

Ocular surface squamous neoplasia in a patient with AIDS

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A 33-year-old Hispanic man with a new diagnosis of AIDS and a CD4 count of $0.02 \times 10^9/L$ presented with a six-month history of an enlarging lesion on the surface of his right eye, which caused blurry vision and irritation. On examination, there was an elevated, gelatinous, papilliform lesion at the nasal aspect of the eye, measuring 6.9 mm x 7.5 mm and extending onto the cornea, without intraocular involvement (Figure 1A). Enlarged feeder vessels were present nasal to the lesion (Figure 1B). The patient underwent a wide local excision, double freeze–thaw cryotherapy to the conjunctival and limbal (corneal) margins, and alcohol epitheliectomy of the cornea. Amniotic membrane and fibrin glue were used to reconstruct the surface of the eye. Histopathologic examination showed conjunctival squamous cell carcinoma in situ, extending to the temporal margin. Map biopsies of the superior, inferior and temporal quadrants were negative for tumour.

Ocular surface squamous neoplasia (OSSN) is the most common nonpigmented malignant disease of the surface of the eye, comprising 7% of all conjunctival tumours. The overall estimated prevalence is 1.9 per 100 000 per year.^{1,3} In the HIV-positive population, there is a 12-fold increase in risk of OSSN.³ Of patients less than 50 years of age with OSSN, 50% were HIV positive.³ In addition, OSSN in HIV-positive patients is more aggressive — with larger and thicker tumours, higher incidence of deep invasion, and poorer prognosis, requiring enucleation or exenteration — than in the more common demographic of older, fair-skinned patients.²

References

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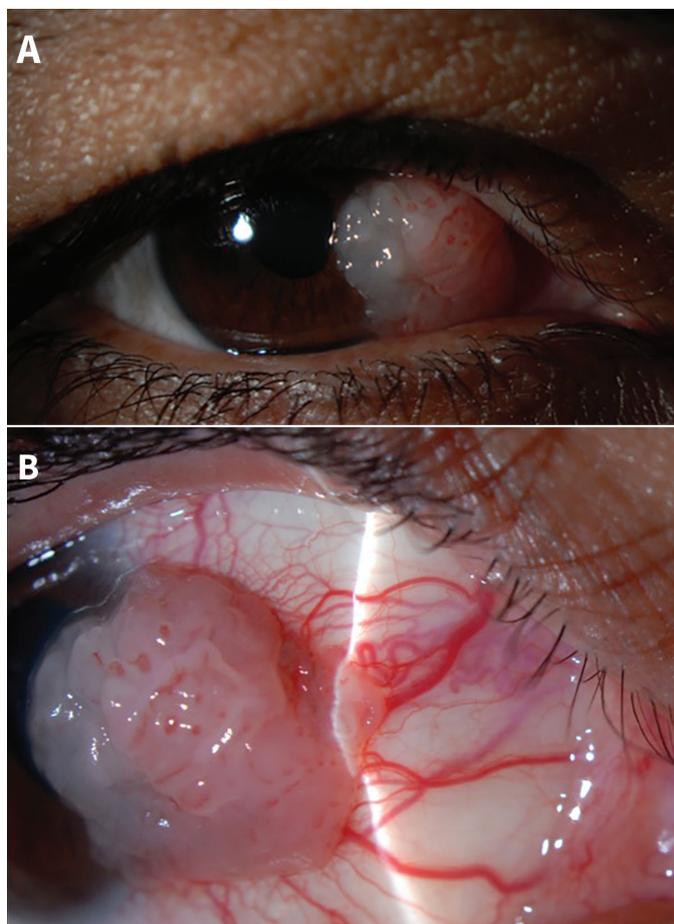


Figure 1: (A) Gelatinous, papilliform lesion at the nasal aspect of the right eye in a 33-year-old Hispanic man with AIDS. (B) Slit-lamp examination showing enlarged feeder vessels and elevation at the nasal-most aspect of the lesion.

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