ADENOMA IN AN EYELID*

BY

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A TUMOUR in the eyelid can present a most interesting diagnostic problem as it may arise from any one of a number of structures. Among the rare tumours is a pleomorphic adenoma of salivary gland tissue or mixed salivary tumour.

Case Report

An African female adult aged approximately 50 years, of the Zezuru Tribe, whose home was in the Charter District of Southern Rhodesia, came to Harari Hospital in August, 1962. A lump had been present in the left lower eyelid for about 2 years and was slowly increasing in size. There was no pain and the eye did not water. She had no other complaints and her general health was good.

Examination.—The uncorrected visual acuity was 6/9 right and left and arcus senilis was present in both eyes. There was a firm non-tender slightly lobulated mass in the nasal half of the left lower lid (Figs 1 and 2).

FIG. 1.—Swelling in left lower eyelid, front view.

FIG. 2.—Swelling in left lower eyelid, side view.

It was not adherent to the skin or to the deeper tissues and measured 1.25 cm. in the vertical axis and 1 cm. in the horizontal. The lacrimal canaliculus was stretched over the superior border of the mass so that the punctum lay just nasal to the 6 o'clock meridian on the limbus. It was in apposition to the globe and there was no epiphora.

Operation.—A probe was passed into the canaliculus (which was found to be 17 mm. long) and was left *in situ* while the mass was removed through a skin incision. The tumour was whitish in colour and was lying just below the skin except for a few fibres of the orbicularis oculi which passed over it. It was not adherent to the surrounding tissues and was easily removed *in toto*. The canaliculus had been stretched over the mass but was not otherwise involved.

Result.—The wound healed well and when the patient was discharged from hospital the lacrimal punctum was approximately 1 mm. nasal to the 6 o'clock meridian on the limbus. There was no epiphora and the patient had no complaints. In spite of attempts to persuade her to return for "follow up", she has not been seen again.

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FIG. 3.—Section of tumour. $\times 120$.

Pathology (Fig. 3).—The mass is regularly lobulated and measures 1 cm. in its longest axis. The tumour is composed of epithelial masses some of which have a pseudo-adenoid arrangement showing well-differentiated duct-like structures containing material resembling colloid. Other parts show squamous epithelial masses embedded in a mucoid-like matrix, which in parts strongly resembles cartilage. The appearance as a whole is consistent with that of a benign pleomorphic adenoma of salivary gland tissue.

Discussion

Pleomorphic adenomata occur relatively commonly in the salivary gland. According to Willis (1961),

“About 80 per cent. of them arise in the parotid gland, about 10 per cent. in the sub-mandibular gland, only about 1 per cent. in the sublingual gland, and the remaining 9 per cent. in the small salivary glands in the palate, lips, cheeks, and other sites”.

It is obvious from this that these tumours are rarely found in the eyelids. This is noted by Duke-Elder (1952) who states:

“Pleomorphic adenomata such as commonly occur in the lacrimal and salivary glands have been noted as a rarity in the lids and brows. They are probably associated with ectopic islands of lacrimal gland tissue such as are found frequently in the orbit”.

They have been seen in the conjunctiva and this has been recorded by François and Rabaey (1951) also by Boase (1954).

Summary

A case is presented of a pleomorphic adenoma of salivary gland tissue occurring in the left lower lid. A short discussion of these tumours is given.

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REFERENCES

- BOASE, A. J. (1954). *Brit. J. Ophthalm.*, **38**, 380.
 DUKE-ELDER, S. (1952). “A Text-book of Ophthalmology”, vol. 5, p. 5070. Kimpton, London.
 FRANÇOIS, J., and RABAEY, M. (1951). *Brit. J. Ophthalm.*, **35**, 237.
 WILLIS, R. A. (1961). “The Principles of Pathology including Bacteriology”, 2nd ed., p. 480. Butterworths, London.