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COMMUNICATIONS

A CASE OF DERMO-LIPO-CHONDRO-ADENOMA

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THE case here described was twice submitted to operation, first, when aged six weeks, and secondly, when aged five years. The patient, a girl, aged six weeks, was brought to see me on account of a tumour on the right eye which was present at birth. She was the only child of healthy parents. The tumour, at birth, was the size of a pin's head, but grew rapidly so as to interfere with the closure of the lids (Fig. 1).

When first seen the right half of the right eyeball and the cornea were covered by a pink tumour, the size of a hazel nut. In the centre there was a projection resembling skin. The right side of the head and nose was covered with what looked like a flat naevus, and the hair was defective. All this area was raised and of a darker colour than the neighbouring normal skin, though no definite dark pigmentation nor abnormal vascularization were observed. The tumour was removed under local anaesthesia, and was found to be deeply attached. Owing to the extensive loss of substance it was not found possible to cover the denuded area with conjunctiva, so it was left to cicatrize.

Microscopical examination showed that at the central area described above there was a definite epidermal structure with numerous hair follicles, and a thick derma with sebaceous and

FIG. 1.

FIG. 2.

- ad.—Adipose tissue.
- gl.—Glandular tissue.
- c.—Cartilaginous tissue.
- p.f.—Hair follicles.

sweat glands. In the rest of the tumour there was a thick stratified epithelium containing groups of mucous cells. The deepest cells often contained pigment granules, and there were also wide areas

with a network of branching cells loaded with pale brown pigment. The dermal papillae also contained pigment cells (cells of Langerhans) and numerous mucous cells (Fig. 2). The whole tumour consisted of mature connective and adipose tissue containing a considerable amount of hyaline cartilage surrounded by a thin hyaline capsule. At the base of the small tumour there was a long

FIG. 3.

FIG. 4.

bridge of cartilage and close to it a large serous gland composed of four lobes with numerous excretory ducts.

Five years later the patient was brought to me again on account of tumours in both eyes. In the right eye the site of the congenital tumour described above was thickened and slightly pigmented, thinning towards the cornea. On the upper part of this eye, 5 mm. from the cornea, there were two small yellowish tumours covered by the conjunctiva which was not adherent to them (Figs. 3 and 4). On the left eye there was a tumour a little bigger than an almond, widest near the cornea, and extending to the base of the inferior conjunctival *cul-de-sac*, at which part it was more prominent.

There was no change in the skin of the face and head. The blood Wassermann reaction was negative.

The tumours were removed under general anaesthesia, and were easily separable from the conjunctiva. The tumour of the left eye was connected with the orbital contents and had to be cut away from them.

Microscopical examination showed that the tumours consisted of adipose and glandular tissue. They resembled the cases described by Parinaud, Lanelongue, and van Duyse under the name of dermo-epithelioma.

The classical dermoid contains all the elements of the skin, epidermis, derma, papillae, and glands. Cartilage and adipose tissue also may occur. van Duyse suggests that some amniotic adhesion may play a part in their production.

In addition to the complexity of the structure shown in my case, the tumours were not situated in the usual position, *i.e.*, the supero-external part of the eye.

A CASE OF DOUBLE DIABETIC CATARACT. EXTRACTION AFTER USE OF INSULIN TREATMENT

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THE case here related came under our observation last summer and was shown at the Roumanian Ophthalmological Society. In view of the excellent results obtained by operation in a case of bilateral diabetic cataract after insulin treatment we consider the case worthy of record.