Annals of Short Reports and Clinical Images

Clinical Image

Bilateral Lacrimal Gland Swelling – A Clinical Surprise

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Clinical Image

A 40-year-old female came to ophthalmology clinic with complaints of insidious onset, painless and gradually progressive swellings in the outer aspect of both upper eyelids for one-year, right side being more than the left. There was no history of dry eye, dry mouth, blurring of vision, double vision, fever, loss of weight, chronic drug intake or any swellings elsewhere in the body. General and systemic examination was normal. On ocular examination, there were firm swellings with rubbery texture and restricted mobility in the supertemporal aspect of both upper eyelids. No evidence of globe displacement or proptosis noted. Visual acuity, Anterior segment, Fundus examination and Schirmer's test were normal. CECT head and orbit revealed well-circumscribed, homogeneous, mildly contrast enhancing masses with smooth borders in supratemporal fossa of both orbits without bony erosion, calcification or local invasion into soft tissues. USG-guided FNAC of right swelling revealed a monotonous population of intermediate sized lymphocytes with scattered large cells. Differential diagnosis considered were reactive lymphoid hyperplasia and primary extra-nodal lymphoma. Immunohistochemistry showed CD-20 positive and CD-3 cells, thus confirming the diagnosis of a primary low grade extra nodal non-Hodgkin lymphoma. Chest x-ray and ultrasound abdomen were normal. The patient was then referred to a regional cancer centre and started on Rituximab based chemotherapy regimen. The swellings subsided with 4 sessions of chemotherapy. The patient is currently asymptomatic and under annual follow-up in view of early detection of a systemic disease. Lymphoproliferative disorders of lacrimal glands are a rare entity with only 8% of extra-nodal lymphomas arising in the ocular adnexa but their incidence has increased by approximately 6% annually in the last two decades. Around one-third of these tumours usually develop into a systemic disease many years after the presentation as an isolated orbital lymphoid neoplasm, especially if the initial presentation was bilateral. Hence, all such patients should be evaluated thoroughly to rule out systemic involvement and re-examined periodically.

Keywords: Lacrimal gland; Bilateral; Lymphoma; Primary

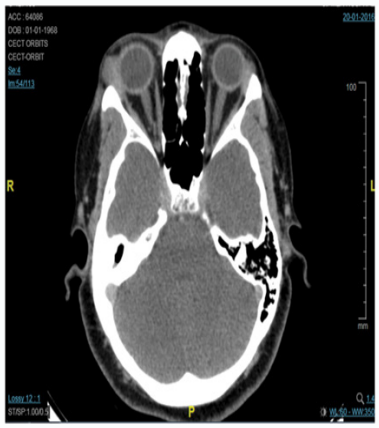

Figure 1: CECT scan revealed well-circumscribed, homogeneous masses in the supratemporal fossa of both orbits without any bony erosion or surrounding infiltration.

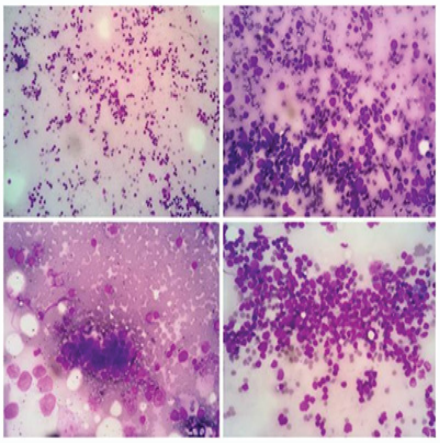

Figure 2: Giemsa stained cellular smears showing Monotonous population of intermediate sized cells with scattered large cells (Magnification - (A) -100x, (B) and (C)- 200x, (D)- 400x).

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