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BY

JOSEPH SCHNEIDER, M. D.,

OF MILWAUKEE, WIS.

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NEOPLASM OF THE LIMBUS CONJUNCTIVA.

BY JOSEPH SCHNEIDER, M. D., OF MILWAUKEE,

CHAIRMAN OF COMMITTEE ON OPHTHALMOLOGY AND OTOLOGY.

On May 25, 1891, Mr. F——, age 68, of Prospect, Wis., consulted me concerning the growth on his left eye. He gave the following history:

His health has always been exceptionally good. Two years ago he noticed in the inner canthus on the left eye ball a red spot; at first it gave him no inconvenience, but suddenly without any known disturbance began to extend in all directions, spreading over the whole inner half of the ball, completely covering the cornea, thus causing much inconvenience, some pain, and the reduction of the sight to the perception of light only.

On examination I found, as photograph plainly shows, projecting through the lids, a mass, not smooth and glistening but rough and uneven, covered by large granulations and in form and appearance resembling a large strawberry. On further examination I found that the mass could be lifted away from the cornea, on which it lay, as far as the corneo-scleral limbus, at which point for 4 m. m. perpendicularly it was immovably attached; but from this margin to the inner canthus, the growth, with the attached conjunctiva, was very movable. With the exceptions of the cornea, which was hazy, the media were clear and normal in appearance.

The examination showed clearly I had to deal with a tumor having its origin at the corneo-scleral margin ; of the tumors having their origin at this limbus there are those considered as of a malignant and those of a non-malignant character;

among those of a malignant character is the epithelioma: beginning with a small prominence, flat, spreading out (flächenartig) similar to a pannus caused by trachoma, accompanied with pain, and easily mistaken for a phlyctenula ; such a case I have reported in Gräfe's Archives, Vol. 23: II. sarcoma and melanotic-sarcoma, forming late in life, spongy, dark colored, often very vascular, having a small root or base, not spreading at the root but growing very rapidly outwards, at times reaching enormous dimensions.

Among those of a non-malignant character, having their origin at the limbus are:

I. Granuloma, formed wholly from granular tissue (granulationsgeschwülste), fungus-like, bleeding readily, without any conjunctival covering, appearing often after strabismus operations, penetrating foreign substances, and at times assuming large proportions.

II. Dermoid tumors, flat, reddish-yellow tumors but slightly compressible, surface similar to epidermis studded with hairs and immovably attached to the corneo-scleral junction.

When we take into consideration the age of the patient, the rapidity of the tumor's growth, we are wont to classify it among tumors malignant in character ; but taking into consideration the consistency of its parts, its compressibility, non-pigmentation, lack of pain; these facts prohibit us from classifying it among any of the above mentioned tumors but suggest that it belongs more appropriately with the teratoma of Virchow.

On May 25th, 1891, I removed the tumor in the following manner. After thoroughly anesthetizing the eye ball with cocaine, I removed the firm connection with an iridectomy knife at the corneo-sclero junction; from this attachment to the caruncle, by means of a scissors, the tumor was easily removed from its subconjunctival attachments. The bleeding was very free, and after it was checked, I scraped the suspicious spots with a sharp spoon, loosened the conjunctiva as far as possible in all directions, stitched its edges over the

denuded spot, especially where the growth was attached to the cornea, and applied an antiseptic dressing. After forty-eight hours the bandage was removed. The eye showed very little reaction, the edges of the conjunctiva were united, the haziness of the cornea, excepting 1½ m.m. at the inner edge, had disappeared, and at the spot where the tumor had its origin was a slight vascular depression. In twelve days after the operation the patient was dismissed, with the appearance of the eye normal as seen in the accompanying photograph, and with vision almost normal. April 16, 1892, the patient writes that eye is as well as it ever was and growth shows no signs of reappearing.

The tumor removed is of medium consistency, with a glistening appearance and of the following dimensions: horizontal diameter 25 m.m., vertical 15 m.m., perpendicular 10 m.m., base 4 by 5 m.m. Immediately after the operation, the tumor was placed in Müller's fluid and Dr. Tower, who made the microscopical examination, gave the following report:

"Fig. 1 shows in section the tumor with hairs and small masses of sebum attached to the interior; when cut open a fatty fluid and some pultaceous material escaped from the cavity leaving in sight the hairs and sebum."

Fig. 1. Transverse Section.

"Upon section and microscopical examination as in Fig. 11 there are sebaceous and sudoriferous glands, hairs, etc. The dermal layers are very distinct and separate; though the superficial horny scales of the corium are more cellular in construction than is found upon section of a piece of cutis from the body in an unexposed situation. In classification this tumor would occupy a place in congenital cysts and from its situation in the body be an epiblastic inclusion, as the conjunctiva receives its origin in the mesoblast, i. e., its connective tissue portion."

Dermoid tumors and dermoid cysts are histologically the same, but differ clinically. Dermoid tumors are always congenital and are often found with other congenital anomalies. According to Remak, dermoid tumors are caused by the in-

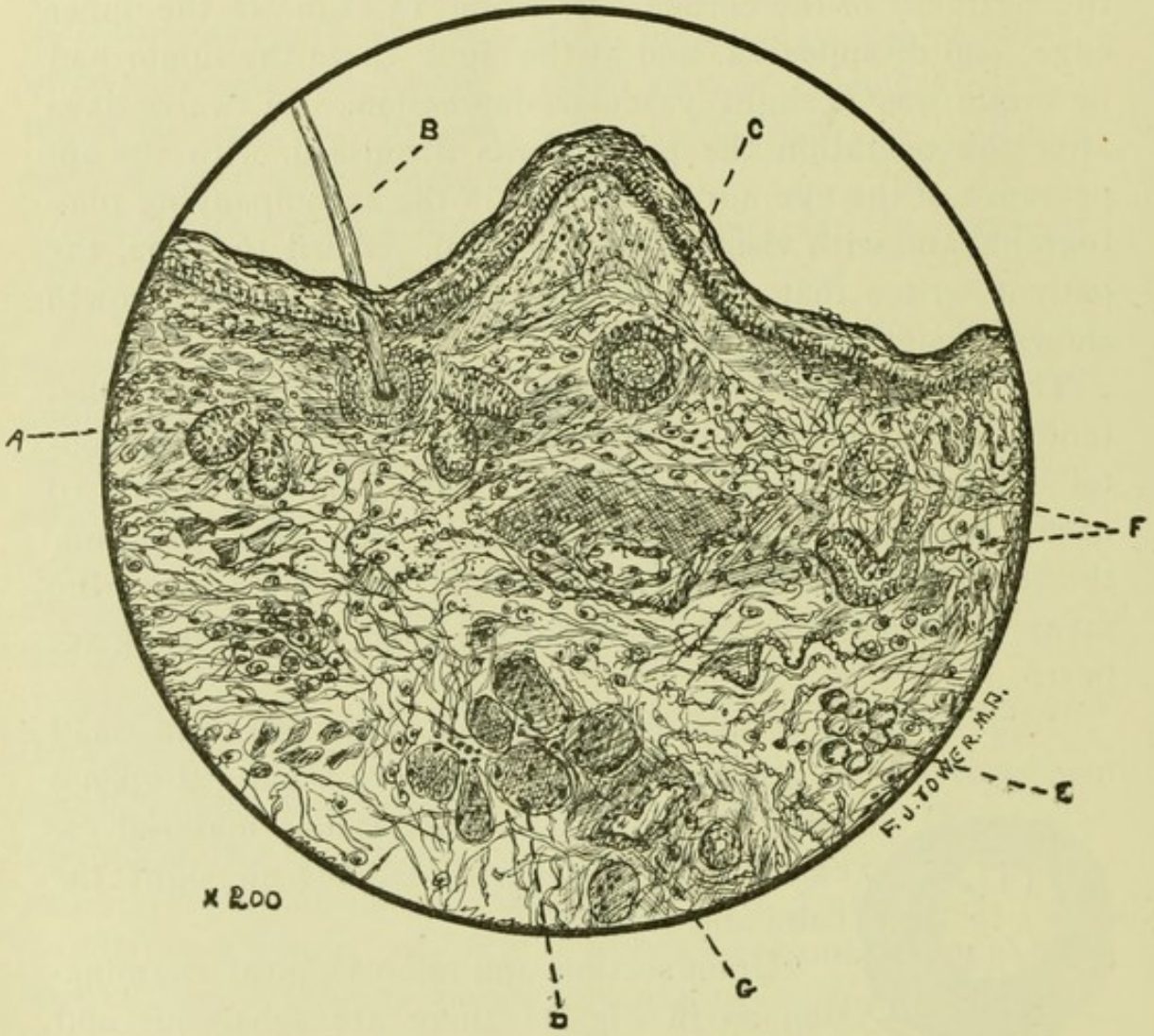

Fig. 2.

A. Sebaceous glands. B. Hair from follicle cut obliquely. C. Blood vessel, D. Muscle fibers. E. Fat corpuscles. F. Audoriferous gland. G. Lymphatic.

voluting of the blastoderm, while V. Dueyse holds that they are caused by the partial growing together of the bulbus and amnion. The histological examination shows as in this instance that the tumors have the composition of the corium, epidermis, connective tissue, hairs, fat, sebaceous and sudoriferous

glands. In the literature on the subject, I find the mention of but one tumor of such extreme growth, that mentioned by Swansy, (Dub. Quart. Journal of Med. So. 1871) a tumor two centimetres broad taken from a child eight months old. Cases so far reported have been those of flat apearance, seldom larger than a pea, and lying in the orbit or in the eye ball, and not as in this case lying superficially. The origin of this tumor I believe to be congenital, and its presence unnoticed until through some unknown cause its development began. The history and the facts connected with this case are in keeping with the recent teachings of the development of tumors, i. e., that congenital deposits may remain dormant for years until a suitable influence or irritant appears, when is developed a tumor malignant or non-malignant in character.