Quizzical optical coherence tomography

We often question our diagnoses, but how often does your diagnosis question you? A patient was referred for surgical management of an epiretinal membrane. During the encounter, she asked *many* intelligent questions. Amazingly, the optical coherence tomography of her macula seemed to reflect her quizzical nature and was found to have a question (mark) of its own! (Fig. 1)

Mark E. Seamone, [*] **Netan Choudhry,** [†] **John Chen,** [‡] **John Galic,** [‡] **R. Rishi Gupta** [*]
[*]Dalhousie University, Halifax, N.S; [†]Herzing Eye Institute, Toronto, Ont; [‡]McGill University, Montreal, Que.

Correspondence to:
Mark E. Seamone, MSc, MD: mark.e.seamone@dal.ca

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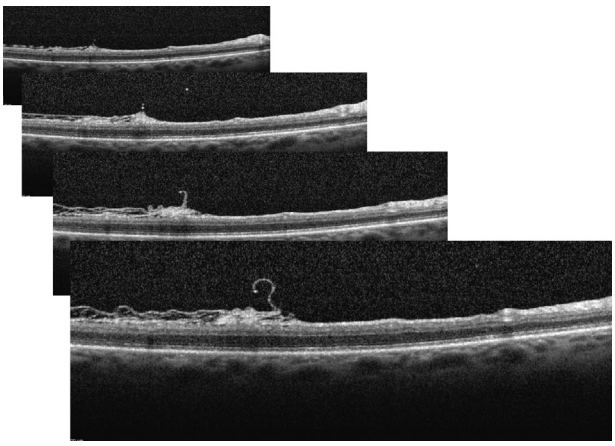

Fig. 1—A quizzical OCT. Macular OCT demonstrating visually significant epiretinal membrane that has taken the configuration of a question mark. OCT, optical coherence tomography.

Sebaceous adenomas in the absence of Muir–Torre syndrome

Sebaceous adenomas (SA) are rare tumours that have commonly been regarded as pathognomonic of the rare autosomal dominant cancer predisposition syndrome, Muir–Torre syndrome.[1] We present 2 cases of isolated eyelid SA and examine their clinical features and investigations for association with Muir–Torre syndrome.

Two unrelated male patients, 51 and 57 years old, respectively, presented with very slowly enlarging upper eyelid lesions that had been present for over a year. Neither patient had a personal or family history of cancer. On examination, both lesions were 4–5 mm in maximum diameter and were well-circumscribed, yellow, exophytic, and verrucous papules with surface telangiectasis (Fig. 1). Excision biopsy followed by histological examination found both lesions to be SA. Immunohistochemistry work-up showed normal expression of DNA mismatch repair (MMR) proteins, including MSH2, MSH6, MLH1, and PMS2. Neither patient has had recurrence or evidence of tumours elsewhere at 6-month follow-up.

SA is a benign and slow-growing skin tumour. It usually bears the appearance of a well-circumscribed exophytic yellow papule that is often mistaken as basal cell carcinoma.[2]

Identification of SA is crucial because of its association with Muir–Torre syndrome. In Muir–Torre syndrome, germline mutations in MMR genes result in regions of DNA microsatellite instability and subsequent increased risk of developing internal malignancies, commonly colorectal and genitourinary carcinomas.[3] After histopathological diagnosis of SA, immunohistochemistry of MMR protein expression should be conducted. If these identify abnormal (negative staining) protein expression or the patient has a personal or family history of cancer, a systemic or oncological work-up for Muir–Torre syndrome is indicated.[4,5] To date, the most commonly

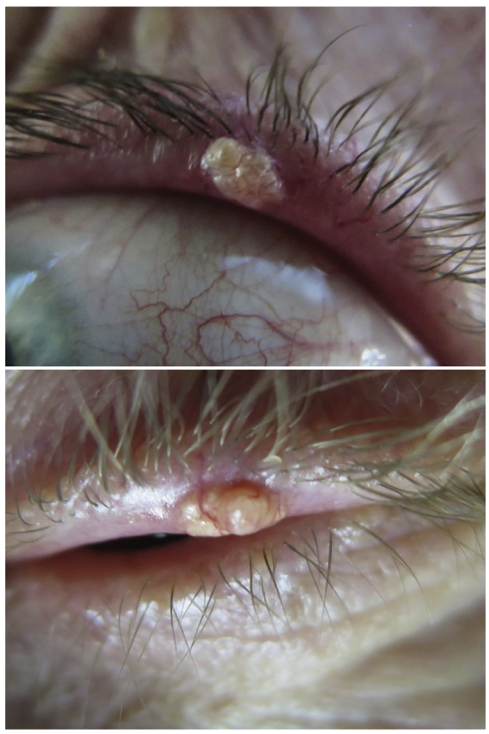

Fig. 1—Two separate cases (top and bottom) of solitary sebaceous adenomas of the left upper eyelid, showing features of a yellow well-circumscribed pedunculated and verrucous papilla with overlying capillaries on the surface.