

ROZBEH TORABI, MD x RADBEH TORABI, MD x RAMYAR TORABI, MD x KRISTA SINCLAIR, FNP-C, RNFA
Phoenix | 10910 N. TATUM BLVD, SUITE B-100, PHOENIX, AZ 85028 | Tel. (480) 291-6895 | Fax: (480) 948-3750
Chandler | 1120 S. Dobson Rd. Chandler Suite 110, AZ 85286 | P: (480) 937-0180 | Fax: (480) 948-3750

EYELID SKIN CANCER

Most skin cancers around the eyes arise from the upper layer of the skin, called the epidermis. Sun exposure is the single most important factor associated with skin cancers on the face, eyelids, and arms. The most common cancer on the eyelids is *basal cell carcinoma*, and less commonly *squamous cell carcinoma*. Rare tumors include *sebaceous cell carcinoma* that arises from the oil glands in the skin, and *malignant melanoma*, which develops from pigment cells. Both of these two tumor types are more serious and can spread to other parts of the body. Most skin tumors enlarge slowly, are painless, often bleed, and - when on the eyelid margin - can cause loss of lashes.

Treatment of skin cancers is best done when the tumor is still small. Although several non-surgical techniques, such as freezing or laser are available, around the eye we prefer surgical excision so that the margins can be examined by a pathologist to make sure there are no microscopic tumor cells remaining. This procedure is known as Mohs microsurgery and is performed by a Mohs-trained specialist. Mohs surgery gives the best results with the lowest rate of tumor recurrence. Following Mohs surgery to remove the tumor, the eyelid or upper face is reconstructed by an oculoplastic surgeon. This aims to restore an eyelid that protects the eye and give a good cosmetic result.