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Original Research Paper

Ophthalmology

SOLITARY NEUROFIBROMA OF LID: A COSMETIC BLEMISH

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ABSTRACT

65 years old male presented with right upper eyelid mass since 2 years. It was painless, gradually increasing in size. No history of trauma, surgery, any other mass lesion and no systemic complaints. His only concern was people told him that it does not look nice. He was concerned about his appearance. So successfully removed the cyst by excision biopsy, on histopathology examination sample contained fusiform cells with wavy nuclei arranged in fascicles suggestive of neurofibroma. Systemic examination revealed no any other association. Patient regained good cosmesis and diagnosed as had a neurofibroma. Diagnosis is important as there is possibility of recurrence , transformation to malignant lesion and the association of systemic malignancy. So, neurofibroma should be one of the differential diagnosis of any tarsal cyst and ophthalmologists should be aware of that.

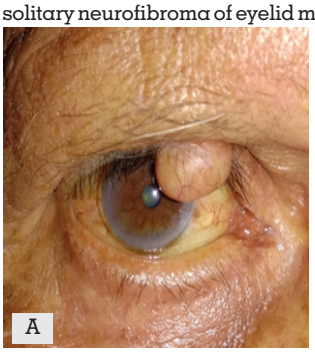
KEYWORDS : Neurofibroma, Benign Tumor, Cosmesis

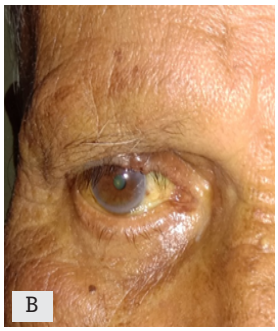
INTRODUCTION:

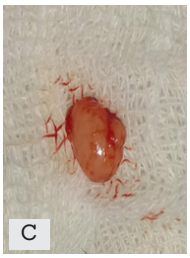
Eyelid mass lesion can be inflammatory, infectious or neoplastic in origin. Among neoplastic lesions, it can be a benign or malignant lesion. Neurofibroma is a benign nerve-sheath tumor in the peripheral nervous system. Neurofibromas can present as dermal or plexiform neurofibroma. Dermal can present as solitary neurofibromas but plexiform neurofibromas mostly found in persons with neurofibromatosis type 1(NF1), an autosomal dominant genetically inherited disease. Dermal neurofibromas are more often benign tumors but plexiform neurofibromas are difficult to treat and may transform into malignant tumors.

Case summary:

A 65 years old male presented with a mass lesion on right upper eyelid since 2 years. It was painless and had not increased significantly over this time period. There was no history of surgery, trauma, any other mass in the body. His only concern was that it does not look nice, and was causing him cosmetic upset. On examination, there was a globular lump at the lid margin of upper eyelid covering half of the palpebral fissure , it was around 10*8 mm in size, nontender, covered by overlying skin, not adhered to underlying tarsal plate. Best corrected visual acuity was 6/6, anterior and posterior segment examination was normal. Left eye was normal. Excision biopsy of the lump was performed under local anaesthesia after informed consent. Lump was entirely removed and send for histopathology. Histopathology analysis described fusiform or spindle shaped cells with wavy nuclei arranged in fascicles suggestive of neurofibroma. There was no evidence of malignancy and dysplastic change. After histopath report patient was called and further examined systemically for neurofibromatosis. It was confirmed that there is no history of any other lumps anywhere on his body, no skin changes consistent with café-au-lait spots, auxillary freckles and no history of malignancy. No evidence of iris lisch nodules. Hence, a diagnosis of isolated solitary neurofibroma of eyelid made.







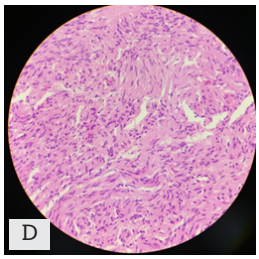


Figure A: Pre-operative photo showing mass on right upper eyelid
Figure B: Post- operative photo
Figure C: globular solid mass after removal
Figure D: Histopathology slide demonstrating spindle shaped cells

DISCUSSION:

Neurofibroma is a peripheral nerve sheath tumor, arise from the nerve sheaths in the peripheral nervous system and are mostly benign. They are mostly painless, but may be painful sometime and disabling too. Neurofibromas mostly associated with neurofibromatosis typel (Von Recklinghausen disease) but may present as solitary mass lesion [1]. According to diagnostic criteria for NF1 as described by the National Institutes of Health in 1987, an individual have NF1 if two or more of the following specific features are present- Café au lait spots on skin, iris lisch nodules, optic pathway glioma, axillary freckles, neurofibroma, plexiform neurofibroma, bony dysplasia and a first degree relative with NF-1[2]. Malignant transformation though rare but can occur minority of cases. There are around 10 case reports about solitary neurofibroma of the eyelid, hence it's not uncommon to find solitary neurofibroma [3]. The only concern is that ophthalmologists should be aware to include it in their differential diagnosis of any eyelid lump. The reason for that is the neurofibroma might be the first presenting sign for systemic neurofibromatosis. And also the solitary eyelid neurofibroma might transform to malignant lesion or associated with systemic malignancy. There is also recurrences seen in neurofibroma, so one must be aware about this.

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