

GLOMANGIOMA OF THE EYELID*

BY

ALY MORTADA

Department of Ophthalmology, Faculty of Medicine, Cairo University, Egypt

KIRBY (1941) reported a case of glomus tumour near the eye. The tumour was attached to the skin of the lower lid and appeared clinically as a small naevus which recurred twice after excision. Although Loewenstein (1949) described glomus cells in the human choroid, no glomangioma has been reported affecting the eye, and this report of another case of an angio-myoneuro-glomal tumour affecting the lid may therefore be of interest.

Case Report

An 18-year-old girl complained of a tender swollen ptosed left upper lid of 5 years' duration (Fig. 1). The swelling was diagnosed as a solid oedema of the left upper lid.



FIG. 1.—Glomangioma of left upper lid, presenting as solid oedema in a girl aged 18 years.

Examination.—The patient's general condition was good. There was no relevant family history, and no history of trauma or of the use of local or general drugs. There were no manifestations of allergy, syphilis, tuberculosis, sarcoidosis, leprosy, or filariasis. There were no endocrine signs of hypothyroidism or myxoedema and no oedema or tumour at any other site in the body. The skin was normal without nodules or pigmentation. There was no renal or heart disease, septic foci, anaemia, or enlarged lymph glands, liver, or spleen.

The blood Wassermann reaction and tuberculin tests were negative. The temperature and blood pressure, haemoglobin, total and differential blood counts, and erythrocyte sedimentation rate were all normal. The urine was free of albumin and sugar, and the faeces free of parasites.

X rays of the orbit in postero-anterior, lateral, and oblique views, and of the paranasal sinuses showed nothing abnormal.

A conjunctival smear was negative for organisms.

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The left eye was not proptosed. The swelling in the left upper lid had come on gradually and steadily. There was no pitting oedema. Palpation showed a firm painful mass in the middle of the lid leading to mechanical ptosis. The other lids were normal.

Both eyes were quite normal, and the visual acuity was 6/6 in both.

Operation.—The subcutaneous tumour was excised. It was encapsulated, firm, and pink and measured 1 × 2 cm. Histopathological examination showed vascular spaces some arterial and others venous, lined by endothelium and surrounded by four to five layers of rounded or cuboidal epithelioid glomus cells (Figs 2 and 3).

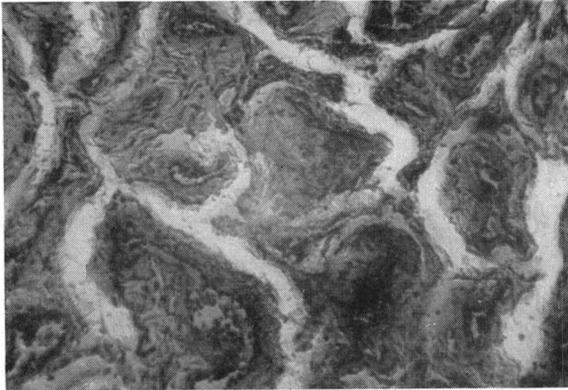
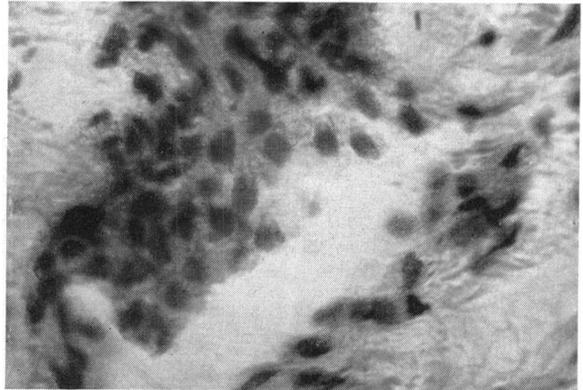


FIG. 2.—Glomangioma of lid, showing vascular spaces some of which are of arterial nature. The spaces are lined by endothelium surrounded by epithelioid glomus myoid cells. × 90.

FIG. 3.—Glomangioma of lid, showing a vascular space lined by endothelium and surrounded by about four layers of epithelioid glomus cells. × 405.



Some of the vascular spaces were large and cavernous, and surrounded by nerve twigs and fibromyomatous tissue (Fig. 4, opposite).

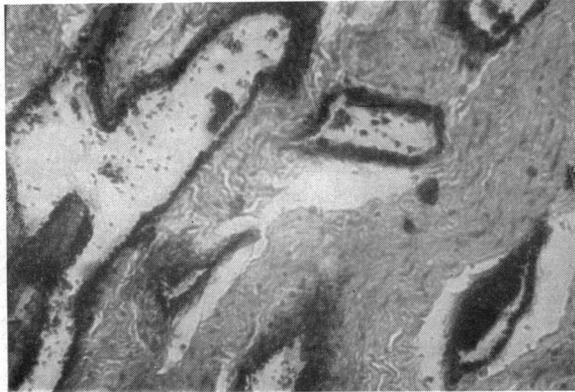
The picture was consistent with glomangioma of the left upper lid.

Progress.—Radiotherapy was given after excision of the tumour, and 2 years later there had been no recurrence.

Discussion

A glomangioma, also called angio-neuro-myoma, neuro-myo-arterial tumour, or glomus tumour, is a benign tumour of the glomus bodies. A glomus is a peculiar direct anastomosis between arteries and veins thickened

FIG. 4.—Glomangioma of lid, showing cavernous vascular spaces surrounded by glomus cells and nerve twigs. $\times 90$.



by the presence of epithelioid cells and supplied by muscular and nervous elements (Duke-Elder, 1952). Glomus bodies, which were first described as normal anatomical entities by Masson (1924, 1935), may present anywhere in the skin, especially in the extremities under the nail bed of the fingers and toes.

Reese (1951) described the glomus epithelioid cells as sharing in the control of circulation of the blood between the normal arterio-venous communications to regulate the peripheral temperature. Murray and Stout (1942) considered them as pericytes, and Cappell (1958) as myoid cells. Their arrangement varies; in some instances they are closely packed around the vascular lining endothelial cells, in others they may be separated from the endothelial cells and from each other by collagen fibres, and in others again they may be clumped together in large masses between the endothelium-lined spaces (Herbut, 1959).

Summary

1. This glomangioma of lid is the second to be described in the literature and the first to be reported from Egypt.
2. This case, which shows that the lids may contain glomus bodies, presented clinically as unilateral upper lid solid oedema of 5 years' duration in an 18-year-old girl.

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