

IMAGES

Utility of topical epinephrine for determining the resection range of eyelid sebaceous carcinoma with dermatitis

Tomoki Kiuchi¹, Yusuke Shimizu², Shun Yamazaki², Tsuyoshi Awazawa³, Kazuo Kishi¹

¹Department of Plastic and Reconstructive Surgery, Keio University, Tokyo; ²Departments of Plastic and Reconstructive Surgery and ³Dermatology, University of the Ryukyus Hospital, Okinawa, Japan

Correspondence: Tomoki Kiuchi
Department of Plastic and Reconstructive Surgery, Keio University,
35 Shinanomachi, Shinjuku, Tokyo 160-8582, Japan
Tel: +81-3-5363-3814, Fax: +81-3-3352-1054
E-mail: tomoki_kiuchi86@yahoo.co.jp

Received: 22 Apr 2017 • Revised: 11 Jun 2017 • Accepted: 22 Jun 2017
pISSN: 2234-6163 • eISSN: 2234-6171
<https://doi.org/10.5999/aps.2017.00794>
Arch Plast Surg 2018;45:289-290



Copyright © 2018 The Korean Society of Plastic and Reconstructive Surgeons
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Although sebaceous carcinoma is a relatively rare malignant tumor of the skin, death from metastasis can occur in up to 6% of all cases [1]. The first-line treatment is extended surgical resection with appropriate margins. However, if the tumor is associated with dermatitis, its border may be unclear, which can make determination of the resection range difficult. The authors encountered an 86-year-old woman with a right upper eyelid sebaceous carcinoma misdiagnosed as blepharitis, which was treated with a topical steroid ointment for more than 1 year. When the authors operated, rebound inflammation due to the sudden discontinuation of long-term steroid treatment appeared around the tumor, obscuring its border (Fig. 1). However, topical epinephrine (1:100,000 dilution) applied to stop bleeding from the biopsy site incidentally clarified its border, facilitating determination of the appropriate resection range (Fig. 2). Pathological diagnoses of the skin margin using paraffin sections were negative.

Inflammation has five signs: redness, heat sensation, swelling, pain, and dysfunction. Redness and heat sensation due to inflammation arise as a result of capillary dilation and increases in local blood flow. Because epinephrine acts on the α_1 receptor and constricts peripheral vessels in the skin, it reduces

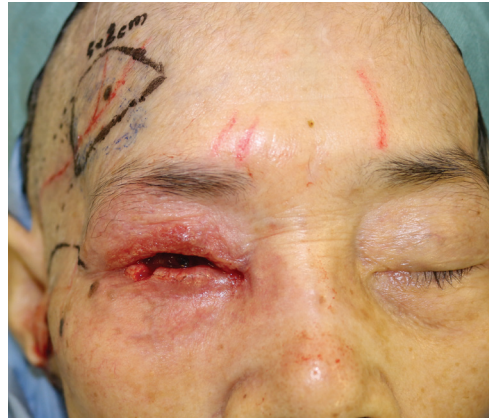


Fig. 1. Immediately after lower right eyelid punch biopsy. The border of the tumor was unclear because of the surrounding dermatitis.



Fig. 2. Right eyelid after topical epinephrine (1:100,000 dilution). The border of the tumor was clarified after removal of the epinephrine-soaked gauze. The extent of skin resection was determined (10 mm margin).

bleeding from surgical wounds and is therefore useful in surgery [2,3]. It is believed that epinephrine treatment temporarily improved the redness and clarified the tumor border.

In future studies, we would aim to increase the number of cases, including not only eyelid and sebaceous adenocarcinoma, but also other anatomical locations and tumors. The patient consented to publish her clinical course and photographs.

Notes

Conflict of interest
No potential conflict of interest relevant to this article was reported.

Patient consent
The patient provided written informed consent for the publication and the use of her images.

References

1. Vianna LM, Cariello AJ, Lowen MS, et al. Sebaceous carcinoma of the eyelid - different diagnostic times,

different outcomes: case reports. *Arq Bras Oftalmol* 2011;74:444-6.

2. Groenewold MD, Gribnau AJ, Ubbink DT. Topical haemostatic agents for skin wounds: a systematic review. *BMC Surg* 2011;11:15.
3. McKee DE, Lalonde DH, Thoma A, et al. Optimal time delay between epinephrine injection and incision to minimize bleeding. *Plast Reconstr Surg* 2013;131:811-4.

Treatment of refractory groin lymphocele by surrounding supermicrosurgical lymphaticovenous anastomosis

Benoit Ayestaray, Maité Esnault, Marie Godard, Sofian Picquot

Department of Plastic and Reconstructive Surgery, Sud Francilien Hospital, University Paris Sud XI, Evry, France

Correspondence: Benoit Ayestaray
Department of Plastic and Reconstructive Surgery, Sud Francilien Hospital, University Paris Sud XI, 116, Bd Jean Jaurès, 91000 Evry, France
Tel: +33-161697564, Fax: +33-161698460
E-mail: bayestaray@yahoo.fr

Received: 1 May 2017 • Revised: 17 Sep 2017 • Accepted: 18 Oct 2017
pISSN: 2234-6163 • eISSN: 2234-6171
<https://doi.org/10.5999/aps.2017.00829>
Arch Plast Surg 2018;45:290-291



Copyright © 2018 The Korean Society of Plastic and Reconstructive Surgeons
This is an Open Access article distributed under the terms of the Creative Commons Attribution Non-Commercial License (<http://creativecommons.org/licenses/by-nc/4.0/>) which permits unrestricted non-commercial use, distribution, and reproduction in any medium, provided the original work is properly cited.

Lymphocele is a localized lymph collection that is usually secondary to lymphatic network damage. Large lymphoceles may lead to chronic pain and infection. Herein, we report a case of refractory groin lymphocele treated by supermicrosurgical lymphaticovenous anastomosis.

A 43-year-old man had been treated 2 years previously for an inguinal hernia. A few days after surgery, a subcutaneous lymphocele occurred in the groin area (Fig. 1A). The patient presented to our department after the failure of conservative treatment.

Lymphaticovenous anastomosis under local anesthesia was chosen as a minimally invasive procedure. Magnetic resonance imaging (MRI) was performed preoperatively to delineate the lesion and

identify adjacent venules. Indocyanine green fluorescence lymphangiography with a PhotoDynamic Eye (Hamamatsu Photonics Co., Hamamatsu, Japan) was used to visualize the functional lymphatic vessels surrounding the lymphocele area intraoperatively (Fig. 2). Two end-to-end lymphaticovenous anastomoses were

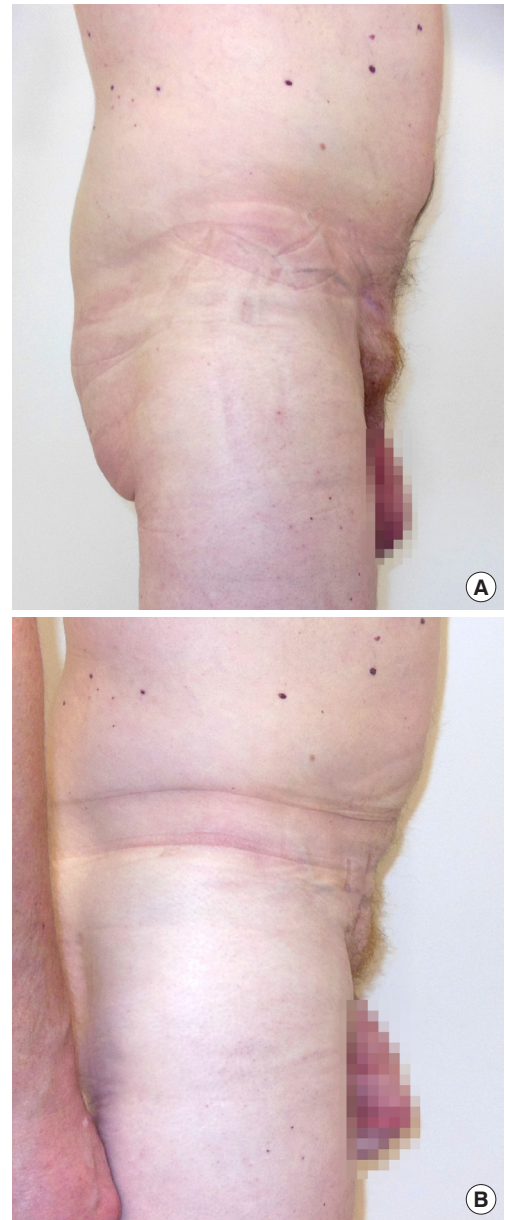


Fig. 1. Comparison of the patient's clinical appearance before and after surgery. (A) Preoperative view: a 43-year-old man presented with a refractory groin lymphedema secondary to inguinal hernia surgery. (B) Postoperative view: complete lymphocele volume reduction was visible 3 months after surrounding lymphaticovenous anastomosis.