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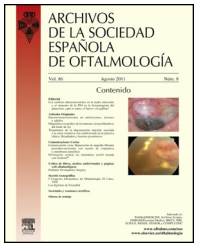

Short communication

# Lacrimal sac lymphoproliferative lesion: Case report☆

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ABSTRACT

*Case report:* The case is presented of a 51 year-old woman with a firm mass at the medial canthus of the right eye of five years onset. A low-grade lymphoproliferative lesion (reactive lymphoid hyperplasia) was diagnosed from an excisional biopsy.
*Discussion:* Lacrimal sac tumors are rare, with a peak incidence in the fifth decade of life. The initial clinical features are epiphora and medial canthus swelling. As it mimics nasolacrimal duct obstruction, up to 40% of these tumors are misdiagnosed until undergoing surgery.



## Lesión linfoproliferativa del saco lagrimal: caso clínico

*Palabras clave:*
Tumor maligno vía lagrimal
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RESUMEN

*Caso clínico:* Se presenta el caso de una mujer de 51 años con tumoración firme a nivel del canto interno del ojo derecho de 5 años de evolución. La biopsia excisional mediante dacriocistectomía estableció el diagnóstico de lesión linfoproliferativa de bajo grado (hiperplasia linfoide reactiva).
*Discusión:* Los tumores del saco lagrimal son muy raros, con un pico de incidencia en la quinta década de la vida. La clínica en fases iniciales es parecida a la obstrucción lagrimal por otras causas, de ahí que hasta un 40% de estos tumores no se sospechen y sean diagnosticados durante la realización de una dacriocistorrinostomía.



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## Introduction

Lacrimal sac tumors are extremely rare. They have no preference for sex and, although they can appear at any age, peak incidence is during the fifth decade of life.[1] The typical clinic of this type of lesions comprises increased volume in the medial canthal region at the expense of a noninflammatory tumor resistance to pressure and without regurgitation through the canaliculi (negative expression). Occasionally, these tumors can present bloody tears or epistaxis, above all in the case of melanoma. The typical clinical progression of this type of lesions was described by Jones in 1956: epiphora, dacryocystitis, tumoration and bleeding.[2] However, up to 40% of these tumors are not suspected or diagnosed while performing dacryocystorhinostomy, as the most frequent clinical presentation is not specific, similar to acute or chronic dacryocystitis.[3]

**Fig. 1 – Clinic photograph of patient upon admittance, showing restricted palpebral opening due to tumor in the right internal canthus.**

The treatment for said lesions depends on their nature and size. In some cases, simple resection with suffice although in most cases it is necessary to perform more radical procedures such as dacryocystectomy including the canaliculi and the nasolacrimal duct.[4]

The case of a female, 51, with lacrimal tumor with onset beginning 5 years ago.

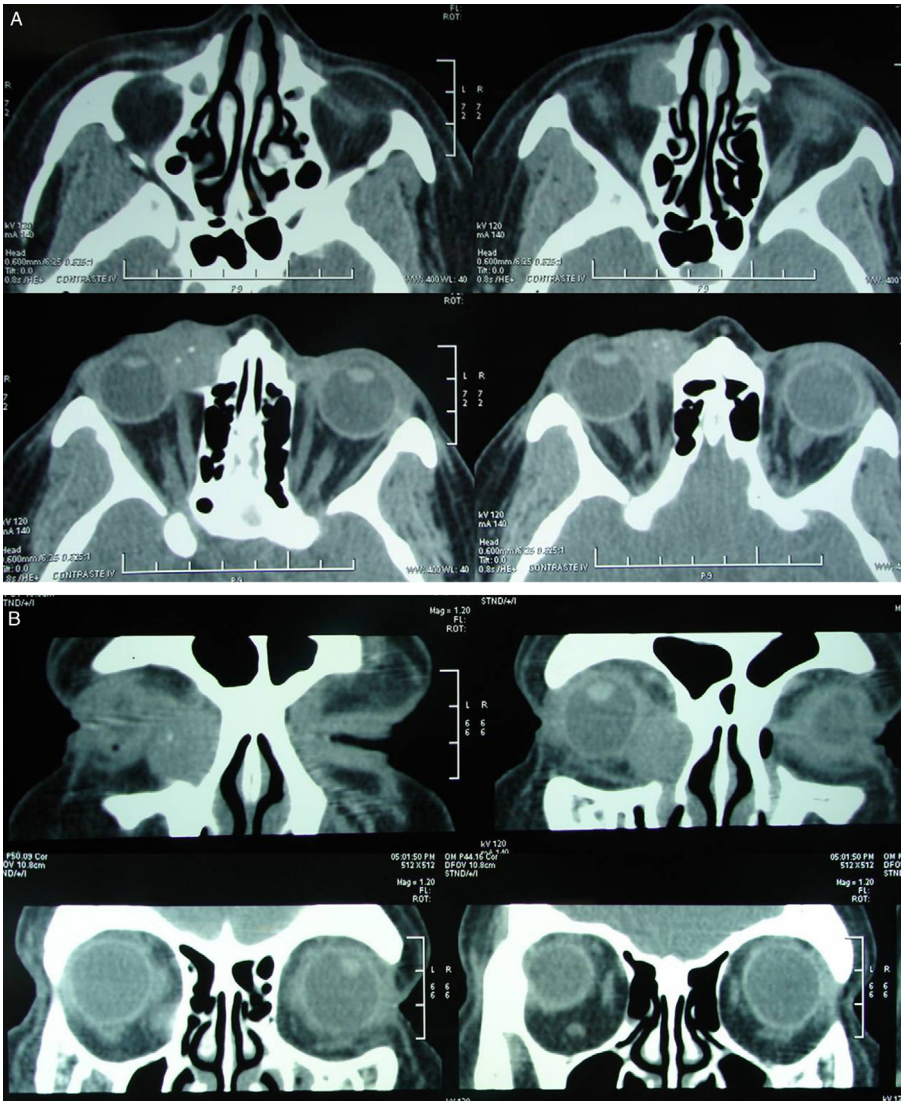


**Fig. 2 – Orbits tomography. (A) Axial sections, showing a lesion with soft part-like density similar occupying the right lacrimal sac fossa together with internal micro-calcifications. Bone shaping compatible with long-term evolution; (B) coronal section, evidencing that the lesion is occupying the lacrimal sac and the nasolacrimal duct.**