ative therapy (prednisone, mycophenolate) prevented any reaction against CPXV, facilitating viral persistence and the graft failure. It is unclear whether the underlying diabetic condition had any effect on disease progression. No specific antiviral therapy exists for CPXV infection, but the application of cidofovir probably inhibited viral replication. Nevertheless, therapeutic options are limited, underscoring the potential risk of CPXV infection to humans.

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Discussion | Clinically evident nodal metastasis developed in this patient 11 years after treatment of primary sebaceous carcinoma of the left caruncle. To our knowledge, regional or distant metastasis of primary sebaceous carcinoma has not previously been reported this late after excision for any primary tumor location.

Review of the literature reveals reported rates of regional nodal metastasis of 4% to 20% for sebaceous carcinoma of the eyelid and conjunctiva.1-3,5-6 In a recent analysis of 50 patients with eyelid sebaceous carcinoma from our institution, we found that primary tumors classified as T2b or more extensive or at least 10 mm in greatest diameter were associated with an increased risk of regional nodal metastasis.7 On the basis of this observation, we recommended sentinel lymph node biopsy in patients with either of these primary tumor characteristics to detect micrometastasis not detected by palpation or routine imaging of regional lymph nodes.

In another recent report of sebaceous carcinoma from all head and neck sites, higher histologic grade was associated with a higher rate of regional metastasis, and 12 of 79 poorly differentiated eyelid sebaceous carcinomas (15%) metastasized, compared with 0 of 19 well-differentiated cases.5

The standard local treatment for sebaceous carcinoma is complete surgical excision with negative margins. Mohs surgery or similar techniques with frozen-section control of margins are often advocated for skin cancer to achieve negative
Margins and preserve healthy tissues; however, owing to the propensity for skip lesions (intraepithelial neoplasia) in sebaceous carcinoma, microscopic intraepithelial neoplasia may be present even with negative margins and may lead to local recurrences. It is interesting that our patient developed a late regional nodal metastasis without any evidence of local recurrence. One plausible explanation is that the primary sebaceous carcinoma in the caruncle was a very low-grade, slow-growing carcinoma that gained access to the lymphatic channels at the time of original diagnosis and before surgical removal of the ocular tumor and, because of its slow-growing nature, it took 11 years for the nodal metastasis to reach a size to be detectable on palpation by the patient.

Typical follow-up for a patient with periocular sebaceous carcinoma includes serial examination of the ocular surgical site, palpation of the regional lymph nodes, and imaging (eg, ultrasonography or computed tomography) of the regional lymph nodes for 5 years after resection of the primary tumor. Although it is unrealistic, on the basis of this single case, to recommend surveillance of patients with periocular sebaceous carcinoma beyond 5 years, it is important for clinicians and patients to be aware of the potential for late nodal metastasis of sebaceous carcinoma beyond the initial 5 years after diagnosis and treatment of the ocular tumor. Patients with ocular and periocular sebaceous carcinoma should be educated regarding the possible but rare incidence of late relapse in the regional lymph nodes and the location of lymph nodes at risk in the parotid and submandibular regions.

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Congenital Cystic Eye In Utero: Novel Prenatal Magnetic Resonance Imaging Findings

First described in 1939, congenital cystic eye is an exceedingly rare orbital malformation due to failure of optic vesicle invagination during embryogenesis. Approximately 30 to 40 cases have been reported. The malformation consists of anophthalmic orbit containing a fluid-filled cyst and, frequently, rudimentary ocular derivatives. Concomitant nonocular malformations including intracranial anomalies and systemic malformations are often found in association. Discovery is typically after birth. Diagnosis is based on clinical, imaging, and histopathological characteristics. Generally, surgical excision is performed, ameliorating the expansile cyst and facial dysmorphism.

Herein, we report a case of congenital cystic eye with left frontal dysplasia, colpocephaly, and agenesis of the corpus callosum and septum pellicudum discovered in utero via ultrasonography. Prenatal and postnatal magnetic resonance imaging (MRI) characteristics, clinical and histopathological findings, and surgical management are discussed. To our knowledge, no previous cases of congenital cystic eye observed via prenatal MRI have been reported to date.

Report of a Case | Prenatal ultrasonography of a 28-year-old woman at 23 weeks' gestation disclosed a heterogeneous orbital mass. A noncontrasted abdominal MRI at 26 weeks' gestation revealed a large left orbital cystic mass and agenesis of the corpus callosum and septum pellicudum. The mass was generally hypointense (dark) on T1-weighted images and hyperintense (bright) on T2-weighted images, similar to cerebrospinal fluid (Figure 1). Posteriorly, tissue with mixed signal intensity was observed on T2-weighted images, consistent with internal septations. No significant solid component or globe was identified.

The cyst did not significantly enlarge during the pregnancy. Examination of the female child revealed a protruding purplish orbital mass (Figure 2A), which transilluminated homogeneously. The eyelids were separated by normal-appearing conjunctiva. Palpation disclosed a spongelike consistency and no apparent globe.

Orbital MRI with and without contrast and brain MRI without contrast were obtained after birth (Figure 2B). The cyst was generally hypointense on T1-weighted images and hyperintense on T2-weighted images, similar to cerebrospinal fluid. The internal septations enhanced heterogeneously with gadolinium. Extraocular muscle was present inferiorly. Optic nerve merged with the posterior aspect of the cyst, but no globe was present. Absent corpus callosum and septum pellicudum, colpocephaly, left frontal lobe dysplasia, and a right dacryocystocele were also noted. Karyotype analysis in the form of an