FIBROMYXOSARCOMA OF THE EYELID*†

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SARCOMA of the lid is rare, and several varieties have been described and named according to the predominant type of cell. The spindle cell sarcoma which is seen less often is firmer, more circumscribed, and less infiltrating than the round cell type (Vaughan, Cook, and Asbury, 1962). In general, the fibrosarcoma is noteworthy for its slow persistent growth over extraordinarily long periods of time (Stout, 1953).

The fibromyxosarcoma of the upper eyelid described below was unusually large and of 30 years' duration.

Case Report

A 50-year-old Hindu female was admitted to the Medical College Hospital, Jabalpur, on August 24, 1965, with a huge pendulous swelling of the left upper eyelid which had been growing slowly for the last 30 years. It had started as a small firm well-defined painless tumour and had gradually increased until during the past year it had begun to grow rapidly and had also become painful and tender.

Examination.—The tumour covered the entire left side of the face and extended below the margin of the lower jaw. Its circumference was 50 cm. Prominent veins were visible on the surface. Certain nodular areas were soft and cystic but in other places it was firm. The skin and conjunctiva were separate from the tumour and the skin was stretched so much that the lid margin was at the lower pole of the tumour. On lifting the tumour mass, only the conjunctival surface of the pedicle could be seen protruding from the palpebral aperture. The lower eyelid was normal but the left eye could not be seen.

The right eye was normal with visual acuity of 6/9 (Figs 1 and 2).

FIG. 1.—Tumour seen from the right, showing normal right eye. L—Lid margin, C—Palpebral conjunctiva.

FIG. 2.—Tumour seen from the left.

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Systemic Examination.—No abnormality except a swelling in the thyroid. The pre-auricular and cervical lymph nodes were not palpable.

Serum cholesterol 106 mg. per cent.; basal metabolic rate 33; total leucocyte count 4,500/mm.³; erythrocytic sedimentation rate 13 mm./1 hr. The Kahn test was negative. X rays of skull and orbit were normal.

FIG. 3.—The patient after operation.

Operation.—Under local anaesthesia an incision was made on the upper surface of the tumour about 5 cm. below the left eyebrow. After dissecting the skin, the incision was enlarged all around the pedicle of the tumour. The muscles were separated and the thickened septum orbitale was incised near the orbital margin. The whole encapsulated tumour was removed along with skin and conjunctiva. The left eye was found to be quite blind with a dense corneal opacity and was therefore enucleated.

Result.—The post-operative recovery was uneventful. The patient did not agree to skin grafting but was discharged with the wound clean and healing (Fig. 3).

Pathological Report

The specimen consisted of a well-encapsulated, nodular, ovoid mass measuring 17 × 13 × 10 cm. and weighing 3½ lb. The skin and palpebral conjunctiva were intact and separate from the tumour. On sectioning it showed a uniform greyish-white appearance with areas of mucinous degeneration in the peripheral nodules. The central part was yellowish and necrotic, with small cysts. The eye had a dense corneal opacity but was otherwise normal.

Microscopical Examination.—Several sections from the tumour presented much the same appearance. It was a well-differentiated fibrosarcoma with areas of myxomatous degeneration. Sections from peripheral nodules showed loose cellular structure and abundant clear mucoid matrix. Mucicarmin stain was negative (Fig. 4). Sections from

FIG. 4.—Photomicrograph showing loose cellular structure and spindle cells separated by mucoid matrix. Haematoxylin and eosin. × 100.

the firm portion showed masses of spindle cells with unmistakable evidence of malignancy, but mitotic figures were few. The skin and conjunctiva were separated from the tumour by compressed fibrous stroma. The eye was not infiltrated by tumour tissue.

Comment

The tumour is of interest chiefly because of its large size and its long history. It was well differentiated and showed no metastasis. It may have been benign to begin with and later became malignant. Stout (1953) described a fibrosarcoma of 55 years' duration, and Van Duyse (1889) reported a similar tumour which grew to be as large as the patient's head.

Summary

A fibromyxosarcoma of the left upper eyelid of 30 years' duration measured 2,210 cu. cm. and weighed $3\frac{3}{4}$ lb.

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