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KARIM, Mohammed M.
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YAMAMOTO, Misao [et. al.]

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INFLAMMATORY PSEUDOTUMOR OF THE LACRIMAL SAC

Mohammed M. KARIM*, Masanori INOUE*,
Misao YAMAMOTO*, Naoki KANOMATA**,
Chiho OHBAYASHI** and Hiroshi ITO**

*Department of Ophthalmology
**Division 1, Department of Pathology
Kobe University School of
Medicine

INDEXING WORDS

lacrimal sac; inflammatory pseudotumor; diagnosis; management

SYNOPSIS

A case of inflammatory pseudotumor of the lacrimal sac is presented. The patient was first consulted for epiphora and swelling of the right lacrimal sac region. A mass was found on computed tomography(CT) and finally it was removed by dacryocystectomy. The diagnosis of inflammatory pseudotumor was confirmed by histopathological sections.

INTRODUCTION

Lacrimal sac neoplasms are uncommon and among them the inflammatory pseudotumors comprise 25% and the malignants 75%(Spencer,1986). Duke-Elder(1952) reviewed 117 cases of lacrimal sac tumors and 26 of them were inflammatory pseudotumors. So far we know, only very few cases of lacrimal sac inflammatory pseudotumors have been described in recent years. The clinical features of a case of lacrimal sac inflammatory pseudotumor are presented and the diagnostic and therapeutic problems are discussed.

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Authors' names in Japanese: カリム・モハメド・ムヒブール, 井上正則, 山本　節
鹿股直樹, 大林千穂, 伊東　宏

REPORT OF THE CASE

In 1994, a 46 year-old woman presented to Kobe University Hospital Eye Department with the chief complaints of epiphora and swelling of the right lacrimal sac region for approximately three months duration. She denied any history of infection, trauma or bloody discharge from the right lacrimal system or nose. She was a non-smoker and did not give any history of drug abuse or allergies. She had no history of sinus problems or systemic diseases.

On physical examination the findings were as follows: oral temperature 98.4°F; pulse 72/min. and regular in rhythm and respiration 18/min. Her blood pressure was within normal limits. No systemic abnormality was detected. Ocular examination showed visual acuity in both eyes to be 20/20. Pupils were circular, equal and reactive to light and accommodation. Extraocular muscles were full and orthophoric. Eyelids and eyelashes were found to be normal. However, an elastic-hard mass was detected in the right lacrimal sac region on palpation. No abnormality was seen in sclera, cornea and conjuctiva of both eyes. Biomicroscopic examination showed normal anterior chamber depth without cells and flares. The lens and iris were within normal limits in both eyes. Bilateral fundoscopic examination revealed no fundal anomaly. Intraocular pressure was within normal range in both eyes.

On laboratory examination, no abnormal finding was found. Orbital CT was done and a tumor was detected in the right lacrimal sac area(fig.1). A dacryocystectomy was performed with removal of the lesion.

Pathologic findings

The specimen was 10x8x8mm sized, elastic hard mass. Microscopically inflammatory infiltration, vascular proliferation and fibrosis with hyalinosis were seen in subconjuctival connective tissues. Infiltrating cells were mainly lymphocytes and plasmacytes(fig.2) that showed polyclonality in immunohistochemistry; further histocytes, fibroblasts and few eosinophils were admixed. We diagnosed the case as an inflammatory pseudotumor.

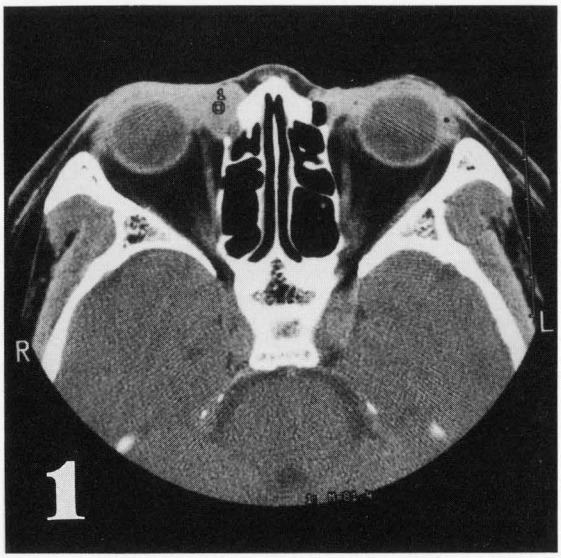

Fig. 1.
Orbital CT showing mass in the right lacrimal sac area.

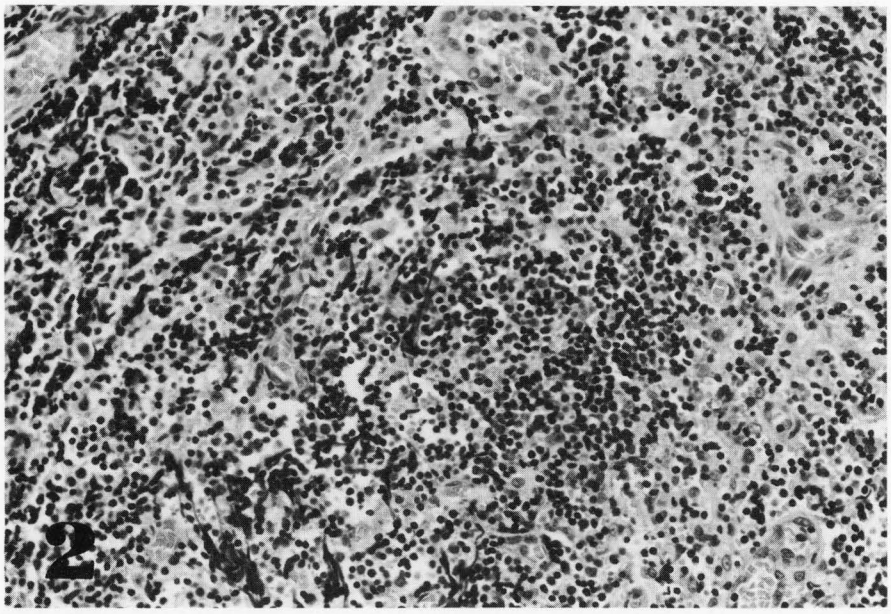

Fig. 2.
Pseudotumor of the lacrimal sac showing inflammatory cells mostly composed of lymphocytes and plasma cells. (Hematoxylin and eosin, x200).

DISCUSSION

In 1952 Duke-Elder reviewed the world literature and he found a total of 117 cases of lacrimal sac tumors. Of the 117, 26 cases were inflammatory pseudotumors and 91 were true neoplasms. Most authors agreed that numerous factors may produce pseudotumors. Filipowicz(1993) reported a case of giant stone of the lacrimal sac. In our case, the pathogenesis of the lacrimal sac pseudotumor is unknown. Clinically it is difficult to confirm the diagnosis of a pseudotumor. After physical and clinical examinations we performed orbital CT and it showed no orbital anomaly except for a mass in the right lacrimal sac area. It is well known that most of these pseudotumors are recognized after biopsy or surgery. We also confirmed our case on histopathological examination.

The management and treatment of lacrimal sac pseudotumors correlate with the pathological findings of the tumor. However, as the tumor is benign in nature and placed anteriorly so dacryocystectomy with removal of the tumor usually seems to be satisfactory. It has been described that the orbital pseudotumor, generally carries a good prognosis both for vision and life. Leone and coworkers(1985) presented a study on 45 cases of orbital inflammatory disease. Coop(1961) reported a study of 47 cases of orbital pseudotumors. He followed-up 39cases from 6 months to 10 years and described his results as almost satisfactory. In our study the inflammatory pseudotumor of the lacrimal sac is followed-up for approximately 1 year with no signs of recurrence or complication.

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