Reply

Dear Editor,

We thank the authors for showing great interest in our original article titled 'Spectrum of ocular diseases in patients attending eye camps in Andaman and Nicobar' by Singh et al. published in *Med J Armed Forces India* 2016; 72(1): 45–47.¹ As the author has rightly pointed out that survey done by NPCB² has taken the cutoff of vision <3/60 for screening purpose for criteria of blindness. Some more studies such as conducted by Murthy et al.³ and Kanagarajan et al.⁴ have taken the visual acuity <6/60 as screening criteria to see the prevalence of cataract. To see the actual prevalence of different eye diseases in these islands, a large well design population survey is required. The study conducted near Portblair (Long and Neil island) has mixed ethnicity and in other far flung islands like Car Nicobar, Teressa, Chaura island, the proportion of local tribes like Nicobarese of Mongolian descent and Shompen tribes of great Nicobar with few of Sentinelese were seen. The exact percentage of different eye diseases in these tribes could not be determined as ethnicity factor was not included in this study.

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Letter to the Editor

Periodic acid Schiff's: A definitive stain in histopathological diagnosis of Cylindroma

Dear Editor,

Cylindroma, also called as 'Turban tumor', is a slow growing, benign adnexal tumor which is seen in head and neck region.¹ The tumor has a characteristic histology composed of basaloid cells arranged in a 'Jigsaw puzzle' pattern with presence of intervening basement membrane material which is positive on Periodic Acid Schiff's (PAS) stain.^{1,2} The PAS positive basement membrane material acts as a useful adjunct in differentiating the tumor from other possible diagnosis such as malignant melanoma, basal cell carcinoma, spiradenoma, and trichoepithelioma. We discuss 2 cases which were clinically suspected to be a probable malignant melanoma.

The first case was a 70-year-old female with a 2 cm × 1 cm pigmented raised skin lesion in the right retroauricular region and the other case was of a 60-year-old male with a 1.5 cm × 1 cm similar pigmented raised skin lesion over the scalp. Both individuals gave a short history of 4–6 months

duration. With a clinical suspicion of malignant melanoma, a wedge biopsy of the lesions was undertaken. Histopathological examination of the lesions shows an intact epidermis. The dermis showed a well-circumscribed lesion separated from the epidermis by a thin uninvolved zone. The first case showed the lesion to be composed of nests and tubules of basaloid cells. The nests of cells were seen to be arranged in a 'Jigsaw puzzle' pattern (Fig. 1A). No retraction artifact was seen. The cells were composed of peripheral palisaded cells with dark nuclei and central cells with paler nuclear chromatin and presence of intra-tumoral melanin (Fig. 1A). No nuclear pleomorphism or prominent nucleoli was seen. No mitosis or necrosis was seen. The second case shows similar basaloid cells in cords and tubules with peripheral palisading (Fig. 1B and C). However, the 'Jigsaw puzzle' pattern was absent. The PAS stain done in both cases clearly delineated the presence of PAS positive basement membrane material between the cords and around the tubules and cell nests confirming the diagnosis of Cylindroma (Fig. 1D).

Fig. 1 – (A) Case 1 – Hematoxylin and Eosin stained section (100×) shows a tumor composed of basaloid cells arranged in the 'jigsaw puzzle' pattern. (B) Case 2 – Hematoxylin and Eosin stained section (100×) shows a tumor composed of basaloid cells arranged in cords with peripheral palisading. (C) Hematoxylin and Eosin stained section (400×) shows basaloid cells with dense basement membrane material on either side. (D) PAS stain (400×) highlights the basement membrane material.

Cylindroma is a tumor having its origin from the eccrine (sweat) gland. Cylindroma has enjoyed being christened with numerous names: 'Endothelioma capitis', 'Spiegler's basalioma', 'Benign basal cell epithelioma', and 'Neuroepithelioma adenoides' to name a few.¹ The spectrum of names highlights the various proposed histogeneses of this tumor, which has now been established to be of eccrine origin. The tumor occurs sporadically or as part of the Brooke–Spiegler syndrome.³ In both cases, there is activation of MYB in its wild type or as part of fusion derivatives.³ Treatment involves wide local excision or use of electrocautery/CO₂ laser for smaller lesions.⁴ The histomorphology basically constitutes basaloid cells arranged in tubules and nests with hyaline membrane. However, the characteristic feature of this tumor remains the presence of the hyaline basement membrane material which is highlighted by the PAS stain.^{1,2} The origin of the basement membrane is hypothesized to be either secreted by the tumor cells or degeneration of the adjacent connective tissue.¹ PAS is an inexpensive special stain which was first used by McMannus to demonstrate mucin. It works on the principle of reactivity of aldehyde sub-groups of carbohydrates with Schiff's reagent to produce a bright magenta color.⁵ The reactivity of the glycoproteins in the basement membrane makes PAS valuable in identifying the hyaline material in a case of Cylindroma. None of the histology of the various

differential diagnoses mentioned in the introductory paragraph shows the presence of this basement membrane material, making the use of PAS pivotal in establishing a diagnosis of a Cylindroma.

Conflicts of interest

The authors have none to declare.

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Letter to the Editor

An unusual case of large gastro-duodenal bezoars

Dear Editor,

Pica has been considered as the ingestion of inedible substances. Here we present an unusual case of pica presenting as a large gastro-duodenal bezoars. A 23-year old female patient presented with complaints of recurrent vomiting, abdominal lump, and weight loss for the last 6 months. Per abdominal examination revealed a large, irregular, firm and slightly mobile lump in the epigastric region. Her laboratory test revealed anaemia with haemoglobin level of 9.0 g/dl. An ultrasound of the abdomen showed a bizarre echogenic area in the stomach region. Subsequently a computed tomography (CT) scan of abdomen was done which revealed a concentric inhomogeneous mass with entrapped air, surrounded by contrast material in the stomach and

proximal duodenum suggestive of bezoars (Fig. 1a–c). Her upper gastro-intestinal endoscopy revealed stomach filled with a mass of hair like fibre and mucus (Fig. 1d). Psychiatric evaluation revealed that she had been eating blanket string since late childhood. She had a strong and persistent desire to eat blanket's fibres. Her past history did not reveal any evidence of depressive disorders, obsessive compulsive disorder, eating disorders, emotional disturbances and other impulse control disorders. Also, there was no family history of any mental illness. The bezoar was surgically removed. The patient was counselled against eating blanket strings and was informed about the consequences of the same.

Bezoars are accumulations of undigested materials in the gastro-intestinal (GI) tract.¹ The majority of bezoars occur in the stomach, but can occur elsewhere in the GI tract. They

Fig. 1 – (a–c) Computed Tomography scan showing a concentric inhomogeneous mass with entrapped air surrounded by contrast material in the stomach and proximal duodenum. (d) Upper gastro-intestinal endoscopy showing stomach filled with a mass of hair like fibre and mucus.