Oncocytoma of the Lacrimal Duct: A Rare Tumor of Eyelid

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Abstract
This report demonstrates a rare case of lacrimal duct obstruction from a rare tumor. A 69 year-old otherwise healthy woman presented with a small nodular lesion in the plica semilunaris of left upper eyelid. Microscopic evaluation of the excised tumor revealed an oncocytoma.

Introduction
Most lacrimal duct obstruction is caused by chronic inflammation. Neoplastic lesions rarely cause lacrimal duct obstruction.1 Tumors of lacrimal sac are rare and most of the tumors have an epithelial origin. Oncocytoma of lacrimal sac is exceedingly rare.2−4 Oncocytomas are benign adenomatous tumors characterized by large, swollen eosinophilic cells with abundant mitochondria.5,6

In this report we present an occult oncocytoma of lacrimal duct in the upper eyelid, which is a very rare entity in ocular region.

Case Report
During the routine physical examination of a 69 year-old systematically healthy woman, a small nodular lesion was detected in the plica semilunaris of left upper eye-lid. The patient was asymptomatic. The upper eyelid mass was 0.3 cm in diameter, pinkish and nodular. Light microscopic evaluation of the excised lesion revealed what appeared to be two separate circumscribed nodular tumors, likely continuing in the same channel beneath the conjunctival epithelium (Figure 1). The tumor was

![Figure 1](image_url)

H&E stained light microscopy of the tumor discloses what appears to be two separate tumors (20x magnification).

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composed of lobules and nodules which shows acinar features lined by oncotypic cells. The tumor cells had abundant, granular and eosinophilic cytoplasm and vesicular nuclei (Figure 2). Mitotic activity or vascular invasion was not seen. These findings are consistent with a diagnosis of oncotypia.

**Figure 2**
H&E stained light microscopy of the tumor discloses tumor cells with abundant, granular and eosinophilic cytoplasm and vesicular nuclei (400x magnification).

**Discussion**
Lacrimal duct obstruction usually manifests with epiphora. In this case, the patient was asymptomatic, and the patient was only diagnosed after routine clinical examination. Often, lacrimal duct obstructions are caused by chronic inflammation, irradiation, dacryoliths, sarcoidosis, and other granulomatous processes. The most common lacrimal duct tumor is a papilloma.

Neoplasms are rare and mostly epithelial nature. In the epithelium, oncotypia of lacrimal sac is exceedingly rare. The benign tumors of the lacrimal duct include squamous papilloma, transitional papilloma, fibrous histiocytoma, oncotypia, and hemangiopericytoma, in order of frequency. The malignant tumors of the lacrimal duct include squamous cell carcinoma, lymphoma, melanoma, transitional carcinoma, mucoepidermoid carcinoma, and adenocarcinoma, in order of frequency. The most serious malignancies of the lacrimal sac are malignant melanoma and transitional cell carcinoma where the latter is associated with a 100% mortality rate.

An accurate diagnosis and clinical follow-up is very important. The biggest challenge in this region is the difficulty of total resection and recurrence of both malignant and benign tumors. Oncotypias are benign epithelial tumors growing in a glandular pattern. The most common location of oncotypias is the salivary glands they may also be found in the thyroid, parathyroid, pituitary, and adrenal glands. The kidney is the one of the well-known locations for oncotypias. Initially, oncocytes were noted in lacrimal glands in necropsy series of Böck and Schlaginhauff in 1938 and first oncotypia case of ocular adnexa was reported by Radnot in 1941.

Early diagnosis of the tumor when it is small makes total excision easier. In these cases, canaliculic progression of the tumor may occur and should be excluded. Benign oncotypias can recur or transform into malignant oncotypia.

**Conclusion**
Although oncotypias rarely occur in the ocular region, oncotypias should be kept in differential diagnosis in cases of dacrictyctitis or lacrimal duct obstruction.

**References**


