

PHOTODYNAMIC THERAPY IN THE MANAGEMENT OF PERIORBITAL SKIN CANCER

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Periorbital skin cancers

- High cosmetic sensitivity
- Function and cosmesis of the area
- Simple dysfunctional problems can lead to facial deformity
- Inadequate treatment would necessitate further resection

Periorbital skin tumours

- Benign or malignant
- BCC and SCC - most common ones
- Early diagnosis and intervention is essential
- The gold standard intervention - surgery
- Other interventions: radiotherapy, chemotherapy, Mohs micrographic surgery, cryotherapy, topical interventions and photodynamic therapy

Prospective study

- 18 patients with periorbital lesions
- These BCCs and thin SCCs were treated with surface illumination mTHPC-PDT
- Comparisons were made with the clinicopathological parameters, anatomical location, rate of recurrence and overall outcome.
- Follow-up - mean of 3.2 years

Treatment parameters

- For the BCC lesions, IV 0.05mg/kg mTHPC
 - DLI of 48hrs
 - Micro-infiltration safety margin : 2mm
- For cutaneous SCC lesions, IV 0.1mg/kg mTHPC
 - DLI of 96hrs
 - Micro-infiltration safety margin : 5mm.

Results

Age at diagnosis

Minimum	41
Maximum	72
Mean \pm SD	55.4 \pm 12.3

Gender

Male	14 (77.8)
Female	4 (22.2)

Race

Caucasian	16 (88.9)
Indian	2 (11.1)

Smoking status

Life long smoker <20	1 (5.6)
Life long smoker >20	6 (33.3)
Ex-smoker <20	2 (11.1)
Ex-smoker >20	4 (22.2)
Non-smoker	5 (27.8)

Drinking status

Life long drinker <21	1 (5.6)
Life long drinker >21	4 (22.2)
Ex-drinker <21	3 (16.7)
Ex-drinker >21	3 (16.7)
Non-drinker	7 (38.8)

Other risk factors

Chronic sun bathing	12 (66.7)
Chronic non-healing wounds	1 (5.6)
Genetic syndromes	0 (0.0)
HPV infection	0 (0.0)
Ionizing radiation	0 (0.0)
Environmental carcinogens	0 (0.0)
Artificial UV radiation	0 (0.0)

Clinical description

Macules	3 (16.7)
Papules	9 (50.0)
Ulcers	6 (33.3)

Presenting complaint/concern

Pain	4 (22.2)
Itchiness	8 (44.4)
Bleeding	3 (16.7)
Cosmetic	12 (66.7)
Fear of malignancy	16 (88.9)

Results

Primary site (18 lesions)

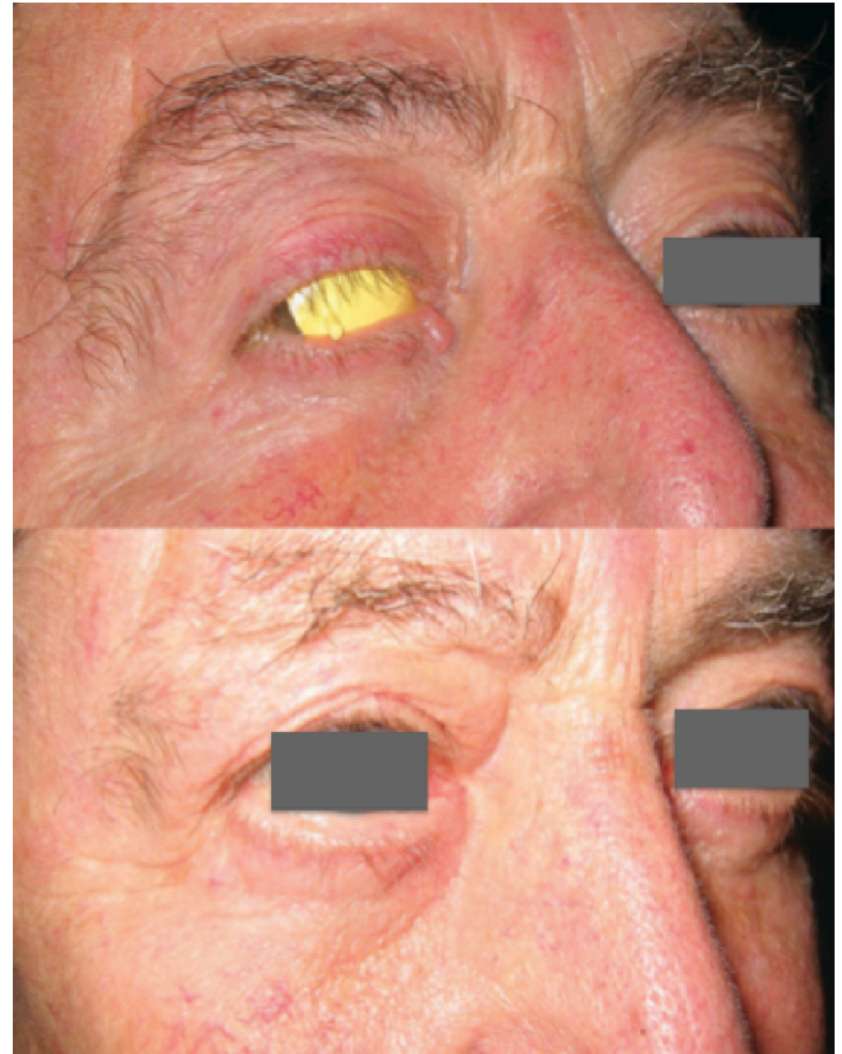
Supraorbital area	1 (5.6)
Infraorbital area	4 (22.2)
Medial canthal area	6 (33.3)
Lateral canthal area	7 (39.9)

Relevant Medical history

Hx of actinic keratosis	7 (38.9)
Hx of BCC	6 (33.3)
Hx of skin SCC	3 (16.7)
Immunodeficiency	1 (5.6)
Hx of other SCC	1 (5.6)

Diagnosis

Thin SCC	4 (22.2)
BCC	14 (77.8)



1st round of PDT for SCC

Complete response	4 (100.0)
Partial response	0 (0.0)
Stable disease	0 (0.0)
Progressive locoregional disease	0 (0.0)
Progressive metastatic disease	0 (0.0)

1st round of PDT for BCC

Complete response	12 (85.8)
Partial response	1 (7.1)
Stable disease	1 (7.1)
Progressive disease	0 (0.0)

2nd round of PDT for BCC

Complete response	2 (100.0)
Partial response	0 (0.0)
Stable disease	0 (0.0)
Progressive disease	0 (0.0)

Recurrence	0 (0.0)
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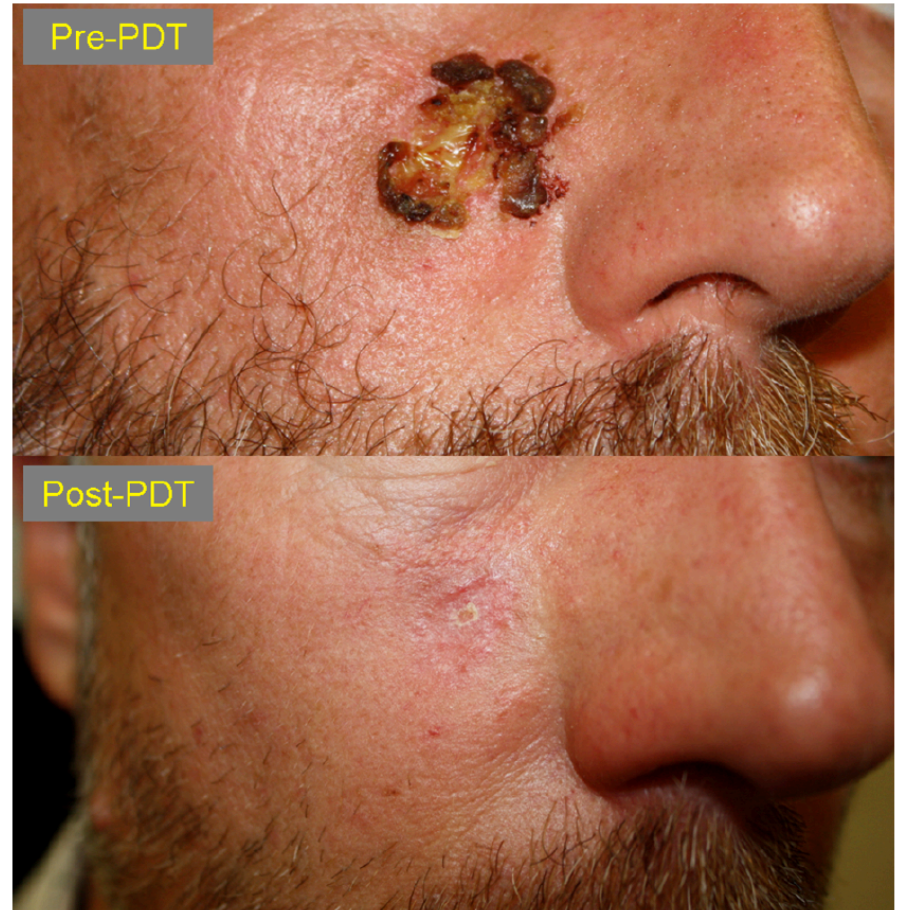
Results

Follow-up

Minimum	31
Maximum	58
Mean \pm SD (months)	38 \pm 6.2

Final cosmetic outcome

Excellent (9-10)	15 (83.3)
Good (VAS 7-8)	2 (11.1)
Fair (VAS 4-6)	1 (5.6)
Poor (<4)	0 (0.0)



Conclusion

- PDT is a successful modality in the management of these pathologies with an excellent cosmetic outcome.
- PDT should be considered as an alternative therapeutic strategy for the adequate and cosmetic treatment of lesions in these areas.

Thank you

Questions?