CASE REPORT

Caruncular neurofibroma not associated with neurofibromatosis

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SUMMARY

A rare case of caruncular neurofibroma in a patient who did not have neurofibromatosis. To remember peripheral nerve sheath tumours in the differential diagnosis of caruncular lesions. Excisional biopsy proved to be adequate treatment in our case.

DESCRIPTION

An elderly patient presented with a painless lump in the medial canthal area of the left eye for 4 months. History was otherwise unremarkable, with no evidence of neurofibromatosis. A fleshy lesion, 0.6 cm in diameter, was noted in the left lacrimal caruncle (figure 1A), along with lower lid ectropion. The patient underwent excisional biopsy of the lesion under local anaesthesia and ectropion correction.

Macroscopically, the specimen consisted of an irregular piece of grey brown tissue, which appeared completely excised (figure 1B). Light microscopy revealed a highly cellular spindle cell tumour. Immunohistochemical staining with S100 showed scattered positivity, features suggestive of a diagnosis of neurofibroma of the caruncle (figure 1C,D).

COMMENT

Peripheral nerve sheath tumours (PNST) are neoplasms arising in the neural sheath of peripheral, cranial or autonomic nerves. The cell of origin

appears to be the Schwann cell. PNSTs are further subdivided into Schwannoma (neurilemmoma), neurogenic sarcoma, neurofibroma or neurofibrosarcoma. Solitary neurofibroma is a localised neurofibroma that by definition occurs in a patient who does not have neurofibromatosis type 1. They grow slowly as painless nodules and produce few symptoms.¹ The lacrimal caruncle represents modified skin and derives its innervation from a branch of the infratrochlear nerve,² which would be the presumed source of the tumour.

Although cases of PNSTs involving the conjunctiva have been reported in the literature,³ fewer of the caruncle exist and none with a solitary neurofibroma. Simple excision of these tumours is considered adequate therapy and the risk of malignant change is considered small.¹ We suggest that PNSTs be considered in the differential diagnosis of caruncular lesions.

Competing interests None.

Provenance and peer review Not commissioned; externally peer reviewed.

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Figure 1 (A) External view. (B) Gross specimen. (C) Nerve bundles at tumour edge, with red staining of myelin sheaths, suggestive of a peripheral nerve sheath tumour. (D) The nuclei were not arranged in a palisading pattern, but gave a scattered 'fish shoal' effect.

To cite: Twaij S, Shafi A, Marshall T, et al. *BMJ Case Rep* Published online: [please include Day Month Year] doi:10.1136/bcr-2012-007764

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