CASE REPORT

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A Rarity, Oncocytoma of the Eyelid

Nadir Bir Durum, Gözkapağı Onkositomu

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Abstract

Eyelid tumors are most common in the skin, and lacrimal gland and adnex origin are very rare. Although oxyphilic adenoma (oncocytoma) is generally located in the internal organ, it is one of the rare areas where it can hold around the eyes. Oncocytomas are one of the rare benign tumors that usually appear as cystic lesions around the eyes and can be diagnosed with punctum biopsies. If it is not excised totally, it is one of the tumors that can progress locally and become malignant. Although the cases with periocular, peripunktal and lacrimal glands are located in the literature, eyelid placement is very rare.

Keywords: Eyelid, oncocytoma, oxyphilic adenoma

Öz

Göz kapağı tümörleri en sık deri kaynaklı olup, lacrimal gland ve adnex kaynaklı olanlar oldukça nadirdir. Oksifilik adenom (onkositom) genellikle iç organda olmasına rağmen, göz çevresi de tutabildiği nadir bölgelerden biridir. Onkositomlar genellikle göz çevresindeki kistik lezyonlar olarak görülen ve punktum biyopsileri ile teşhis edilebilen nadir görülen benign tümörlerden biridir. Total olarak eksize edilmezse lokal agresif seyredip malignleşebilen tümörlerdendir. Periokuler, peripunktal ve lakrimal gland yerleşimli olgular literatürde yer almasına rağmen, göz kapağı yerleşimi oldukça nadirdir.

Anahtar kelimeler: Göz kapağı, onkositom, oksifilik adenom

Introduction

Oxyphilic adenomas (oncocytomas) are generally benign, rarely malignant tumors with distant spread. Hamper described it benign adenomatous tumours composed of oncocytes (1). Metastasis often depends on the exact site. These tumors could have been found in several organs including kidneys, liver, breasts, testes, endocrinal glands such as adrenals, thyroid-parathyroid and pituitary glands. Oculer forms are not common and usually examined in benign form. Some of them have orbital involvement, the incidence of ocular oncocytoma has been estimated to be 0.3 per milion/year (2), often considered as malignant. Eyelid forms are very infrequent and surgical excision is the rightful treatment of choice. However, although very rare, recurrence of the eyelid, lacrimal sac and lacrimal gland have been reported (3,4).

Case Report

A 66-year-old man presented in 2014 with a three year of slowly enlarging five lesions with the diameter of 0.2 cm min to 0.4 cm maximum at the left lower eyelid (Image 1). According to the patient, there was no discomfort or pain but only cosmetic problem on the first examination. Lesions were found to be brownish to reddish in colour, round shaped and tended to fluctuate. All of them were completely removed and excision material was sent to pathology department.

Results

The light microscopic examination showed a tumor composed of tubulopapillary structures lined by large cells with eosinophilic granular cytoplasm (Figure 1 and 2). No atypia, mitotic activity, necrosis, or hemorrhage was identified. The histological diagnosis of oncocytoma was

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Image 1. Patient's lower eyelid

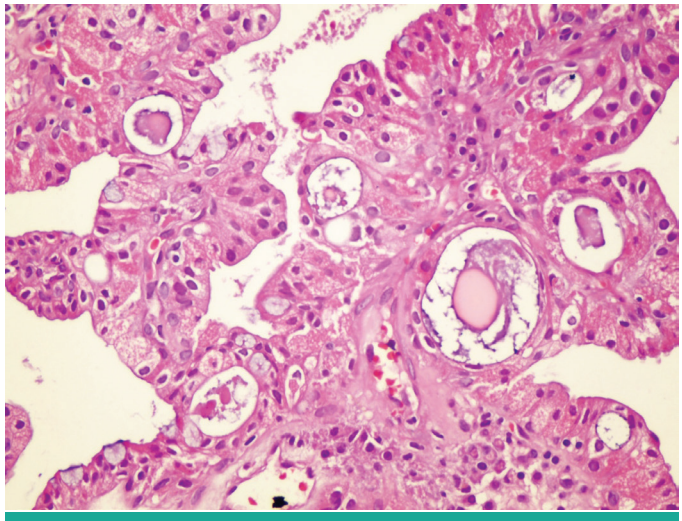

Figure 1. Multiple tubulopapillary proliferations lined by epithelial cells with intensely eosinophilic cytoplasm (HE, x100)

established. By the way, the patient was followed up for one year, week by week prior to the surgery for the first month and once every three months, respectively. Radiotherapy was not a choice of treatment after the operation. There was no sign of recurrence, neither metastatic lesions through this period. Therefore, a complete surgical excision and a closure with advencement flep made from lower lid skin was performed. We complied with all the reconstructional principles of eyelid closure. A comfortable and cosmeticaly satisfactory result was gained with no complaints from the patient who continued being asymptomatic.

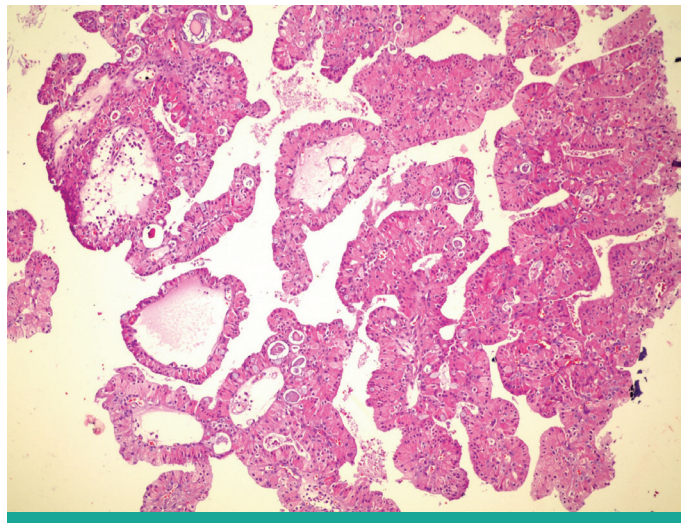

Figure 2. Columnar cells with granular, eosinophilic cytoplasm, indicating an oncocytic lesion (HE, x400)

Discussion

Brick and Schiagenhauffwere mentioned the oncocytes in the ophthalmic regions by noting their presence in the lacrimal glands (5). First case of an oncocytoma of the ocular adnexae was reported by Radnot (6). In the literature, there are limited cases of the upper of lower eyelid with onocytomas. The reason behind this is the rarity of the oncocytomas of ocular appendages. These tumors may develop in the lacrimal glands (7), sac (7-10), and the caruncle (7-9,11-15). Some palpebral oncocytomas like this case originate from the epithelium of Moll's gland or from the epithelium of the lacrimal duct (16-19). In spite of appereance of oncocytes in the lacrimal apparatus, palpebral involvement is a rare site for tumor formation (20). These tumors ordinarily grow slowly and stay asymptomatic. On the other hand, local recurrence can sometimes be seen in malign formations, notably after partial excisions. It was reported by Perlman et al. (21) and Tomic et al. (22) that recurrance could be likely after surgery. So, complete excision, close observation, and routine follow-up are advised. In our case, because the tumors were in a plural-flat form, it was complicated to be sure for deciding whether they were originated from lid or somewhere else. Oncocytomas manifesting themselves in the ocular adnexa region are rare. Regardless of their benign features, developing into a malignant pattern is always possible.

In the current case, we addressed oncocytomas might have gone unnoticed, often been referred as a different skin lesion because of their nevus-like appearance to the naked eye. We need to study and examine these tumors

more precisely for a proper diagnosis, determination, and rightful treatment. This can lead us to find the tumors' exact origin, foresee malignant progression and also describe the clinical-histological factors truely. By reporting a patient having oncocytomas on his lower eyelid, we aimed to emphazise this issue particularly.

Ethics

Informed Consent: All forms of consent are available to share the patient's photos and data after surgery.

Peer-review: Externally peer-reviewed.

Authorship Contributions

Concept: P.K., C.L., Design: P.K., C.L., Data Collection or Processing: P.K., T.B., Analysis or Interpretation: P.K., T.B., Writing: P.K.

Conflict of Interest: The authors declare that there is no conflict of interest with regard to this manuscript.

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