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SCHWANNOMA OF THE LOWER EYELID RESEMBLING A RECURRENT CHALAZION —— A CASE REPORT

(schwannoma/eyelid)

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A 55-year-old man complained of foreign body sensation and a solid mass in the lower eyelid of the right eye. Clinically, the lesion resembled a chalazion, and it was excised. Histopathologic examination of the excised specimen revealed a schwannoma (neurilemmoma). We believe that this is a rare case of a schwannoma of the lower eyelid simulating a chalazion.

The schwannoma (neurilemmoma) is a benigh, slow-growing encapsulated tumor that originates from Schwann cells. These tumors are considered primarily as one type of orbital tumor and, in fact, account for 1% of all orbital tumors (1,2). Unusual cases of the tumor in the conjunctiva and the uvea have also been demonstrated (3-5). We report herein a rare case of an eyelid schwannoma resembling a chalazion.

CASE REPORT

A 55-year-old man complained of foreign body sensation and a solid mass in the lower eyelid of the right eye. The patient had had a similar lesion in the same location four years ago that was excised by another ophthalmologist. The excised tissue had not been evaluated histopathologically.

A solid, nontender and nonvascularized elevated tumor was present in the middle portion of the right lower eyelid margin. It was 3 x 2 x 1 mm in size. The color of the lesion appeared

the same as that of the surrounding tissue. The patient's ophthalmologic test results were otherwise normal. He had no signs and no family history of neurofibromatosis. His systemic and laboratory test results were unremarkable. A clinical diagnosis of recurrent chalazion was made, according to the clinical characteristics of the lesion.

After local anesthesia was administered, the tumor was excised. The superficial tissue covering the lesion was incised 4 mm parallel to the lid margin. An encapsulated, yellowish-white, gourd-shaped tumor with a stalk at the medical end was exposed and excised. The patient's operative and postoperative course was uneventful.

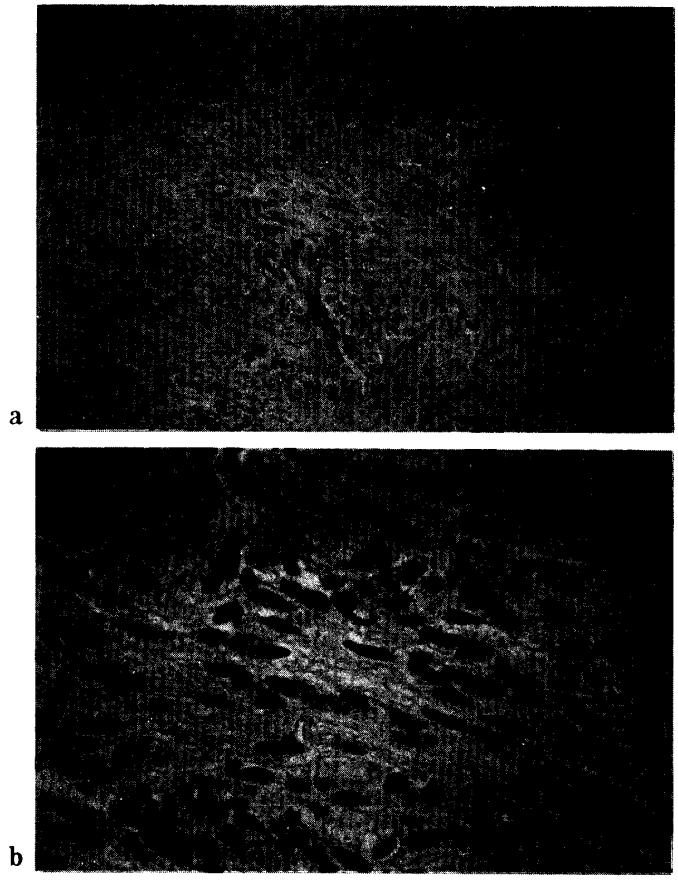

Fig 1. Histopathologic findings of the excised tumor reveal (a) cells with spindle-shaped unclei and eosinophilic, fine cytoplasma arranged in fascicles, indicating the Antoni type A pattern of schwannoma (hematoxylin-eosin, x 60). (b) The cellls showed no malignancy (hematoxylin-eosin, x 250).

Histopathologic examination of the specimen stained with hematoxylin-eosin demonstrated cellls with spindle-shaped unclei and eosinophilic, fine cytoplasm that were arranged in fascicles, indicating a benign schwannoma (Fig 1). This compact interlacing network of cells was characteristic of the Antoni type A pattern typically seen in schwannomas.

DISCUSSION

Our patient had an eyelid schwannoma that was confirmed by histopathologic findings. A preoperative photograph of the lesion was not available. To our knowledge, only a few patients with eyelid schwannoma have been reported on previously (6-8). In one patient described by Reeh (7), the tumor occurred on the upper eyelid margin near the medical canthus. Shields and Guibor (8) reported on a patient with a schwannoma on the lower eyelid margin, near the medical canthus. In our patient, the lesion was on the middle portion of the lower eyelid margin.

Although a schwannoma could occur anywhere Schwann cells are distributed in the organs and tissues, only a few cases of eyelid involvement have been reported. It is possible that some eyelid schwannomas may masquerade as chalazions. Orbital schwannomas, as well as schwannomas in other regions, have a tendency to recur locally. Eyelid schwannoma may also recur. Ophthalmologists should be aware that an eyelid schwannoma may resemble a chalazion, and that it should be included in the differential diagnosis of any solid palpebral lesion, as commented on by Shields and Guibor (8).

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