

## **Surgical treatment of eyelid tumors**

Basalioma is the most common malignant eyelid tumor in Caucasian patients. Other more rare tumors include squamous cell carcinoma, sebaceous cell carcinoma, melanoma and merkel cell carcinoma. Tumors with different histopathology vary in their recurrence and metastatic profile. The incidence of eyelid tumors is increasing. Alternative treatment options have recently emerged. However, surgical treatment with pathological confirmation of tumor removal, still remains the golden standard for treatment of malignant eyelid tumors with smallest recurrence rates. The aim of surgery most commonly is curative.

Eyelids have important functional and aesthetic role to the patient and this becomes especially significant in larger defects. Therefore it is important to save as much normal tissue as possible for optimal postoperative outcome. The margins needed for different malignant eyelid tumors vary depending on the type of tumor. Guidelines regarding margins in different eyelid malignancies vary and will be discussed. When smaller margins are used it is important to utilize margin control techniques such as Mohs surgery, slow Mohs or frozen sections. Their indications and limitations will be discussed.

Good knowledge of eyelid anatomy is essential in choosing the optimal reconstructive method for the patient. Basic eyelid anatomic facts will be covered. Principles of reconstruction of anterior and posterior eyelid lamellae and the most common basic reconstructive techniques with grafts and flaps will be presented. Treatment of rare and large eyelid tumors should be centralized to centers with options for multidisciplinary approach.