 2003-2007; 1 with lentigo maligna, 3 with Bowen's disease, 3 with actinic keratoses and 10 with BCC's (2 superficial, 2 morphoeic, 5 nodular & 1 unclassified). 8 patients successfully cleared with PDT, using standard treatment regimens, without significant complications. 7 patients were initially treated with 5% imiquimod cream, 5x weekly, for up to 6 weeks. Of these; 4 cleared and 3 stopped due to ocular inflammation.

One further patient developed ocular inflammation after commencing imiquimod 5 times weekly, which was thus discontinued. She then failed to respond to 5 PDT treatments, but a second course of imiquimod 3 x weekly produced clearance without side effects. In addition, another patient with a lentigo maligna was successfully treated with a combination of surgery, cryotherapy and imiquimod. This lesion recurred following two surgical excisions and 4 cryotherapy sessions. The recurrence failed to respond to twice daily application of imiquimod for 8 weeks. The area cleared clinically and histologically when the same treatment was tried for a second time.

Conclusion: This is the largest case series on the periocular use of imiquimod and the second largest case series on periocular use of PDT, to be reported to-date. Our limited experience suggests that both imiquimod and PDT can be used successfully in selected patients for the treatment of periocular tumours. It is possible that ocular complications with imiquimod can be minimised with less intensive dosing regimens. Moreover combination therapy can be useful in cases where surgical intervention is not possible.