

### A. Dermoid cyst

The dermoid cyst (A) is a benign mature teratoma.

**Etiology/pathogenesis.** The cyst is a congenital lesion due to deep sequestration of epidermal tissue.

**Epidemiology.** Manifestation extends from birth to early adulthood. There is no sex predisposition.

**Clinical features.** An bulging elastic tumor, ca. 1 cm, of variable mobility usually develops in the upper temporal lid region. An intraorbital location is possible.

**Diagnosis.** The diagnosis is made clinically.

**Differential diagnosis.** Tumors of the lacrimal gland, mucocele, hemangioma, lymphangioma, inflammatory processes.

**Treatment.** Surgical excision is the treatment of choice. Observation is also possible depending on the size.

**Prognosis.** Benign, not recurrent, no known risk of malignant transformation.

### B. Capillary Hemangioma

The capillary hemangioma (B) is a benign neoplasm of blood vessels.

**Etiology/pathogenesis.** Unknown.

**Epidemiology.** There is a greater incidence in females.

**Clinical features.** A usually superficial bright red to purple lesion is observed usually on the surface of the upper lid ca. 1 cm in size and of spongy consistency.

**Diagnosis.** The diagnosis is made clinically.

**Differential diagnosis.** Cavernous heman-gioma, nevus flammeus, lymphangioma.

**Treatment.** Steroid induction of spontaneous regression along with laser and cryocoagulation are possible.

**Prognosis.** Benign, not recurrent. Regression with complete remission in up to 90% in the first years of life.

### C. Xanthelasma

Xanthelasmas (C) are flat yellowish tumors in the region of the medial canthus, which are due to deposits of cholesterol in macrophages.

**Etiology/pathogenesis.** Approximately 50% of affected patients suffer from hypercholesterolemia, otherwise it is due to a local disorder of lipid metabolism.

**Epidemiology.** The disease affects older women more often.

**Clinical features.** Bilateral, yellowish, flat plaques are most commonly found at the medial canthus.

**Diagnosis.** The diagnosis is made clinically.

**Differential diagnosis.** None.

**Treatment.** Apart from treatment of the underlying disease, the main treatments are surgical excision or laser ablation for cosmetic reasons.

**Prognosis.** Benign, recurrent.

### D. Keratoacanthoma

The keratoacanthoma (D) is a spherical epithelial tumor.

**Etiology/pathogenesis.** Unknown.

**Epidemiology.** The tumor occurs predominantly in later life. There is no sex predisposition.

**Clinical features.** Within a few weeks, a broad-based tumor 0.5–1 cm in diameter with a central keratinous crater develops, which resolves after a few weeks leaving a flat scar.

**Diagnosis.** The diagnosis is made clinically.

**Differential diagnosis.** Squamous cell carcinoma, basal cell carcinoma, common wart, actinic keratosis.

**Treatment.** Because it is sometimes difficult to distinguish it from squamous cell carcinoma, surgical excision with histological examination is recommended.

**Prognosis.** Benign, not recurrent, no known risk of malignant transformation.

### E. Other

In addition to the described tumors, benign lesions of the lid also include seborrheic and actinic keratoses, **nevi (Ea)**, congenital hemangiomas, lymphangiomas, fibromas and neurofibromas, along with epidermoid cysts. The **cutaneous horn (Eb)** occupies a particular position. This is a yellow-brown growth of the skin of various histogenesis, which is excised because of the risk of malignant transformation.

### A. Dermoid Cyst



### B. Capillary Hemangioma



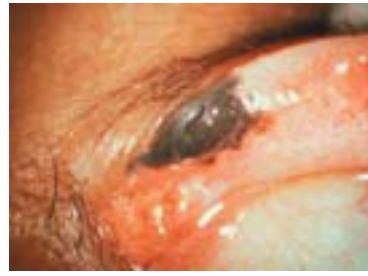
### C. Xanthelasma



### D. Keratoacanthoma



### E. Other



a Nevus



b Cutaneous horn