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Kase, S.; Namba, K.; Kitaichi, N.; Ohno, S.

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when the therapeutic index was briefly elevated to 0.039 but the visual symptoms resolved after prompt drug discontinuation might potentially arrest the retinal damage.

T Y Y Lai, G K Y Lee, W-M Chan, D S C Lam
Department of Ophthalmalogy and Visual Science, The Chinese University of Hong Kong, Hong Kong

Correspondence to: Dr Timothy Y Y Lai, Department of Ophthalmology and Visual Science, The Chinese University of Hong Kong, Hong Kong Eye Hospital, 147K Argyle Street, Kowloon, Hong Kong; tylai@netvigator.com

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tissue has not been demonstrated. In this case, cytological examination obtained from the aqueous humour demonstrated a variety of severe atypical lymphoid cells mimicking lymphoma cells in the nasal cavity. These results indicated that anterior chamber cells did not originate from endogenous uveitis, but had invaded from the nasal NK/T cell lymphoma using this method.

Many NK/T lymphoma cases are invariably associated with EBV, as reported previously. In fact, it is likely that EBV infects NK/T lymphoma cells in humans. In this case, EBER was detected in the nasal NK/T lymphoma cells, and EBV DNA was markedly detected in the aqueous humour by PCR Southern blot analysis. These results suggest that lymphoma cells detected in the aqueous humour originated from the nasal lymphoma as a primary lesion. The primary routes by which nasal NK/T lymphoma cells invaded to the anterior chamber remain unclear. In this case, MRI indicated that the lymphoma cells had already formed metastatic lesions in the brain 3 months before the onset of ocular symptoms. This suggests that the route of the lymphoma invasion from the nasal cavity to the anterior chamber may be indirectly systemic.

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S Kase, K Namba, N Kitachi, S Ohno
Department of Ophthalmology and Visual Sciences, Hokkaido University Graduate School of Medicine, N15 W7, Kita-ku, Sapporo 060-8638, Japan

Correspondence to: Satoru Kase, MD, PhD, Department of Ophthalmology and Visual Sciences, Hokkaido University Graduate School of Medicine, N15 W7, Kita-ku, Sapporo 060-8638, Japan; kase@med.hokudai.ac.jp

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Phakomatous choristoma of the eyelid: a case with associated eye abnormalities

Phakomatous choristoma is a rare lesion, first reported in 1971 with a further 18 cases reported in the literature. Previously reported cases have not been identified preoperatively, nor associated with ocular abnormalities except as a secondary effect. We report here a case which was suspected on clinical examination, and which is associated with other eye abnormalities.

Case report
This healthy female patient first presented at the age of 2 days with a red left eye, and she was noted to have a lump in the nasal aspect of the left lower eyelid which was initially diagnosed as a dacryocystocoele. The red eye resolved, but the eyelid swelling persisted despite repeated massage. There was also concern about left amblyopia, astigmatism, and myopia. On specialist oculoplastic review, the possibility was raised of phakomatous choristoma, and excision with ocular examination under general anaesthesia was carried out at age 10 months.

At surgery, the eyelid mass was removed with no complications. Examination showed a normal right eye, but the left eye showed a colobomatous hypoplasmic disc with a staphyloma. Refraction was approximately emmetropic.

Following surgery, the eyelid mass did not recur. However, the patient has developed progressive myopia in both eyes, with left amblyopia. Her most recent refraction at the age of 5 years is −11.25D right eye and −22.00D left eye, and her visual acuity is 6/18 right eye, 3/60 left eye.

Histology of the eyelid mass showed small nests and cords of epithelial cells within a dense fibrous stroma. The cells were bland with pale cytoplasm, and in areas formed vesicle-like structures containing degenerate swollen cells (fig 1A). Around the nests was a prominent basement membrane (fig 1B), and occasional psammoma-like bodies were present. The morphological appearance and immunohistochemical staining pattern (cells positive for vimentin and S100, negative for the pancytokeratin AE1/AE3) were typical of phakomatous choristoma (fig 2A and B).

Comment
Phakomatous choristoma is a lesion first described over 30 years ago. It is viewed as a proliferation of ectopic lens tissue, which presents at a young age and may enlarge because the abnormal cells are attempting to proliferate and differentiate. The clinical presentation is with a mass located at the nasal aspect of the medial eyelid and/or orbit. The histological appearance is of lens-type epithelium, with degenerate areas reminiscent of the Well or “bladder-like” cells of cataract. Previously reported cases have shown immunohistochemical and ultrastructural appearances consistent with a lenticular origin.

Theories of pathogenesis include (1) surface ectoderm “dipping down” into the mesoderm of the developing eyelid, (2) migration of putative lens tissue through the closing optic fissure, and (3) the site of origin of the invaginating lens being located in the area destined to form the nasal lower lid.

None of the previously reported cases has had any other ocular or orbital abnormalities, apart from astigmatism or epiphora attributable to the eyelid lesion that resolved post-operatively. The patient we report here also has a colobomatous hypoplasmic disc with staphyloma, and severe myopia. Although the eye abnormalities previously may have been coincidental, the presence of a left optic disc coloboma and staphyloma suggests that there may be a developmental abnormality of closure of the optic fissure.

C Thaug, R E Bonshek
Department of Ophthalmic Pathology, Royal Eye Hospital, Oxford Road, Manchester M13 9WH, UK

B Leatherbarrow
Department of Ophthalmology, Royal Eye Hospital, Oxford Road, Manchester M13 9WH, UK

Figure 2 (A) S100 immunoreactivity is restricted to epithelial cells (S100 ×10). (B) The epithelial cells are strongly positive for vimentin (Vimentin ×10). There is also vimentin positivity in stromal cells.