

History

- A 92-year-old female patient was referred for a three-month history of a left conjunctival growth with ocular irritation.
- Her past medical history included: hypertension, back pain and osteoarthritis, all of which were controlled by medication.
- On examination: vision in both eyes was 6/9 aided; there was a pedunculated, non-pigmented, vascularised left caruncular lesion measuring 6x4x4mm (Figure 1); anterior segments and fundoscopy were otherwise normal.
- A left excisional biopsy of the lesion was sent for ophthalmic pathology assessment.
- Macroscopic examination revealed a tan fleshy nodule measuring 4mm in diameter.

Questions

- Figures 2a and b show representative H&E sections of the lesion. How can this be described?
- What are the differential diagnoses?
- What is the most likely diagnosis and what further stains may help?

Figure 1



Figure 2a

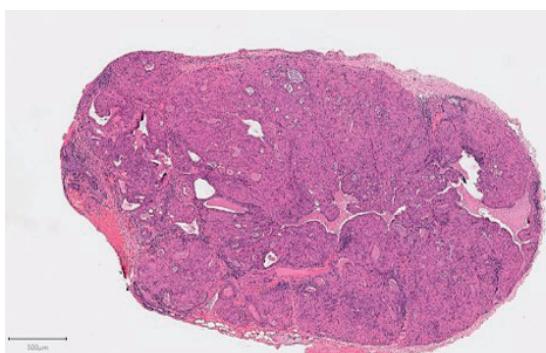
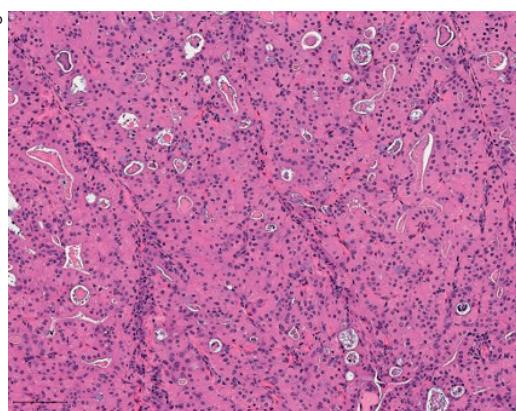


Figure 2b



Oncocytomas are benign tumors of secretory epithelium and can involve many organs more frequently including kidney, thyroid, parathyroid and salivary gland. Ocular oncocytomas are relatively rare, with approximately 3% of lesions arising in the caruncle and are thought to be duetal epithelial neoplasms originating from the lacrimal gland, or accessory lacrimal glands. Other less frequent locations include the lacrimal gland, conjunctiva, eyelid margin and lacrimal sac.

Ocular oncocytomas, however, demonstrate immunopositivity for cytokeratins (CK7, 18 and 19); epithelial membrane antigen (EMA) and myoepithelial marker p63. Special stains: Phospho-tungstic Acid Haematoxylin (PTAH) highlights oncocytes and periodic acid Schiff (PAS) stains the secretions.

3. The appearances are those of an ONCOCYTOMA, with complete excision. No further histomorphology of main tumor and immunohistochemistry.

4. Warthin's (lymphocytic backround); apocrine tumors (apical snouts and decapitation secretions); and other adnexal tumors with oncocytic/ apocrine changes including nevoid secretions), and other adnexal tumors with oncocytic/ apocrine changes including nevoid secretions.

5. Evidence of malignancy. There are scattered cystic areas containing eosinophilic secretions. There is no nuclear atypia; granular cell tumor (no myoepithelial cells, S100 protein positive).

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ANSWERS