Case Report

Papillary oncocytoma of eye lid- A rare case

Madhusmita Behera1,*, Subhra Dhar2
1 Dept. of Orbit and Oculoplasty, Rotary Narayana Nethralaya, Kolkata, West Bengal, India
2 SRL Diagnostics, Kolkata, West Bengal, India

A R T I C L E  I N F O

Article history:
Received 11-04-2020
Accepted 22-04-2020
Available online 22-12-2020

Keywords:
Oxyphil adenomas
Papillary oncocytoma

A B S T R A C T

Papillary oncocytoma is an uncommon tumor arising within the ductular cell lining of glandular structures. These tumors contain transformed epithelial cells with eosinophilic granular cytoplasm containing densely packed abnormal mitochondrias. Ocular oncocytomas are usually benign in nature, but occasionally there can be malignant transformation, with both local and distant spread. We are reporting a case of papillary oncocytoma, who was managed with surgery without any recurrence on follow up.

1. Introduction

Papillary oncocytoma or oxyphil adenomas are uncommon tumors arising within the ductular cell lining of glandular structures. In these tumors we get transformed epithelial cells, with eosinophilic granular cytoplasm containing densely packed abnormal mitochondrias. Oncocytomas have been found in various organs, including the thyroid, adrenal gland, kidney, liver and breast. However ocular oncocytomas are usually benign in nature, but occasionally there can be malignant transformation, with both local and distant spread. This again depends on the location, as oncocytoma of lacrimal or caruncle origins are generally benign,1 those with orbital involvement may be malignant. The commonest site of oncocytoma is the caruncle, whereas oncocytoma of eyelid margin is very rare.1–4

2. Case Report

A 50 years old male patient presented to us with two years history of a slowly enlarging cystic lesion in the right eye lower lid. It was painless slow progressive lesion. There was no relevant medical history. On clinical examination the lesion was a painless, pink cystic, circumscribed mass measuring 3mm × 2mm with smooth surface (Figure 1). The growth was not adherent to the overlying skin but it appeared to be arising from the tarsal border. On eyelid eversion, the overlying palpebral conjunctiva appeared congested. Regional lymph nodes were not clinically palpable. Systemic examination was also unremarkable. Initial differential diagnosis included sebaceous cyst, epidermoid cyst and cyst of moll were done. In toto excision of cyst, with very minimal excision of tarsal plate was done under local anesthesia. The excised tissue was sent for histopathological examination. Histopathological examination showed tubulo-papillary architecture in which the constituent polygonal cells had regular vesicular nuclei with abundant, finely granular eosinophilic cytoplasm (Figures 2 and 3). Four years after the surgery, patient has had no recurrence of the tumor.

3. Discussion

Oncocytoma are benign tumors, which can occur at a various sites. Ocular adnexal oncocytomas are usually situated in the lacrimal drainage apparatus. More common site of oncocytoma is the caruncle. Cases occurring in other sites such as the eyelids have been reported. They occur most commonly in elderly females. Clinically, these tumors tend to present as a slow growing, asymptomatic lesion that
However the differential diagnosis includes, melanocytic nevus, benign epithelial tumors, pyogenic granulomas and hemangiomas. Oncocytoma of eyelid margin are rare. Ocular oncocytoma are generally benign tumors, but occasionally can become malignant, with both local as well as distant spread. This again depends on the site of involvement. Oncocytoma of orbital involvement may be malignant, which most commonly occurs in elderly females. As it is mentioned, oncocytomas are benign tumors and usually only requires excision. However they do can recur in cases of incomplete excision and can be locally aggressive and very rarely can become malignant.

4. Conclusion
In our case oncocytoma was there in lower eyelid, which is very rare. However on follow up there was no recurrence till 4 years.

5. Source of Funding
None.

6. Conflict of Interest
The author(s) declare(s) that there is no conflict of interest.

References
1. Biggs SL, Font RL. Oncocytic Lesions of the Caruncle and Other Ocular Adnexa. *Arch Ophthalmol*. 1977;95(3):474–8. doi:10.1001/archoph.1977.04450030116017.
2. Morgan MB, Truitt CA, Romer C. ocular adnexal oncocytoma: a case series and clinicopathological review of the literature. *Am J Dermatopathol*. 1998;20:487–90.
3. Fukuo Y, Hirata H, Takeda N, Hayami H, Katayama T. A Case of Oncocytoma in the Eyelid. *Ophthalmol*. 1994;208(1):54–7. doi:10.1159/000310452.
4. Morand B, Bettega G, Bland V, Pinel N, Lebeau J, Raphael B. Oncocytoma of the eyelid. *Ophthalmol*. 1998;105(12):2220–4. doi:10.1016/s0161-6420(98)91219-3.
5. Hartman LJ, Mourits MP, Dijk MRCV. An unusual tumor of the lacrimal gland. *Br J Ophthalmol*. 2003;87:363.
6. Kaser PF, Uffer S, Zografos L, Hamédaní M. Tumors of the caruncle: a clinicopathologic correlation. *Am J Ophthalmol*. 2006;142(3):448–55. doi:10.1016/j.ajo.2006.04.035.
7. Rennie IG. Oncocytomas (oxyphil adenomas) of the lacrimal caruncle. *Br J Ophthalmol*. 1980;64(12):935–9. doi:10.1136/bjo.64.12.935.

Author biography
Madhusmita Behera, Consultant
Subhra Dhar, Consultant

Cite this article: Behera M, Dhar S. Papillary oncocytoma of eye lid- A rare case. *Indian J Clin Exp Ophthalmol* 2020;6(4):648-649.