



Lacrimal sac tumors

Primary

- Relatively rare
- Triad: painless, irreduciable mass, extending above medical canthal tendon
- Chronic dacryocystitis being irrigated freely with bloody reflux spontaneously or upon irrigation
- If mass has occupied the lacrimal sac space, epiphora is a symptom
- If tumor extends beyond lacrimal sac space, epistaxis and nasal pain may be the complaint
- Complete nasal exam by ENT
- Dacryocystogram can help in the diagnosis when suspected
- Treatment
 - ✓ Radical surgical excision followed by radiotherapy
 - ✓ If beyond lacrimal sac area, a head and neck surgeon

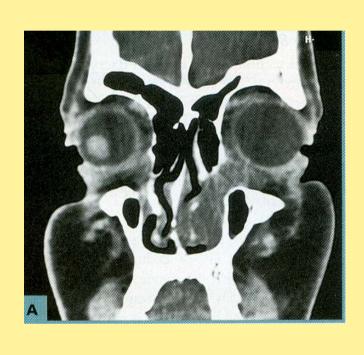
Types of lacrimal sac tumors

Benign

- Papilloma: low risk HPV (type 6 & 11) has been identified
- Granuloma
- Inflammatory pseudotumor
- Polyp
- Hemargioma capillary , Congenital or Acquired
- Neurilemmoma
- Hemangiopericytoma
- Fibrohistiocytuma

Malignant

- S.C carcinoma
- Transitional cell carcinoma
- Anaplastic carcinoma
- Adenocarcinoma
- Melanoma
- Lymphoma
 - ✓ Large B cell lymphoma
 - ✓ Transitional MALT lymphoma
 - ✓ Extranodal marginal zone B cell lymphoma of MALT





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75 patients

- 40 benign
- 25 semi malignant
- 10 malignant
- Benigns (40 cases)
 - ✓ 15 cases nevui
 - ✓ 7 cases granulation tissue
 - ✓ 5 cases papillomas
 - ✓ 4cases cysts
 - ✓ 1 fibroma
 - ✓ 1 Seborrheic keratosis
 - ✓ 1 adenoma of secretory duct
 - ✓ 2 inflamatory pseudo tumors
- Semi malignant 25
 - ✓ BC Ca
- malignant 10 cases
 - ✓ 4 lymphomas
 - ✓ 4 carcinomas
 - ✓ 2 malignant melanomas

