Posters

A MIMIC DERMATOSIS OF THE LEFT EYELID

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A 47-year-old woman presented to our clinic with erythema and pruritus involving the left upper and lower eyelid, with onset approximately 3 months earlier. Previously, she had been evaluated by her ophthalmologist, who treated the lesion as a chalazion without clinical improvement. Subsequently, a private-practice dermatologist diagnosed eyelid eczema and prescribed systemic corticosteroids and topical emollients, again without benefit. At our evaluation, physical examination revealed peri-orbital erythema with mild infiltration and skin induration on palpation, asymptomatic except for mild pruritus. Her medical history was significant for HER2-low stage IV breast carcinoma with liver and bone metastases, under treatment with trastuzumab deruxtecan and zoledronic acid. A 4-mm punch biopsy of the lesion was performed, and histopathological examination demonstrated dermal localization of infiltrating lobular carcinoma, secondary to breast cancer. Eyelid metastases are a rare occurrence and arise from breast cancer in approximately 50% of cases. They are typically unilateral and may present with a mask-like or monocle-like pattern, appearing as nodules, ulcerations, or edema, thus mimicking inflammatory or infectious conditions and potentially delaying diagnosis. Management is often multidisciplinary and the prognosis is generally poor. Metastatic diseases should be considered in any patient with a known history of cancer who develops a new or unusual eyelid lesion.