Ocular papillomata in any form are, in my experience, rare. In March, 1913, a patient consulted me on account of a chronic discharge from his left eye at the inner canthus. On examination I found a large, cauliflower-like growth with a fairly broad pedicle growing from the caruncle. It bled readily on touching it in the process of removing some muco-pus from its surface. There were a number of small nodules near the large one. The growth was removed under cocaine, as well as the small nodules, and the base cauterized. On microscopical section it proved to be a typical simple papilloma. This patient was seen again in June, 1915, when he came to have new glasses. There was no evidence of any recurrence. This is the only case of papilloma of the caruncle I have seen.

On November 13, 1929, I received a call to see an urgent case from a school near Birmingham. I was told a boy was bleeding badly from his left eye. When I saw him the conjunctival sac was full of blood and there was a swelling inside the left lower eyelid which was the source of the bleeding. This swelling I found to be a large pedunculated papilloma, springing from the palpebral conjunctiva and bleeding freely. The boy, who was aged 14 years, could not tell me how long the swelling had been present. There had been no bleeding before. The haemorrhage was really quite profuse. I removed the papilloma by cutting through at the base, taking a little of the conjunctiva around it. There was a fairly large vessel entering the stalk of the papilloma and I stopped the haemorrhage by putting in a small purse-string suture closing the hole in the conjunctiva. The boy had no further trouble and there has been no recurrence, as far as I know. On microscopic section this also proved to be a typical simple papilloma. This is the only case of a papilloma of the conjunctiva I have come across. I have found records of five cases of conjunctival papillomata in the Trans. Ophthal. Soc. U.K. since 1903.

Freytag in Vol. XC of Arch. f. Ophthal. (1915) reviewed the literature and refers to 31 cases made up as follows:

<table>
<thead>
<tr>
<th>Location</th>
<th>Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ocular conjunctiva</td>
<td>6</td>
</tr>
<tr>
<td>Limbus conjunctiva</td>
<td>11</td>
</tr>
<tr>
<td>Semilunar fold and caruncle</td>
<td>10</td>
</tr>
<tr>
<td>Conjunctiva of upper lid</td>
<td>3</td>
</tr>
<tr>
<td>Lacrymal sac</td>
<td>1</td>
</tr>
</tbody>
</table>

On microscopical section this also proved to be a typical simple papilloma. This is the only case of a papilloma of the conjunctiva I have come across. I have found records of five cases of conjunctival papillomata in the Trans. Ophthal. Soc. U.K. since 1903.
This latter is the only record of a papilloma of the lacrymal sac that I know of. In any case, it must be a rare condition and for that reason I put my case on record.

The patient was a woman, aged 39 years, who attended my out-patient department at the Birmingham and Midland Eye Hospital on August 19, 1929, complaining of a swelling at the site of the right lacrymal sac and blood in the eye since August 16. She stated that she used to get some bleeding as a child and had a tumour removed five times in childhood, the last time when aged 13 years, that was to say 26 years ago. This was done by Mr. Whitehead, of Leeds.

When I saw her, her vision was 6/6 in each eye and the eyes themselves normal. On pressure over the right lacrymal sac, which was distended, a blood stained discharge escaped through the punctum into the conjunctival sac and then, on further pressure, pure blood escaped. There were some old scars in the lower lid where I presumed the previous operations had taken place. I made the diagnosis of a papilloma of the right lacrymal sac and decided to remove the sac. This operation I did on August 22. I found the sac very distended and the wall very thin. I could palpate a firm nodular swelling in the sac. Before completing the dissection of the sac this thin wall tore and severe haemorrhage took place. The opening in the sac revealed a large papilloma. This was very friable and had to be removed in pieces. The haemorrhage was so severe that I destroyed the remains of the sac and stopped the haemorrhage by using the Paquelin cautery. The wound was then closed and healed up without any trouble. There has been no evidence whatever of any recurrence.

The pathological report was that it was a simple papilloma. The papillae were composed of cylindrical cells on a definite basement membrane with a vascular core of fibrous tissue.

I then wrote to Mr. Whitehead, at Leeds, asking him if he could trace any records of this case when under his care and he wrote me as follows:—(October 22, 1929)

"I removed a papillomatous growth from the right lower fornix excising the growth and stitching the conjunctiva together. The electric cautery was applied to some small papillomata on the conjunctival surface of both upper and lower lids. There is no note of any microscopic examination, but a note of a similar growth having been treated elsewhere 3½ years before." Mr. Whitehead very kindly gave me permission to publish this information.
PAPILLOMA OF THE LACRIMAL SAC

R. Beatson Hird

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