

## Correspondence

### Neurilemmoma of the ciliary body

SIR, I have read with interest the article 'Neurilemmoma of the ciliary body: report of a case' by Renato Rosso *et al.*,<sup>1</sup> where they reported an unusual clinicopathological case. But I would like to propose some considerations. The authors state that only six cases of uveal tract neurilemmoma are reported in the literature and only one of them is a ciliary body neurilemmoma. This is not correct, because according to Shields *et al.*<sup>2</sup> (not cited) the reported cases of neurilemmoma are eight at least (associated and unassociated with neurofibromatosis), and two of them affected the ciliary body. Secondly, I would point out that in the case reported a fine needle aspiration biopsy could be extremely useful. My colleagues and I<sup>3,4</sup> and others too<sup>5</sup> obtained excellent results using this cytological technique in doubtful cases of intraocular neoplasms. Perhaps even if an efficacious therapeutic approach to ocular neurilemmoma is not yet established, this could be a case not 'dedicated' to enucleation.

Unfortunately I must conclude with the statement of Shields *et al.*<sup>1</sup>: 'At present, it seems probable that future patients with rare peripheral nerve tumors of the uvea will be diagnosed clinically as having a malignant melanoma and will be managed accordingly.'

Department of Ophthalmology  
Policlinico,  
I-35100 Padova, Italy

EDOARDO MIDENA

### References

- 1 Rosso R, Colombo R, Ricevuti G. Neurilemmoma of the ciliary body: report of a case. *Br J Ophthalmol* 1983; **67**: 585-7.
- 2 Shields JA, Sanborn GE, Kurz GH, Augsburger JJ. Benign peripheral nerve tumor of the choroid. *Ophthalmology* 1981; **88**: 1322-9.
- 3 Segato T, Midena E, Boccato P. L'aspirazione con ago sottile nella patologia neofornativa oculare. *Atti 61st Congr. SOI, Roma* 1981; 107-111.
- 4 Segato T, Midena E, Boccato P, Piermarocchi S. L'aspirazione con ago sottile nella diagnostica oftalmologica. *Boll Oculist* 1983; **62**: 485-93.
- 5 Czerniak B, Woyke D, Domagala W, Krzysztolek Z. Fine needle aspiration cytology of intraocular malignant melanoma. *Acta Cytol (Baltimore)* 1983; **27**: 157-65.

SIR, Dr Midena's letter raises some interesting points of discussion. Concerning the number of uveal neurilemmomas reported in the literature, it must be stressed that we included only cases with clinicopathological features unquestionably supporting their origin from peripheral nerves of the anterior segment of the globe. Inconclusive data on the exact localisation and the real nature of the nervous tumours led to the omission of some cases reported by Shields *et al.* The original case described by these authors was not included because the lesion arose in the macular region, and despite extensive investigations it was not definitively ascertained whether the tumour was a neurofibroma or a neurilemmoma.

Regarding the usefulness of fine needle biopsy cytology in the diagnosis of intraocular neoplasms, we agree with Czerniak *et al.* that this technique is not to be considered as a routine procedure, while being useful for selected cases of

melanoma. We have serious doubts about the role that this method may play in the preoperative diagnosis of peripheral nervous tumours. Cytological differentiation between malignant melanomas, epithelioid neurofibromas, and pigmented neurilemmomas may be extremely difficult; moreover the distinction between benign, borderline, and malignant Schwannomas is often based on the number of mitoses observed in a large number of high-power microscopic fields.<sup>1</sup> The differential diagnosis between neurofibromas and neurilemmomas, tumours with completely different evolutionary possibilities, sometimes presents severe problems even on ultrastructural examination.<sup>2</sup>

In conclusion, we think that only careful histological examination may have a definitive role in the diagnosis of peripheral nerve tumours, at least until new techniques (e.g., immunocytology) will permit reliable conclusions to be drawn from fine needle specimens.

Institute of Pathologic

RENATO ROSSO

Anatomy,  
University of Pavia,  
via Forlanini 16, 27100 Pavia,  
Italy

Department of Ophthalmology,  
University of Pavia,  
p.le Golgi 2, 27100 Pavia,  
Italy

ROBERTO COLOMBO

### References

- 1 Rosai J. *Ackerman's surgical pathology*. Mosby, St Louis: 1981.
- 2 Enzinger FM, Weiss SW. *Soft tissue tumors*. Mosby, St Louis: 1983.

### Recurrence of keratoconus

SIR, I read with great interest the paper by Nirankari and co-workers<sup>1</sup> in which they describe recurrent keratoconus in a donor cornea 22 years after successful keratoplasty. I highly doubt whether this represents recurrent disease; I believe the patient inadvertently received a donor cornea with keratoconus. This suggestion is further demonstrated by the unilaterality of the 'recurrence.' If this disease were due to some type of intrinsic effect from the host, the 'recurrent' keratoconus should be bilateral. An examination of the recipient of the fellow donor eye would be of great value in this controversy. This information may dispel the notion of 'recurrent' keratoconus.

Department of Ophthalmology,

RICHARD A. EIFERMAN

School of Medicine,  
University of Louisville,  
Louisville,  
Kentucky 40202,  
USA

### Reference

- 1 Nirankari VS, Karesh J, Bastion F, Lakhanpal V, Billings E. Recurrence of keratoconus in donor cornea 22 years after successful keratoplasty. *Br J Ophthalmol* 1983; **67**: 23-8.

SIR, It is certainly possible that what we describe<sup>1</sup> could represent the inadvertent use of a donor cornea with kerato-