



Conjunctival In Situ Carcinoma: Presentation Of Two Cases

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Abstract: Conjunctival carcinoma in situ (CIS) is a rare pre-invasive neoplasia that can progress to invasive squamous cell carcinoma. This article reports two cases of conjunctival CIS. The first case involved a 66-year-old man with UV exposure, treated successfully with surgical excision and cryotherapy, showing no recurrence at 12 months. The second case was a 45-year-old woman, managed with surgical excision and mitomycin C, with no recurrence at 18 months. Early diagnosis and appropriate treatment are crucial for effective disease management and preventing progression to invasive carcinoma.

KEYWORDS : conjunctival, carcinoma, excision

Introduction

Conjunctival carcinoma in situ (CIS) is a rare intraepithelial neoplasia that can potentially develop into invasive squamous cell carcinoma(1). Primarily affecting adults, this condition is often associated with risk factors such as exposure to ultraviolet (UV) light, human papillomavirus (HPV) infections, and immunosuppression(2). Early diagnosis and appropriate treatment are crucial in preventing progression to an invasive form. This article presents two cases of conjunctival CIS, highlighting clinical aspects, treatment options, and outcomes.

Observations

Case 1

Patient: A 66-year-old man with prolonged occupational exposure to UV radiation as a sailor, presented with persistent conjunctival redness and a mass in the left eye. The patient reported mild irritation, but no pain or impaired vision. On examination, a slightly raised, leukoplakic, well-demarcated lesion was found on the nasal bulbar conjunctiva.

An excision biopsy of the lesion revealed high-grade conjunctival intraepithelial neoplasia (CIS) without stromal invasion. The patient underwent complete surgical treatment with tumor-free margins, followed by adjuvant cryotherapy to the surgical wound margins. At the 12-month post-operative follow-up, there was no evidence of recurrence.

Case 2

Patient: A 45-year-old woman with no previous history of eye disease presented with a whitish, slightly irritated lesion on the conjunctiva of the right eye. The lesion had been evolving for six months.

Clinical examination: The lesion appeared whitish, limbal burgundy, and well-circumscribed on the temporal bulbar conjunctiva. Biopsy confirmed the presence of conjunctival carcinoma in situ. The patient underwent surgical excision with safety margins, followed by the application of mitomycin C locally to reduce the risk of recurrence.

Regular surveillance showed no recurrence at the 18-month post-operative follow-up.



Figure 1 : whitish limbal lesion with conjunctival hyperemia



Figure 2 : small, whitish limbal lesion with dilated vessels all around

Discussion

Conjunctival CIS can be challenging to diagnose clinically due to its variable presentation. Strong clinical suspicion followed by diagnostic biopsies is crucial(3). Risk factors such as UV exposure and HPV infections should be assessed in all patients presenting with suspicious conjunctival lesions(4).

Treatment options for conjunctival CIS include surgical excision, cryotherapy, and the use of topical chemotherapeutic agents such as mitomycin C (5). Complete surgical excision with safety margins is generally the preferred treatment for CIS, as it aims to minimize the risk of progression to invasive

carcinoma(6). Adjuvant cryotherapy and topical chemotherapy can be used to address positive margins or local recurrence (7).

The two cases presented emphasize the importance of early diagnosis and appropriate treatment. The first patient underwent surgical excision and adjuvant cryotherapy, resulting in no recurrence after 12 months. The second patient, who had additional risk factors such as HIV immunosuppression, achieved good disease control with a combined approach of surgical excision and topical mitomycin C.

Conclusion

Conjunctival CIS, although rare, requires clinical vigilance and histopathological diagnosis to prevent progression to invasive carcinoma. The two cases presented demonstrate that with appropriate management, including surgical excision and adjuvant therapy, excellent results can be achieved, with durable disease control and no recurrence. Regular follow-up is essential to detect any recurrence early and adjust treatment accordingly.

Références

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