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Pleomorphic Lipoma of Conjunctiva- A Rare Case Report

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ABSTRACT

We present a rare case of pleomorphic lipoma, a bilateral sub conjunctival mass. In 62 years male, clinical futures and biopsy consists with Pleomorphic lipoma. The lesions were excised for symptoms and cosmetic reasons. Histopathology raveled pleomorphic & Floret pattern scattered multinucleated cells which confirmed the diagnosis of Pleomorphic lipoma. We described the surgical technique. Followed the case upto one year, there is no recurrence of the mass.

Key words: Acquired, palpabral, lipoma

CASE REPORT

A 62 years male, C/o mass in both eyes since 1 year, Slowly increasing in size with occasional redness, watering.

O/E: Yellowish white mass localized to temporal aspect of palpabral aperture, Soft, normal conjunctival luster, no abnormal blood vessels on surface.Non pulsatile. Ocular movements normal,

BCVA 6/6 OU. Ant Seg. Otherwise normal, Iop 16mm of Hg OD, 18 mm of Hg, OS, Both eyes fundus examination revealed normal appearance (Fig 1).

No abnormal lymph nodes, No H/o thyroid abnormality. No other abnormal subcutaneous swellings. Certain investigations are carried out. Heamograme is within normal limits. Ultrasound

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B Scan Both eyes revealed localized mass confined to temporal aspect of the palpabral aperture, no extension in to orbit on both sides.



Fig 1

Surgical procedure: Under peribulbar anaesthesia, horizantal incision given on the mass, conjunctiva is undermined from the limbus upto the lateral canthus. The mass is dissected from its bed the sclera and excised completely. The conjunctiva is closed with 8,0 silk sutures. The mass is subjected to histopathalogical examination. Post operatively the case is tested with topical antibiotics. Sutures were removed on 8th post operative day. (Fig 2).



Fig 2

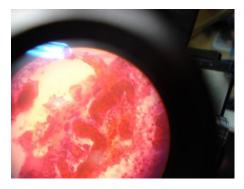


Fig 3

Histopathalogy: Revealed (Fig 3,4)

MICROSCOPIC APPEARANCE

Sections revealed soft tissue mass composed of adipocytes and spindle cells with an occasional cell shows hyperchromatic nuclei. Occasional giant cells with floret pattern of nuclei. No necrosis seen.

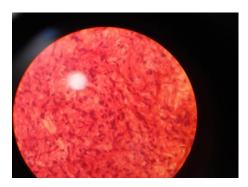


Fig 4

The case followed up periodically up to one and half years and there is no recurrence.

DISCUSSION

The pleomorphic lipoma is a variant of the lipoma, characterized by pleomorphic & scattered multinucleated cells. "Floret pattern" a wreath of nuclei around a deeply eosinophilic cytoplasm. Frequently arises beneath the conjunctiva and bilaterally in the superotemporal part of the eye.

Differential Diagnosis

- I. Subconjunctival herniated Orbital Fat:
 Prolapsed orbital fat through a congenital weakness in Tenon capsule, which progresses with aging
- II. Lachrymal gland tumors:
- III. Churg-Strauss syndrome (CSS, eosinophilic granulomatosis with polyangiitis) is an autoimmune vasculitis of small and medium vessels leading to fibrinoid necrosis. It can involve the

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vasculature of a multitude of organs, including the lungs, nerves, kidneys, heart, and gastrointestinal system with Bilateral bulbar subconjunctival masses

IV. Rosai-Dorfman Disease Manifesting as Relapsing Uveitis and Subconjunctival Masses

Subconjunctival Masses Med 2002;25;621-5

REFERENCES

- Schmack. American Journal of Surgical Pathology. 31:193-198, 2007. 1.
 Pleomarphic adenoma of acc Lacrimal gland Ghassan Oph. 2006.113.879-82
- 2. Shilds. Classification & incidence of space occupying lesions of orbit. A survey of 645 biopsies. Arch. Oph. 1984.102.1606-4
- Auran .Benign mixed tumor of palp lobe of lac gland. Clinical diagnosis, appropriate surgical management. Oph. 1988.95.90-9
- Sanders. Cytogenic observation of human and exp. Salivary gland tumor. Cancer. Gent. Cyto. 1990.44.153-67
- 5. Venkataramayya. Pleomarphic adenoma of krause Gl. IJO. 1976.23.38-9
- 6. Kapoor. Giant pleomarphic adenoma f lacrimal gland .IJO.178.25.52-3
- 7. Batheria SM. Pleomarphic adenoma of lacrimal gland. Exp. Oph. 2004.32.523-5
- Hsin-Yuan Tan. Rosai-Dorfman Disease
 Manifesting as Relapsing Uveitis and