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Short communication

Conjunctival lymphoma in right eye: Case report☆

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ABSTRACT

Case report: A 43-year-old woman presented with a salmon-colored patch of 0.7 mm diameter in the right eye that extended into the lower fornix in the bulbar and tarsal conjunctiva, with irregular edges, and highly vascularized. Incisional biopsy was performed, showing it to be a low-grade conjunctival non-Hodgkin B cell lymphoma (or a mucosa associated lymphoid tissue [MALT] lymphoma).

Discussion: The lesion remained stable for 24 months of follow-up, when a relapse of the condition occurred, producing an enlargement of the initial lesion. The definitive diagnosis is made by biopsy of the affected tissue and histopathologic study.

Linfoma conjuntival de ojo derecho: a propósito de un caso

Palabras clave:
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Conjuntiva
Órbita
Anexos oculares
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RESUMEN

Caso clínico: Mujer de 43 años, que presenta al examen físico en ojo derecho una tumoración de color salmón, de 0,7 mm de diámetro, que se extiende en el fondo de saco inferior en las conjuntivas bulbar y tarsal, con bordes irregulares, altamente vascularizada. Se realiza biopsia incisional, resultando ser un tumor de conjuntiva no Hodgkin tipo B; linfoma de bajo grado tipo MALT.

Discusión: La lesión se mantuvo estable durante 24 meses de seguimiento, observándose una recidiva con mayor extensión que la lesión inicial. El diagnóstico definitivo se realiza mediante biopsia y estudio histopatológico del tejido afectado.

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Introduction

Lymphomas are defined as neoplastic processes of lymphoid cells that originate in lymphatic tissue, being unilateral in the majority of cases.[1,2] Conjunctival lymphoma originates in 3 clinical contexts: (a) de novo; (b) by extension from an orbital lymphoma, and (c) associated with systemic involvement.[3] Conjunctival lymphoma expresses between the 6th and 7th decade of life, mostly affecting females.[4]

Clinic case report

Female, 43, with Sjögren history who visited due to pruritus in the right eye (RE). Physical exploration revealed uncorrected far visual acuity of 20/25 in both eyes. RE biomicroscopy presented conjunctiva with blood vessel tortuosity and hyperemia (++), with a 2 × 2 mm erythematose area at the level of the caruncle (Fig. 1) in addition to a 0.7 mm diameter salmon-colored tumor at the inferior sac fundus in the bulbar and tarsal conjunctiva, with uneven edges, highly vascularized but without compromising the lacrimal punctus (Fig. 2). No alterations were observed in the posterior pole. RE inferior sac fundus incisional biopsy was performed, that confirmed the evidence of lymphoid tissue with atypical pleomorphic lymphocytes with atypical mitosis (Fig. 3). In addition, the patient exhibited monoclonality for lambda chains and characteristic lymphoepithelial lesion (Fig. 4).

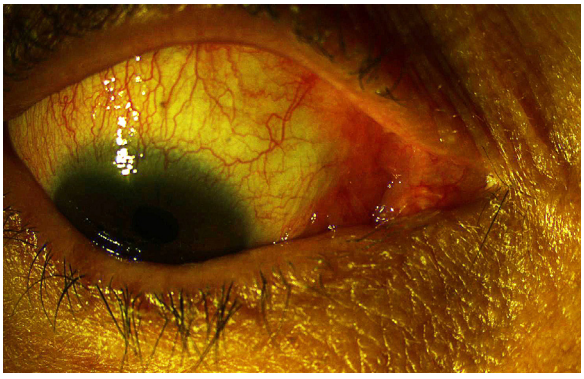

Fig. 1 – Right eye, showing conjunctiva with tortuous blood vessels and diffuse erythematous area at the level of the caruncle.

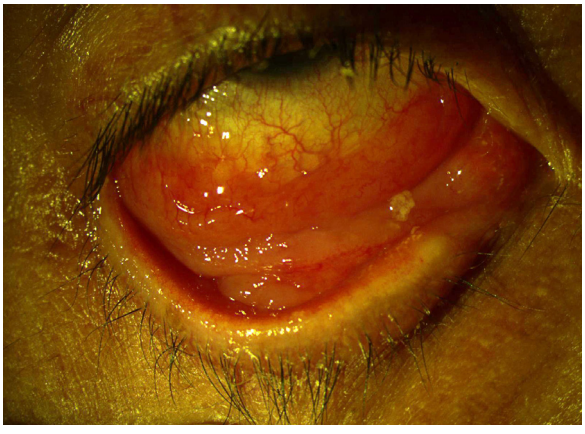

Fig. 2 – Presence of pink-salmon colored mass in RE conjunctiva sac fundus.

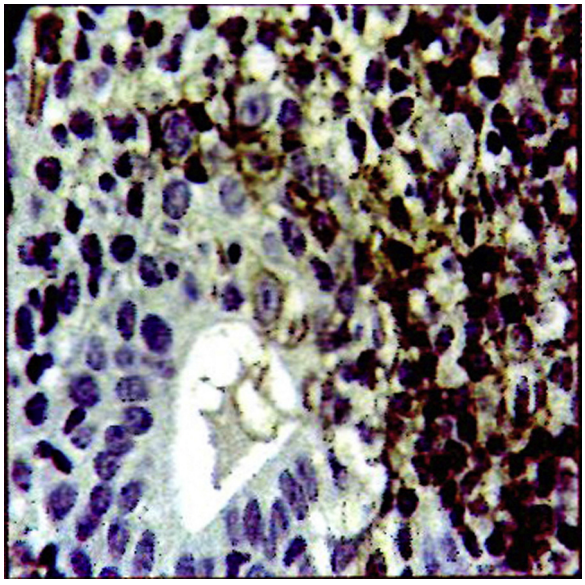

Fig. 3 – Histological section of the lesion evidencing lymphoid tissue with atypical and pleomorphic lymphocytes and atypical mitosis.

The anatomopathological study confirmed the diagnostic of non-Hodgkin type B conjunctival tumor, MALT type low-grade lymphoma. In addition, the immunohistochemical analysis was positive for LCA, CD20 and CD3, positive for reactive cells in the marginal area in BCL-2 and positive for germinal cells in KI 67. The patient was referred to Oncology

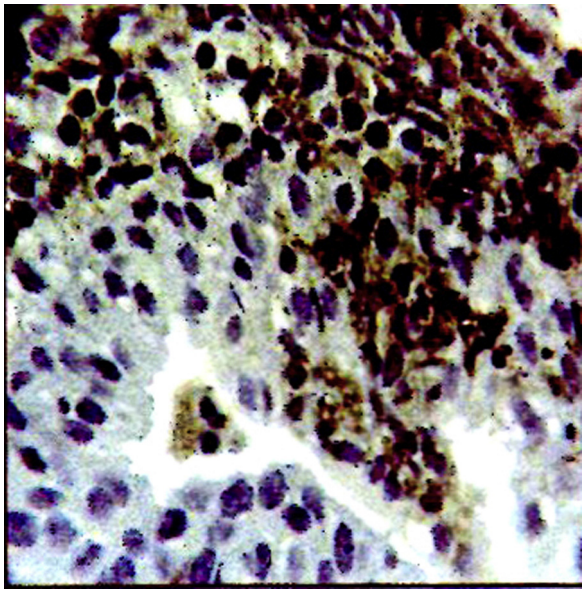

Fig. 4 – Histological section of the lesion, showing monoclonality for lambda chains and characteristic lymphoepithelial lesion. Anatomopathological study with diagnostic of non-Hodgkin type B conjunctival tumor; low-grade MALT type lymphoma.