hand-held I/A device for lacrimal surgery is especially useful. Both the lacrimal sac and nasal mucosa are excised with an H-shaped incision.

Ninety-three consecutive patients (100 eyes) underwent external DCR using the two new devices, and a transnasal endoscopic examination was performed before and after surgery. All these cases showed patency on irrigation postoperatively.

In summary, we developed two new devices for DCR. These instruments may help improve the success rate and shorten the time of DCR.

Key Words: dacryocystorhinostomy devices, lacrimal surgery

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Peripheral T-cell Lymphoma of the Eyelid

Cutaneous T-cell lymphoma (CTCL) often occurs in the extremities, but rarely in the eyelid.1 A lymphoma generally advances slowly in the primary stage, but the prognosis worsens rapidly once it has infiltrated into the internal organs and lymph nodes.2 A case of isolated CTCL of the eyelid is presented.

Case Report

A healthy 27-year-old man noted an induration with ulcers in the skin of his left lower eyelid. Conjunctival congestion, eye mucus, and pain were present (Fig. 1). Upon diagnosis of a chalazion, antibiotic eye drops and ointments as well as steroid eye drops were administered. However, the condition did not improve, and exploratory surgery3,4 was carried out after informed consent was received.

No retention cyst was found on the chalazion during intraoperative microscopic examination of the anterior surface of the tarsus; thus, another kind of eyelid tumor was suspected. Accordingly, the lesion was totally resected for histopathological examination. The anterior side of the eyelid was found to be ulcerated and covered by necrotic debris. Lymphoma cells had infiltrated mainly perivascularly (Fig. 2a); they were medium-sized cells with angulated nuclei and large cells with round nuclei and prominent nucleoli (Fig. 2b). In an immunohistochemical analysis, the cells were a mature CD4-positive T-cell phenotype: CD3+, CD4+, CD5+, CD8−, CD20−, and CD56− (Fig. 2c). The cells were negative for ALK, TIA1, and granzyme B, and CD30 was expressed on only a few large cells.

Systemic skin was normal macroscopically. Systemic lymph nodes were not palpable, and there was no swelling of the liver or spleen. Blood tests showed adult T-cell leukemia antibody was negative and soluble interleukin-2 receptor was within normal range. No other lesion was detected by gallium scintigraphy or systemic computed tomography. Based on the above findings, a diagnosis of...
peripheral T-cell lymphoma, unspecified, was made according to the World Health Organization classification.⁵

As the lesion was limited to the left lower eyelid, 40 Gy of 4 MeV electron irradiation was applied to the lesion as a radical treatment. Prognosis was satisfactory without recurrence at 6 months after the initial examination.

Comments

This case of CTCL had no other lesion except that of the left lower eyelid for 14 months after the initial examination. Therefore, the lesion is thought to have been a primary cutaneous lymphoma. To our knowledge, the present case is the first isolated CTCL of the eyelid. The case was a single episode of lymphoma of the eyelid with clinical symptoms resembling a chalazion. However, a percutaneous approach³⁴ confirmed the appearance of the actual tumor and so ruled out a chalazion. Pathological tests need to be conducted in all cases of cutaneous lesions that clinically suggest a chalazion, but which may be malignant.³ Such an approach makes possible early detection and treatment of a malignant tumor, improving cure rates. The current case, which was treated at an early stage, still requires close follow-up observation, particularly of the skin around the lesion.

Although T-cell lymphoma rarely occurs in the eyelid, the possibility should be kept in mind.

Key Words: chalazion, eyelid, percutaneous incision, T-cell lymphoma

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Figure 1. Induration with ulcers in the skin of the left lower eyelid.

Figure 2. a Eyelid biopsy specimen: the lid surface is covered with necrotic debris (upper). Lymphoma cells showing a perivascular pattern are infiltrating into the subcutaneous area and orbicular muscle (H&E; bar = 250 µm). b Lymphoma cells are composed of medium-sized and large cells with occasional mitotic figures (H&E; bar = 50 µm). c Immunohistochemical study: CD3+, CD4+, CD5+, CD8−, CD56− (bar for all figures = 50 µm).