

## **Primary carcinoma of the caruncle / by G. E. de Schweinitz.**

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# PRIMARY CARCINOMA OF THE CARUNCLE.

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## PRIMARY CARCINOMA OF THE CARUNCLE.

BY G. E. DESCHWEINITZ, M.D.,

OF PHILADELPHIA.

Tumors of the caruncle are, comparatively speaking, uncommon. Adenoma, cystic adenoma, fibro-lipoma, dermoids, sarcoma, and epithelioma have been found in this region.<sup>1</sup> To this list I will add the report of the following case:

A man, aged 52, born in the United States, a farmer, presented himself at the clinic of the Jefferson Medical College on April 8, 1898, on account of a small tumor which was evident at the inner canthus of the right eye.

From the general standpoint the man was in perfectly good condition and had always led the healthful life of a farmer. There was no history of trouble with the eyes or of injury to the affected region.

The growth, about the size of an ordinary pea, sprang directly from the right caruncle, which it practically replaced, and terminated in a slightly pediculated attachment. It was of a reddish-yellow color and had existed for a number of years, according to the man's statement and also according to the statement of the doctor who brought him. In recent times it had grown slightly and caused some irritation; therefore its removal was desirable. The growth was readily excised and the base cauterized. The patient has not been seen since this date, but as the doctor was requested to send him back if any further trouble arose, it seems unlikely that there has been recurrence.

After hardening in formaldehyde, the growth was cut in serial sections and stained with carmine and haematoxylin. It presents the following characteristics: Externally there is a covering of flattened epithelial cells directly succeeded by long tubules, or plugs of spheroidal epithelial cells agglutinated to-

<sup>1</sup> Those interested in the literature of tumors of the caruncle should consult Panas, *Maladies des Yeux*, Tome II, pp. 301-304; Veasey, *Archives of Ophthalmology*, 1897, Vol. XXVI, p. 204.



gether, but not held in any capsule. Between these plugs there is a delicate stroma composed of fine spindle cells and collections of small round cells. In some places the spindles are drawn out into fibers, giving the impression of the beginning of a delicate connective tissue. In many of the plugs towards their centers are areas of degeneration which in their later stages closely resemble "concentric globules," "bird's nest bodies," or "pearly bodies," as they have been variously called. (Fig. 1.) That these areas represent collections of dead epithelial cells, which have arisen probably because of the mutual pressure of the cells one against the other, is readily demonstrable in those spots where the earliest stage of the process can be studied, and where the cells may be seen in all stages of degeneration from those which are just beginning to lose their power to accept the staining reagent, to those which are completely necrotic and are pushed aside and packed together in the concentric lamina forming the globule. There are no blood vessels to be seen among the cell groups.

*Remarks.* — As the caruncle may be regarded as a portion of modified skin containing with other ingredients the so-called caruncular glands, there is, of course, no reason why a tumor of epithelial origin should not appear in this situation and have its origin in the glandular structure of the part. In the present instance, except perhaps for the epithelial covering, there is not a trace of the original caruncular structure. It has literally been replaced by the tumor formation. In some respects this growth resembles an adenoma of the caruncle, as described by T. Mitchell Prudden,<sup>1</sup> which consisted of a congeries of tubular branching structures having larger and smaller, mostly central, lumina, which resembled tubular follicles and were lined with cuboidal and cylindrical epithelium, but there are also evident important differences and the arrangement of the cells as seen in this growth is analogous to the cancer plugs in many of the epitheliomata.

From what has been said, however, it is evident that this growth is not *typically* epitheliomatous or carcinomatous, and per-

<sup>1</sup> Archives of Ophthalmology, 1896, Vol. XV, p. 1.



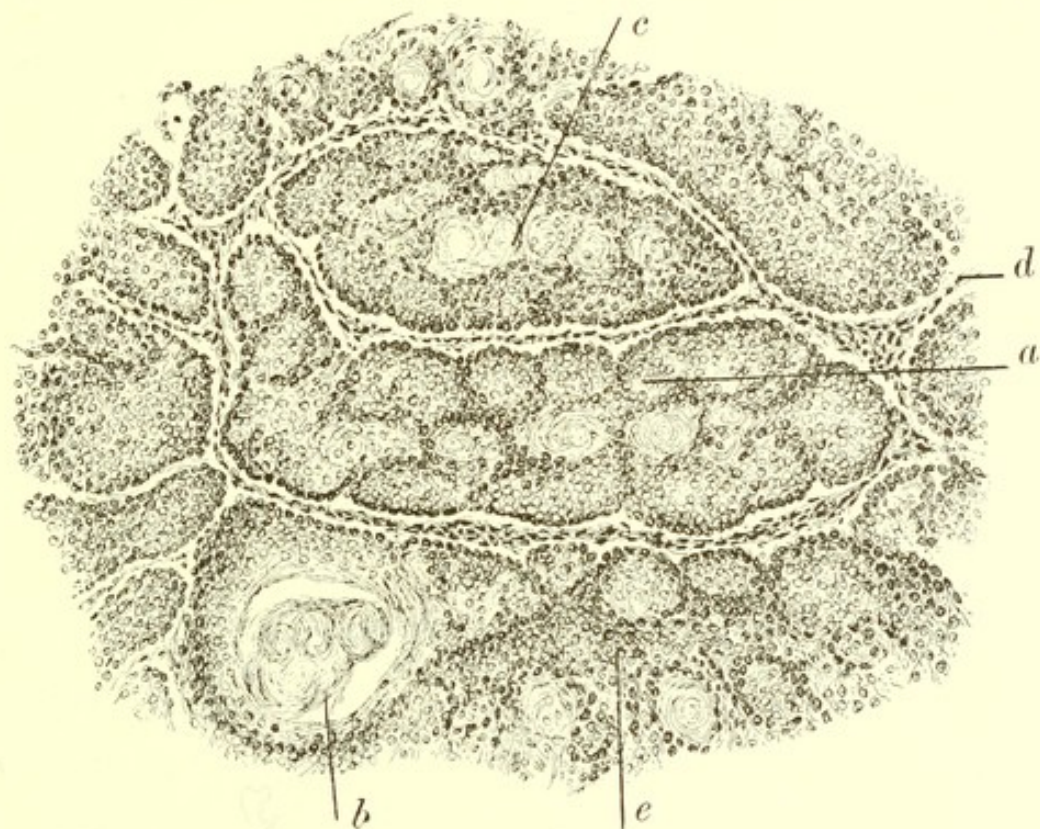


FIG. 1.

Primary Carcinoma (Epithelioma) of the Caruncle.

(Zeiss' Ocular 4, obj. 16 mm.)

*a*, Plug of epithelial cells; *b*, *c*, Concentric globules; *d*, Stroma, composed of spindle and round cells; *e*, Small round cells, "indifferent tissue."



haps might with propriety be classified with the so-called *endotheliomas*, in which the cells resemble epithelial cells, are grouped into masses and separated by a framework or stroma, and in which also nests or globules may be found. Indeed, it is difficult, if not impossible, to make an exact differential diagnosis. Against the cancerous nature of the growth may also be urged its circumscribed character, its long duration, and, so far as I know, its failure to recur. The character of malignancy, however, does not always pertain to these small epithelial tumors growing from mucous membranes or from muco-cutaneous surfaces, and they often remain stationary for a long time. It would seem that the present growth was just about to become active, as the clinical history states that it had begun to grow when it was removed.







