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Surgical treatment of recurrent lentigo maligna melanoma of the lower eyelid

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Title: Presentation of the clinical case of surgical treatment of a patient with recurrent lentigo malignant melanoma of the lower eyelid.

Methods: A retrospective analysis of a patient with recurrent malignant melanoma of the lower eyelid, initially treated with excision of the lesion with healthy margins, reconstruction with a Langenbeck flap, and free skin graft transplantation; after the melanoma recurrence, excision of the lesion with healthy margins, reconstruction with a Hughes flap, and free skin graft transplantation were performed.

Case Description: An 86-year-old female patient diagnosed with lentigo malignant melanoma of the lower eyelid was first treated by plastic surgeons. At the time, the lesion was excised with healthy margins and reconstruction was performed with a Y-flap. Four years later, a recurrence occurred, and the patient was referred to the Ophthalmology Department at the UKC Mb. Initially, only the anterior lamella of the eyelid was excised using frozen section for margin confirmation, and the posterior lamella was preserved. The defect was reconstructed with a Langenbeck skin flap from the lateral side of the face and a free skin graft was used. One year after the successful reconstruction, the melanoma recurred again, this time extending to the Meibomian glands. A radical excision of the entire eyelid with wide safety margins was performed, followed by a more complex reconstruction with a Hughes flap from the upper eyelid. This is a two-phase procedure, where the flap is severed in the second phase. One year later, the patient underwent correction of mild medial ectropion of the lower eyelid.

Conclusion: After several months of recovery, the patient has a good functional and aesthetic outcome of the eyelid. One year follow-up showed no signs of recurrence. The ocular surface and visual acuity are fully preserved. This case demonstrates the complexity of treating malignant melanoma of the eyelids. Despite the fact that all histological findings of the excised lesions showed clear margins, the disease can recur at the same site. Regular monitoring is essential. With this case, we demonstrated that a more complex surgical procedure at the same site can follow initial surgery when an appropriate flap is used, leading to a good functional result. This is a sensitive area of the body where an individualized approach is necessary, as both the function of the eyelid and the protection of the eye are as important as complete tumor removal.

Kirurško zdravljenje recidivantnega lentigo malignega melanoma spodnje veke

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Namen: Prikaz kliničnega primera kirurške obravnave pacientke z recidivantnim lentigo malignim melanomom spodnje veke.

Metode: Retrogradna analiza primera pacientke s ponavljajočim malignim melanomom spodnje veke, pri kateri je bila najprej opravljena ekscizija spremembe v zdravo, rekonstrukcija z Langenbeckovim režnjem in transplantacija prostega kožnega presadka; po recidivu melanoma pa je bila opravljena ekscizija spremembe v zdravo, rekonstrukcija s Hughesovim režnjem ter transplantacija prostega kožnega presadka.

Opis primera: 86 letna pacientka z diagnosticiranim lentigo malignim melanomom spodnje veke, je bila naprej obravnava s strani plastičnih kirurgov. Takrat je bila opravljena ekscizija spremembe, histološko potrjeno v zdravo ter rekonstrukcija z Y režnjem. Po 4 letih je prišlo do recidiva, od takrat naprej je vodena na Očesnem oddelku UKC Mb. Najprej je bila pri gospe izrezana samo sprednja lamela veke, z uporabo zmrzlega reza, za potrditev varnostnih robov, zadnja lamela pa je ostala ohranjena. Defekt smo rekonstruirali z Langenbeckovim kožnim režnjem z lateralne strani obraza in s prostim kožnim presadkom za prekritje tarzalnega dela. Eno leto po uspešni rekonstrukciji ponoven pojav recidiva, ki se je razširil na Meibomove žleze. Tokrat je bil opravljen radikalen izrez celotne veke s širokim varnostnim robom, sledila je zahtevnejša rekonstrukcija s Hughesovim režnjem iz zgornje veke. Gre za dvofazni postopek, kjer se omenjen režen v drugi fazi prekine. Pri pacientki je bila nato čez eno leto opravljena korekcija blagega medialnega ektropija spodnje veke.

Zaključek: Po večmesečnem okrevanju ima pacientka dobro funkcionalno in zadovoljivo estetsko stanje veke. Po enem letu sledenja ni znakov ponovnega recidiva. V celoti je ohranjena očesna površina in vidna ostrina. Predstavljen primer

prikazuje kompleksnost zdravljenja malignega melanoma vek. Kljub dejstvu, da so vsi histološki izvidi izrezanih sprememb govorili, da gre za izrez v zdravo, se lahko bolezen na istem mestu ponovi. Potrebno je redno spremljanje. Na opisanem primeru smo pokazali, da lahko kompleksnemu kirurškemu posegu sledi še kompleksnejši poseg na istem mestu. Uporaba primerne reznja omogoča dober funkcionalni rezultat. Gre za občutljivo področje telesa, kjer je potreben individualen pristop, saj sta tako funkcija veke kot zaščita očesa enako pomembni kot popolna odstranitev tumorja.