

Clinica-Medical Image

An Atypical Case of Epithelial-myoepithelial Carcinoma of the Lacrymal Gland

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Figure 1: The figure showing (a) Coronal reconstruction (b) Axial plan (c) Sagittal reconstruction.

Clinical Image

A 95-year-old woman presented with history of a right ocular pain of 1 year duration with rapid decreased visual acuity. Examination showed a blepharitis, chemosis and purulent secretions of the right eye. On palpation, a firm, rubbery, non-tender mass was palpable through the upper eyelid. No significant comorbidity was present. Computed tomography scan showed a homogenously enhancing lobulated mass of the inner part of the right eyeball. It is responsible for deformation and loss of sphericity of right eyeball with very likely damage to the right inner muscle, the upper eyelid lifter and the small right-sided muscle. Based on clinical and radiologic findings, diagnosis of a lacrimal gland tumor was entertained and complete excision of the tumor was done through orbital exenteration. Anatomopathological study showed a malignant tumor process with fusiform cells measuring $3.5 \times 2.5 \times 1.5$ cm adhering to the globe ocular and optic nerve. In immuno-histochemical profile, the ductal epithelial cells were found to be strongly reactive for pan-cytokeratin AE1/AE3 for S100, AML and EMA. A final diagnosis of epithelial-myoepithelial carcinoma was made. The patient had a local recurrence 3 months after surgery. Thoraco-abdomino-pelvic CT scan showed no evidence of metastasis. The patient received palliative radiation therapy due to altered general condition, 13 Gy in 2 fractions of 6.5 Gy. The patient died the month after (Figure 1).

Keywords: Carcinoma; Eyelid; Lacrymal gland

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