ABERRANT LACRIMAL GLAND ASSOCIATED WITH OTHER CONGENITAL ABNORMALITIES*

BY

SÜREYYA GÖRDÜREN

From the Clinic of Ophthalmology, University of Ankara, Turkey

AN aberrant lacrimal gland is an unusual congenital and developmental abnormality. The clinical picture differs from that of an ectopic lacrimal gland, because in the aberrant forms, the main lacrimal gland is in its place and the other gland is additional. In ectopia, the original lacrimal gland is considered to have luxated, and this is not as rare as the appearance of aberrant tissue (Duke-Elder, 1952; Gemolotto, 1956; Mann, 1957; Miani, 1957).

The first case was published by Schirmer (1891), and those of Duclos (1921) and Drak (1925) much later (François and Rabaey, 1951); van Heuven (1928) reported a further case and Eröss (1940) yet another. When the sixth case was reported by Dame (1946), he suggested that this was the first to be published. François and Rabaey (1951) reported a case of their own. Bunce (1952) reported a case of aberrant lacrimal tissue in the iris (Mettier, 1958). Christensen and Anderson (1952) reported a case in which both the cornea and uvea were affected. Boase (1954) and Pérez Allende (1945) reported two separate cases. Hughes and Ballen (1956) described a case of aberrant lacrimal gland in the bulbar conjunctiva. Nover (1957) reported four cases of limbal aberrant glands, and Sommer (1958) and Mettier (1958) described two similar cases.

Thus the published cases of aberrant lacrimal gland in the bulbar conjunctiva amount to sixteen, or including the very rare intra-ocular forms, to eighteen. The rarity of the condition has led to the report of the following case observed in the Clinic of Ophthalmology, University of Ankara; this patient showed certain congenital defects which were not noted in any of the previous reports.

Case Report

A 6-year-old boy was first seen on December 10, 1960, in the out-patients department, with bilateral growths on the bulbar conjunctiva that had been present since birth.

Examination.—On the right eye there was a raised nodule, 10 × 12 mm. in size, situated approximately on the supero-lateral quadrant of the bulbar conjunctiva. The mass was not adherent to the deep layers and vascularization was observed on its yellowish-pink

* Received for publication April 10, 1961.

surface (Fig. 1). When the lids were closed, the nodule could not be seen. The anterior segment and fundus were normal, and the visual acuity was 6/6 with -0.75 D sph.

FIG. 1.—Pre-operative appearance of mass in right bulbar conjunctiva.

The left eye showed a coloboma of the upper lid situated near the inner canthus (Fig. 2). On the bulbar conjunctiva, there was a pink swelling beginning from the supero-lateral quadrant of the globe and invading almost the whole cornea, showing marked vascularization (Fig. 3). As far as could be seen the posterior parts of the cornea, were normal. The visual acuity was counting fingers at 50 cm.

FIG. 2.—Congenital coloboma of left upper lid.

FIG. 3.—Growth in left bulbar conjunctiva involving almost the whole cornea.

Other abnormalities included light brown pigmentation of the skin on the left side of the face, neck, chest, and abdomen. The chest was in the shape of a pigeon breast and a costal chain was present.

Radiological investigations of the nasal sinuses, lungs, skull, sella turcica, and extremities showed nothing abnormal except a cystic appearance at the diaphysis of the left humerus.

These findings suggested a diagnosis of von Recklinghausen's disease, but further investigations did not support this theory.

Laboratory Tests.—The Wassermann reaction and Kahn test were negative. Sternal puncture revealed a slight decrease in the red cells, and a slight increase in the lymphocytes.

The blood count was normal, apart from the increase in the lymphocytes (953). A leucocytosis of 14,200 was present, the red cell count was 4,500,000, and the haemoglobin was 85 per cent.

Pathology.—A biopsy from the left bulbar conjunctiva (examined by Dr. Necati Eranil of the Department of Pathology) revealed polypoid growths, but a more accurate diagnosis was not possible, because of the swollen, oedematous intercellular tissue and the amount of hyalinization. A diagnosis of bilateral congenital dermolipoma of the conjunctiva was then considered, and the growth on the right bulbar conjunctiva was excised (Fig. 4).

FIG. 4.—Growth totally excised from right bulbar conjunctiva.

The pathologist reported that the tissue consisted of serous glandular acini with marked proliferation, surrounded by fibrous tissue, and it was considered that this might be due to aberrant lacrimal gland tissue (Figs 5 and 6).

FIG. 5.—Microscopic appearance of serous aberrant glandular acini in conjunctiva. $\times 100$.

FIG. 6.—High-power view of gland formation in bulbar conjunctiva. $\times 400$.

Summary

A case is presented of aberrant lacrimal gland associated with other congenital abnormalities.

REFERENCES

- BOASE, A. J. (1954). *Brit. J. Ophthalm.*, **38**, 380.
 BRUCE, G. M. (1952). *Trans. Amer. Acad. Ophthalm.*, **56**, 47.
 CHRISTENSEN, L., and ANDERSON, E. D. (1952). *A.M.A. Arch. Ophthalm.*, **48**, 19.
 DAME, L. R. (1946). *Amer. J. Ophthalm.*, **29**, 579.
 DRAK, J. (1925). *Klin. oczna*, **3**, 97. (*Zbl. Ophthalm.* (1926), **16**, 189).
 DUCLOS, L. (1921). *Bull. Ass. franç. Cancer*, **10**, 225.
 DUKE-ELDER, S. (1952). "Text-book of Ophthalmology", vol. 5, p. 4694. Kimpton, London.
 ERÖSS, S. (1940). *Klin. Mbl. Augenheilk.*, **105**, 514.
 FRANÇOIS, J., and RABAËY, M. (1951). *Brit. J. Ophthalm.*, **35**, 237.
 GEMOLOTO, G. (1956). *Arch. Ottal.*, **60**, 74. (*Excerpt. med.*, Sect. XII, 1957, vol. II, p. 21, abstract 72).
 HEUVEN, J. A. van (1928). *Ned. T. Geneesk.*, **72**, 3566.
 HUGHES, W. L., and BALLENG, P. H. (1956). *A.M.A. Arch. Ophthalm.*, **55**, 271.
 MANN, I. (1957). "Developmental Abnormalities of the Eye", 2nd ed., p. 388. B.M.A., London.
 METTIER, S. R. (1958). *A.M.A. Arch. Ophthalm.*, **60**, 488.
 MIANI, P. (1957). *G. ital. Ofal.*, **10**, 462. (*Ophthalm. Lit. (Lond.)*, vol. 11, p. 811, No. 4814).
 NOVER, A. (1957). *Klin. Mbl. Augenheilk.*, **130**, 483.
 PÁEZ ALLENDE, F. (1954). *Arch. Ofal. (B. Aires)*, **29**, 199. (*Ophthalm. Lit. (Lond.)*, vol. 8, p. 353, No. 2027).
 SCHIRMER, O. (1891). *v. Graefes Arch. Ophthalm.*, **37**, pt. 1, 216.
 SOMMER, G. (1958). *Klin. Mbl. Augenheilk.*, **133**, 415.