

# Bilateral swollen eyelids occurring during adjuvant treatment with tamoxifen for early breast cancer

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## CASE REPORT

A 56-year-old woman had been treated with surgery and radiotherapy for a pT1N2 hormone-receptor-positive lobular carcinoma of the left breast. She received adjuvant treatment with five cycles of FEC chemotherapy (5-fluorouracil, epirubicin and cyclophosphamide) and afterwards endocrine treatment with tamoxifen.

After seven months on tamoxifen, she presented to the dermatologist with oedema of the eyelids of both eyes, continuously present and progressive since several months. Previous treatment with antibiotics had not given any relief. Her vision was somewhat disturbed. She had no pain or other complaints. Angio-oedema due to tamoxifen was suspected. Treatment with antihistamines and prednisone was not helpful, nor was stopping the tamoxifen. The swelling was progressive and became indurated. Then a biopsy of the lower left eyelid was taken and the patient was referred to the internist. Besides the extensive swelling of the eyelids with slight red-blue discoloration of the skin (*figure 1*), there were no other abnormalities at physical examination.

## WHAT IS YOUR DIAGNOSIS?

See page 246 for the answer to this photo quiz.

**Figure 1.** Photo showing bilateral swollen eyelids, scar of biopsy left lower eyelid



Photo is showed with permission of the patient.

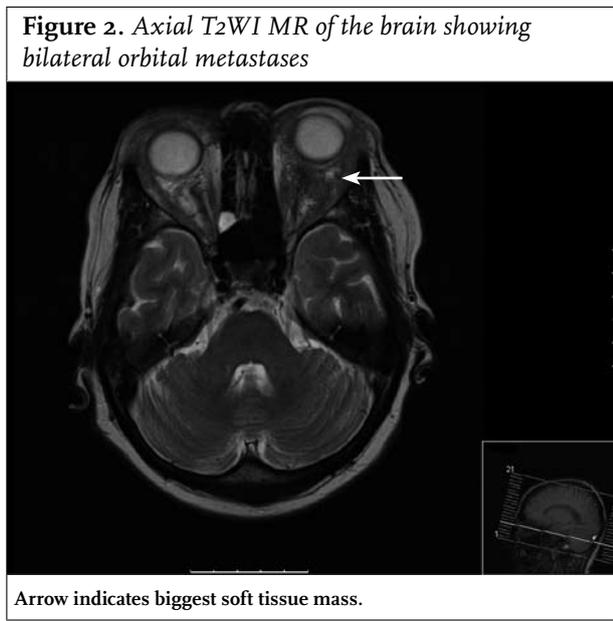
ANSWER TO PHOTO QUIZ (ON PAGE 245)

BILATERAL SWOLLEN EYELIDS OCCURRING DURING ADJUVANT TREATMENT WITH  
TAMOXIFEN FOR EARLY BREAST CANCER

DIAGNOSIS

The differential diagnosis of swollen eyelids encompasses infections (cellulitis, sinusitis, trichinosis), allergy, several forms of angio-oedema, hypothyroidism, Graves ophthalmopathy, nephrotic syndrome and other causes of hypoalbuminaemia, malignancies, lymphoedema, cavernous sinus thrombosis and autoimmune diseases.<sup>1</sup> In this patient most of these diagnoses could easily be excluded. The biopsy of the left eyelid showed subcutaneous metastases of adenocarcinoma, matching the earlier diagnosed breast cancer. An MRI scan showed orbital masses with contrast enhancement, which fitted with orbital metastases (*figure 2*).

Further diagnostic work-up revealed diffuse skeletal, liver and peritoneal metastases. Palliative chemotherapy with docetaxel was given. Unfortunately, the patient developed progressive systemic disease under this treatment. Palliative radiotherapy to both orbital contents (36Gy) did not give local relief either. Orbital metastases were the first sign of disseminated breast cancer in this patient. The orbit is an unusual site for metastases. Several authors have reported their experience with metastases to the orbit in case reports. Breast cancer accounted for the majority of cases. Survival is usually limited due to other systemic metastases. Patients complained of blurred vision, diplopia and pain. A biopsy is necessary to confirm the metastatic nature of the lesion.<sup>2</sup> Treatment consists of hormonal therapy, chemotherapy or radiotherapy.



CONCLUSION

Swollen eyelids caused by orbital metastases as the first sign of metastasised breast cancer.

REFERENCES

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2. Shields JA, Shields CL, Brotman HK, et al. Cancer metastatic to the orbit: The 2000 Robert M. Curts Lecture. *Ophthal Plast Reconstr Surg.* 2001;17(5):346-54.