ADENOCARCINOMA OF THE LACRIMAL GLAND TREATED BY RADIOTHERAPY*

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A case of adenocarcinoma of the lacrimal gland, which responded to radiotherapy, is presented because it is unusual nowadays to see such advanced cases, and such a satisfactory result is most uncommon without surgical intervention.

"The literature shows clearly that these lacrimal tumours on the whole are radio-resistant even to the most intense treatment. As a rule, if improvement is noted, it is only temporary and is followed by the recurrence of activity (Maxwell, 1929, 1932; Godtfredsen, 1948). Recourse must therefore be had to surgery" (Duke-Elder, 1952).

Case Report

A married woman, aged 52, was first seen on March 31, 1958, for a large, friable, necrotic papilliferous growth replacing the whole of the left eye and extending to the orbital margins, except medially where it crossed to the right inner canthus. No nodes were palpable (Fig. 1, opposite).

Questioning revealed that 14 years before a small lump had appeared at the inner canthus of the left eye. This lump was excised, and 6 years later a reddish nodule appeared on the left lid, which gradually increased in size, until it covered the whole eye. Though there had been complete loss of vision for the past 6 years, the patient could appreciate eye movements.

A small nodule of greyish-white tissue measuring 2-8 x 2 x 1-8 cm. was removed at biopsy. The senior pathologist, St. Luke's Hospital, reported as follows:

Section shows numerous foci of greyish-white tissue, partly cystic, and admixed with yellowish necrotic tissue.

Microscopical Examination shows pleomorphic epithelial tumour with malignant characteristics. The arrangement is that of an adenocarcinoma and the closely-packed acinar structures are in some areas supported by a myxomatous matrix. There is no evidence of cartilage or bone formation. Areas of necrosis and aggregates of chronic inflammatory cells are present. The tumour cells show slight variation in size and in shape, and are generally of the tall columnar variety. Mitotic divisions are numerous.

Histological Diagnosis: Adenocarcinoma of the lacrimal gland.

The patient was transferred to the Royal Marsden Hospital, London, for radiotherapy. A second biopsy specimen also suggested that the tumour was an adenocarcinoma of the lacrimal gland.

A course of radiotherapy was started on July 29, 1958, and the tumour regressed a little in size. As the response was thought not to be completely satisfactory, Mr. Hunt
was asked to see the patient, and expressed the opinion that the tumour was resectable, but the patient refused operation.

Radiotherapy was continued until there was a gradual disappearance of all the necrotic material, and the patient was discharged from the Royal Marsden Hospital on October 16, 1958.

The radiotherapy consisted of combined treatment at 2 Mev. and Telecobalt. A tumour dose of 6,600 r was given in 73 days.

**Result.**—Fig. 2 shows the patient’s appearance on March 28, 1960. A follow-up examination carried out on the same day showed a scar covering the whole left orbital area and extending to the left side of the bridge of the nose. Palpation of the orbital area revealed the presence of the eyeball, the mobility of which was still restricted. The orbital bony margins were not involved. No nodes were present.

The patient is now pursuing a normal, healthy life.

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**REFERENCES**


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