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Treatment of Extensive Ocular Surface Squamous Neoplasia: A Case Report on the Efficacy of Subconjunctival Pegylated Interferon-Alpha-2a Injections

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Purpose: The purpose of this case report is to present the clinical outcome of ocular surface squamous neoplasia (OSSN) treated with surgical resection, cryotherapy, and adjuvant therapy using subconjunctival/perilesional injections of pegylated interferon-alpha-2a (IFN -2a).

Methods: Case presentation.

Results: A 55-year-old male patient was treated for an ocular surface disorder with keratopathy for 5 years. Initially, he was treated for keratitis and later for keratopathy and suspected limbal stem cell deficiency. A corneal swab was negative for bacteria, fungi, HSV, and VZV. Two years before surgical procedure, he began to notice a deterioration in his visual acuity, which was 0.1 on the Snellen chart. Upon presentation to the oculoplastic clinic, due to suspicion of OSSN, surgical removal of the lesion was performed using a "no touch, dry technique," alcohol delamination of corneal epithelium, followed by intraoperative freezing of the base and edges of the tumor. Histopathological examination revealed squamous cell carcinoma in situ with positive surgical margins. Consequently, the patient received adjuvant therapy consisting of four weekly subconjunctival/perilesional injections of pegylated Interferon -2a. After two injections, residual suspicious lesions began to disappear, and two weeks after completing the treatment vanished completely. Moreover, three months postoperatively, the visual acuity was 1.0 on the Snellen chart. One and a half years later, additional suspicious papillomatous changes were noted on the plica semilunaris and another excision was performed. However, the histopathological findings were benign. Two years after the initial surgery, there is no recurrence of the disease.

Conclusion: Surgical excision using a "no touch, dry technique," followed by intraoperative freezing of the base and edges of the tumor, is the gold standard for the management of OSSN. Medical therapy, including topical chemotherapeutic agents, can be used as monotherapy or more commonly as adjuvant treatment. In our case of squamous cell carcinoma in situ with positive surgical margins, the use of subconjunctival/perilesional injections of IFN -2a has proven successful as an adjuvant treatment.

Zdravljenje obsežne ploščatocelične neoplazije očesne površine: Klinični primer učinkovitosti subkonjunktivalnih injekcij pegiliranega interferona-alfa-2a

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Namen: Predstaviti izid zdravljenja ploščatocelične neoplazije očesne površine (OSSN iz angl. Ocular surface squamous neoplasia) s kirurško ekscizijo in zamrzovanjem ter adjuvantno s subkonjunktivalnimi/perilezijskimi injekcijami pegiliranega interferona-alfa-2a (PEG IFN -2a).

Metode: Prikaz primera.

Rezultati: 55-letni bolnik se je 5 let zdravil zaradi vnetja očesne površine s keratopatijo. Sprva je bil zdravljen zaradi keratitisa, nato pa zaradi keratopatije ob sumu na pomanjkanje limbalnih epitelnih matičnih celic. Bris roženice je bil negativen na bakterije, glive, HSV in VZV. Že dve leti pred kirurškim posegom je pričel opazovati poslabšanje vidne ostrine, ki je padla na 0,1 po Snellenu. Ob prezentaciji v okuoplastični ambulanti smo zaradi suma na ploščatocelično neoplazijo očesne površine opravili kirurško odstranitev lezije s suho tehniko in tehniko brez dotikanja tumorja, alkoholno delaminacijo roženičnega epitelijskega tkiva in intraoperativno zamrzovanje baze in robov tumorja. Histopatološka preiskava je pokazala ploščatocelični karcinom in situ s pozitivnimi kirurškimi robovi. Posledično je bolnik prejel adjuvantno terapijo - 4 tedenske subkonjunktivalne/perilezijske injekcije pegiliranega interferona -2a. Po dveh injekcijah so se ostale sumljive spremembe pričele manjšati in dva tedna po zaključku zdravljenja izginile. Tri mesece po operaciji je bila vidna ostrina 1,0 po Snellenu. Zaradi sumljivih sprememb na polmesečevih gubi smo leto in pol kasneje ponovno napravili ekscizijo, vendar histopatološke preiskave niso pokazale recidiva. Dve leti po posegu pri bolniku ne beležimo ponovitve bolezni.

Zaključek: Kirurški izrez s suho tehniko, tehniko brez dotikanja tumorja in zamrzovanjem robov veznice in baze tumorja velja za zlati standard zdravljenja OSSN. Terapijo z zdravili, kar vključuje lokalne kemoterapevtike in imunomodulatorna zdravila, pa se redkeje uporablja za primarno zdravljenje, pogosteje pa kot adjuvantno zdravljenje. V prikazanem kliničnem

primeru ploščatoceličnega karcinoma in situ s pozitivnimi kirurškimi robovi se je uporaba subkonjunktivalnih/perilezijskih injekcij PEG IFN -2a izkazala za uspešno adjuvantno zdravljenje.