VEASEY (C.A.)

PRIMARY SARCOMA OF THE LACHRYMAL CARUNCLE, WITH THE REPORT OF AN ADDITIONAL CASE.

BY

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(*With two plates in the text.*)

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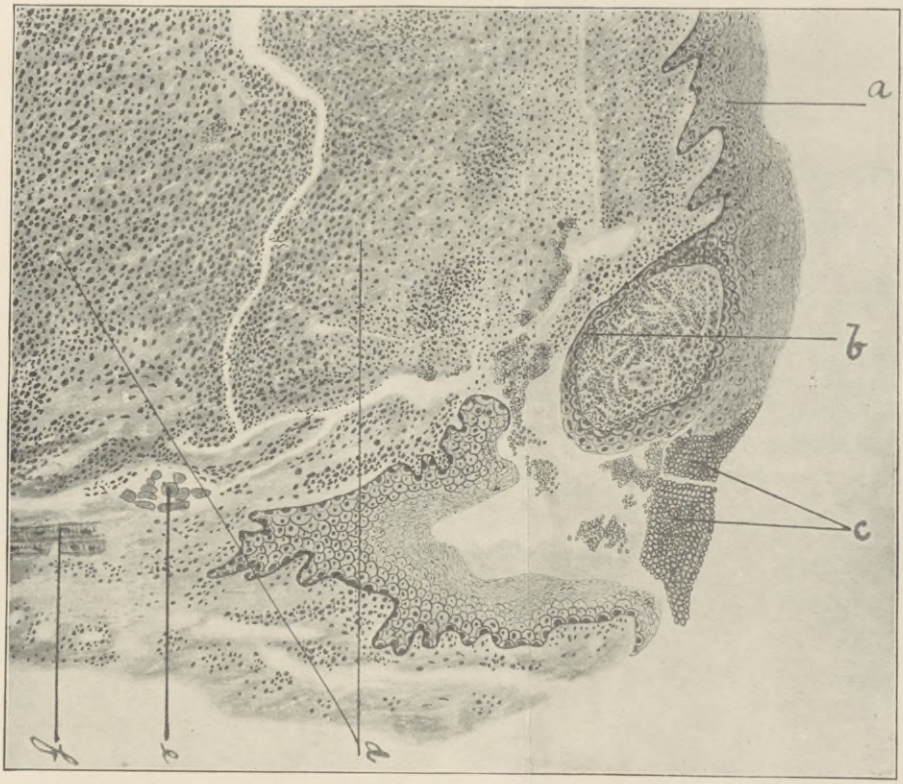

FIG. I.

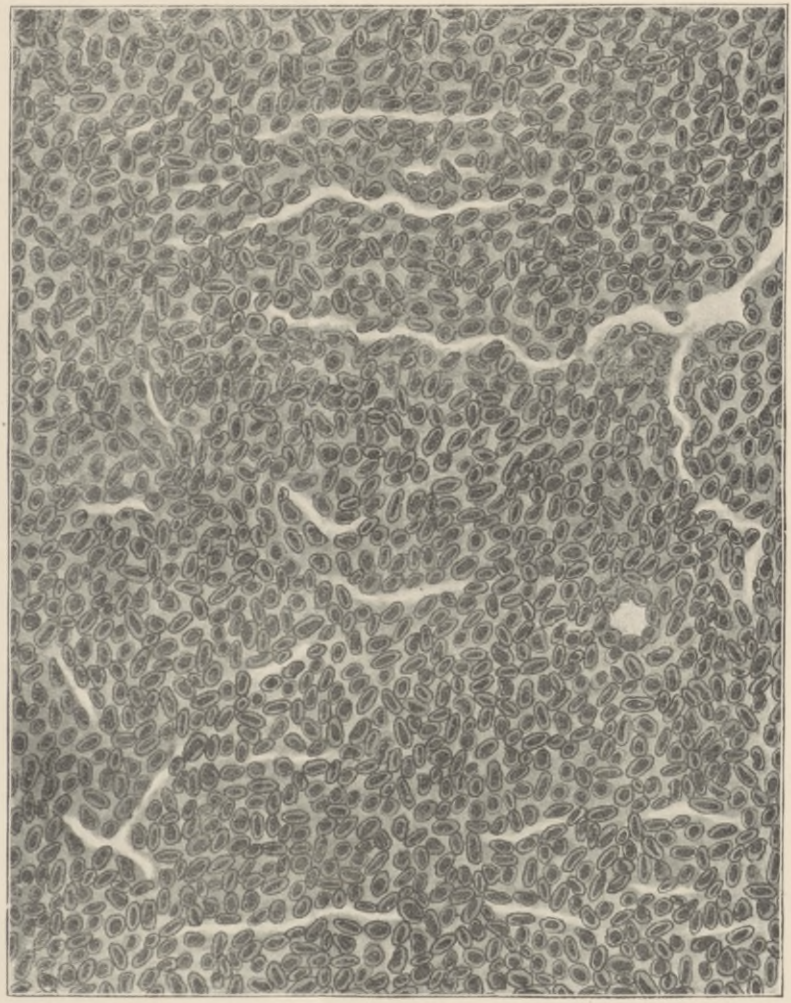

FIG. 2.

PRIMARY SARCOMA OF THE LACHRYMAL CARUNCLE, WITH THE REPORT OF AN ADDITIONAL CASE.

By C. A. VEASEY, M.D., of Philadelphia.

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PRIMARY sarcoma of the lachrymal caruncle is an affection so seldom seen that a report of the following isolated case requires no apology.

B. R., male, aged twenty-six years, consulted me for a small growth situated upon the lachrymal caruncle of the right eye that he had first noticed seven weeks before. At the time his attention had first been directed to it the size was not greater than that of an ordinary pin's head, but at the time of my examination it had become as large as a small green pea. No symptoms had been occasioned by its presence further than a slight irritation at the inner canthus, causing, at times, moderate lachrymation. The growth was attached by a small pedicle, was somewhat redder than the remaining portion of the caruncle and the surrounding conjunctiva, and according to the patient's statement there had been "scabs on it twice." There seemed to be slight ulceration at the time of the examination, but at no time had there been the least pain. No family history of syphilis, tuberculosis, or growths of any kind could be elicited.

The growth was carefully dissected out and the point of attachment thoroughly cauterized with the actual cautery.

After hardening in Müller's fluid sections were made which, when viewed through the microscope, show the growth to be a non-pigmented sarcoma consisting of large and small round cells, with very little intercellular substance. The ulcerated portion

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shows very distinctly, and in its immediate neighborhood the mucosa is seen dipping deeply into the growth in a manner not unlike that found in beginning carcinomata. The growth is moderately vascular, the vessel walls being made up of layers of cells, and a few hemorrhages are seen here and there. There is very little pigment found in any of the sections, but all of them show muscle fibres divided transversely and longitudinally.

One year has elapsed since the removal of the growth and there have been no symptoms of recurrence.

In looking over the literature of the subject the following cases have been found.

In 1854 A. von Graefe[1] records a case of "connective-tissue tumor" which had existed one year and had grown to the size of a hazel nut and in which microscopical examination showed symmetrical layers of long and spindle-shaped cells—his description evidently giving it a place among the sarcomata.

In 1873 Gillette[2] reports a case that recurred five times in five years and finally became so large as to interfere with the movements of the eyeball. The right caruncle was the one affected and the growth proved to be a melano-sarcoma.

In 1875 Rydel[3] had a case in which the right caruncle was involved, the growth being about the size of a pea, that proved to be a melano-sarcoma, and notwithstanding the entire removal, it recurred again in the same place in a year's time.

A case was recorded by Del Monte[4] in 1879, the growth occurring in a young child and having been first noticed three or four months before the operation. The right caruncle was the one affected and the tumor was presumed to be due to the use of a strong collyrium. At the time of the operation it was as large as a walnut and by pressure on the eyeball caused the latter to be turned upward and outward and interfered with its movements in every direction. The lids were widely separated and the exposed part of the tumor was more or less rough. The lower and inner third of the cornea was also affected. The tumor was extirpated and was found to have some attachments to the bony wall

of the orbit, but the author states there is no doubt of the origin being from the caruncle. The child died four days after the operation. Microscopical examination showed the growth to be a "telangiectatic fibro-sarcoma," composed mostly of small round cells.

The only other case I could find was that of Despagnet.[5] The patient was a female, aged thirty years. The growth had existed for eight months, was attached by a small pedicle to the left caruncle, was shaped like a mushroom and contained numerous lobules. It was of the color of red wine, and the slender pedicle was about 4 *mm* long and the body about 2½ *cm* long by 1½ *cm* broad. The family history was good. The internal part of the eye was inflamed. After removal of the growth the parts were cauterized and microscopical examination showed it to be a non-pigmented sarcoma.

Thus it is seen, there were two cases of non-pigmented sarcoma (Despagnet's and my own), two cases of melano-sarcoma (Gillette's and Rydel's), and two cases in which the question of pigment is not referred to (Graefe's and Del Monte's). In four of the cases the right caruncle was the one affected, in one only the left caruncle was the point of selection, and in one the seat of the disease is not stated. Early adult life seems to be the age especially susceptible to the occurrence of the affection, and when once begun the growth is extremely rapid. The attachment of the tumor may be by a slender pedicle, thus, to a certain extent, resembling an ordinary polypus, or by extensive adhesions even reaching into the orbital cavity (Del Monte's case). The color is usually of a deeper red than the surrounding conjunctiva and the size varies from that of a pin's head to that of a walnut, or even larger. They are very prone to recur in, or near, the same place after removal, and the microscopical examinations show that the round and spindle-celled varieties apparently occur with equal frequency. The cause in one case was presumed to be the application of a strong collyrium, but in none of the other cases could any cause be ascribed.

Early and thorough removal of the growth as soon as de-

tected and, in addition, thorough cauterization of the parts seems to be the best method of treatment.

Explanation of the Plates.

FIG. 1.

a. Mucous membrane.
b. Mucosa dipping into the tumor substance as in beginning carcinomata.
c. The ulcerated portion.
d. The body of the tumor.
e. Transverse section of muscle fibres.
f. Horizontal section of muscle fibres.

FIG. 2.

The magnification is higher, showing the cells, and in the outer portion a transverse section of a blood-vessel.

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