CASE NOTES

CONJUNCTIVAL PLASMOMA*

BY

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THIS rare primary plasma cell tumour of soft tissue is usually restricted to the mucous membrane and submucous tissue of the alimentary and respiratory passages of the head and neck, the most frequent sites being the nasal cavity and nasopharynx (Claiborn and Ferris, 1931; Blacklock and Macartney, 1932). Kaufmann (1929) refers also to plasmocytomata of the buccal cavity, tonsils, larynx, and conjunctiva. These form single or multiple, polypoid or lobulated masses projecting into the neighbouring cavities, and though benign they sometimes invade the underlying bones. They are of two types: those of inflammatory origin which usually occur in cases of old trachoma, and those of non-inflammatory origin of uncertain aetiology (Kreibig, 1933).

Case Reports

Case 1, a 60-year-old female, had suffered from entropion of the right lower lid for the last 3 years.

Examination.—When the eyelid was everted a conjunctival growth about $2.5 \times 1 \times 1$ cm. was seen to involve the lateral two-thirds of the lid. The overlying skin was free, but the growth extended down to the lower outer orbital margin. The fornix and bulbar conjunctiva were free. The regional lymph glands were not palpable. Local examination of the eye revealed nothing abnormal.

The patient was healthy, and the blood, urine, and bone marrow showed no abnormality.

Treatment.—The growth was excised leaving the skin and lid margin intact. It was loosely adherent to the orbital margin from which it was cut. The tumour was subjected to microscopic examination and was reported as a plasmoma.

Progress.—The wound healed normally and the patient was discharged, but she returned about a month later with an indurated mass at the same site which was this time adherent to the skin as well. The part involved was excised with some surrounding tissue and the lid was repaired. The case has been followed up for 4 months.

Case 2, a 30-year-old female, presented with a growth over the left eyeball noted for the first time about 3 months before. There had been no local or general complaints except for a sensation of foreign body in the eye.

Examination.—A flattened oval growth 1×0.75 cm. was present in the upper and inner quadrant of the left bulbar conjunctiva, just short of the limbus and the caruncle. There was no conjunctival congestion and the growth could be moved freely over the sclera.

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The eyeball was otherwise normal, and the regional lymph glands were not involved. Routine examinations of the urine, stools, and blood were normal. Serological tests for syphilis were negative. The total blood proteins were 5.85 g. per cent., serum albumin 2.59 g. per cent., and serum globulin 3.26 g. per cent.

Treatment.—The growth was excised together with a few millimetres of the surrounding healthy conjunctiva.

Progress.—The bare sclera which was left to epithelialize, healed uneventfully.

Histological Examination.—The growth consisted of a collection of plasma cells with centrally-located blood vessels. There were large intervening areas of hyalinized tissue. Congo red staining did not reveal amyloid degeneration.

Discussion

The histological appearance of a growth of this kind is such that it is likely to be mistaken for a gumma. The normal regional lymph glands and the negative serological tests for syphilis exclude this. Another possibility is trachoma, but this does not seem probable in the present cases because of the position of the tumours.

In the second case, there was a definite rise in the serum globulin level. It is well known that the plasma cells produce globulin, but the relation of globulin to the development of a plasmoma is uncertain.

Summary

Two cases of plasmoma of the palpebral conjunctiva are described. In the first case the tumour recurred after local excision and a more extensive excision of the surrounding tissue became necessary. In the second case a larger area was excised and there has been no recurrence. The differential diagnosis is discussed.

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