



Adenoid Cystic Carcinoma of the Lacrimal Gland: A Case Report of Rare Entity

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Abstract

Adenoid cystic carcinomas have specific pathologic features that correlate with prognosis. In general, adenoid cystic carcinomas are aggressive tumours with poor prognosis. Treatment most commonly includes surgery with or without radiation and chemotherapy. We describe a patient who presented with right periorbital swelling and CT Face contrast showing well defined soft tissue dense heterogeneously enhancing mass lesion seen along medial wall of right orbital region. The tumour was excised, and pathologic analysis showed an adenoid cystic carcinoma of the lacrimal gland. We review the clinical, radiographic, and pathologic features of these rare malignant tumours as well as treatment options.

Keywords: Adenoid cystic carcinoma; Epithelial tumour; Malignant Tumour; Pathologic analysis

Abbreviations: CT: Computed Tomography; AJCC: American Joint Committee on Cancer.

Introduction

Adenoid cystic malignant neoplastic disease is associate animal tissue growth seen usually within the major secretion glands, oesophagus, cartilaginous tube glands, skin, breast, lungs, vulva, cervix, and prostate. Lorain and Laboulbene originally delineate adenoid cystic malignant neoplastic disease in 1853. In 1859, Billroth recommended the name cylindroma. In 1930, Spies recommended the term adenoid cystic malignant neoplastic disease to

switch cylindroma and this nomenclature has been wide accepted. Till Nineteen Forties, the growth was thought to be of a benign variant of the mixed duct gland growth. In 1943, Dockerty and salad dressing emphasised the malignant nature of this growth. Adenoid cystic malignant neoplastic disease could be a rare growth of head and neck region. It accounts for <1% of all head and neck malignancies and regarding 4-10% of all duct gland tumours. Malignant tumours of the tear gland square measure rare associated have and calculable incidence of zero.073 per 10,000 people annually. Adenoid cystic carcinomas square measure the foremost common variety of tear gland malignancy. Patients with adenoid cystic carcinomas could gift with uneven facial pain or swelling, diplopia, faded sharp-sightedness, or ptosis. Imaging usually shows a nodular, irregular mass which will invade adjacent nerves or bone. Adenoid cystic carcinomas have specific pathologic options that correlate with prognosis. In general, adenoid cystic carcinomas square measure aggressive tumours with poor prognosis. Treatment most typically includes surgery with or while not radiation and therapy. We tend to describe a patient UN agency bestowed with right periorbital swelling and CT Face distinction showing well outlined soft tissue dense heterogeneously enhancing mass lesion seen on medial wall of right orbital region. The growth was excised, associated pathologic analysis showed an adenoid cystic malignant neoplastic disease of the tear gland. We tend to review the clinical, picture taking, and pathologic options of those rare malignant tumours still as treatment choices.

Case Report

A 38 years old feminine with no past anamnesis bestowed with swelling round her right eye that had been progressing over eleven months reported at HCG Manavta Cancer Hospital, Nasik. She had been experiencing diffuse headaches for past half-dozen months and excessive bodily process since three weeks before initial presentation. She had intermittent localized pain, No symptom round her eye, weakness on her face, or faded vision. On examination, the patient had irregular growth on the medial wall of right orbit and non-tender dropsy of her Right eyelids and periorbital soft tissue, skin

infiltration was seen and repetition was noted. Sharp-sightedness was 20/20 in each eye, and visual fields were intact. Her pupils were equally spherical and reactive, and also the fundoscopic examination was workaday. She had no demonstrable pathology. An X-radiation (CT) scan Face with distinction was done showing well-defined soft tissue dense heterogeneously enhancing mass lesion seen on medial wall of right orbital region. Most size of lesion measures 22x16x12 metric linear unit in size. Lesion was contiguous the medial side of right eye globe with effaced fat plane, medially inflicting erosion of plate paparacea.