Abstract:
Schwannomas in the conjunctiva are extremely rare lesions. We report a case of a schwannoma arising in the bulbar conjunctiva in the left eye of a 68-year-old female. The mass has been present for 2 years and started growing and causing discomfort to the patient 3 months prior to excision. The excision mass measured 3mm, and histologically consists of spindle cells with palisading nuclei and a predominant Antoni A pattern with presence of Verocay bodies. The tumoral cells show a strong and uniform pattern of staining for S100-protein.

Case Report:
A 68-year-old woman was referred to the Ophthalmologist due to a conjunctival lesion in the left eye that had been present for 2 years. It started growing faster and bothered the patient in the last 3 months. Visual acuity was not affected. The lesion was a circumscribed soft fleshly yellow mass, freely movable, located at the 1 o’clock position above the cornea in the bulbar conjunctiva. The tumoral cells stain strongly and uniformly for S100-protein (Fig 4). In our case we found a predominance of Antoni A pattern.

Pathological Description:
Histopathological findings:
The specimen was received at Hato Rey Pathology Laboratory. It was an irregularly shaped tan nubbity tissue, measuring 7x3x2mm. The specimen was entirely submitted, embedded in paraffin and stained with hematoxilin-eosin (H&E). H&E staining revealed a benign, well-circumscribed tumor measuring 3mm in the greatest diameter (Fig 2). The tumor consists of spindle shaped cells with an elongated nuclei showing a tendency toward a palisading dispostion. There is a predominance of what is described as an Antoni A pattern. Verocay bodies are visualized in some areas of the tumor. The tumor was a circumscribed soft fleshly yellow mass, freely movable, located at the 1 o’clock position above the cornea in the bulbar conjunctiva. The tumoral cells show a strong and uniform pattern of staining for S100-protein (Fig 4).

Immunohistochemical findings:
Immunohistochemical panel that includes antibodies against alpha smooth muscle actin (ASMA), desmin intermediate filament (Desmin), endothelium, hematopoietic progenitor cell and atonal tumor (CD34), S100 protein (S100) and megakaryocytes, fibroblast and histocytes (FXYHA) was done. The tumor was only immunoreactive for S100-protein. Immunohistochemistry can help us distinguish schwannoma from neurofibroma and other types of soft tissue tumors. The most commonly used antibody is for the S100-protein. Schwannoma is strongly and uniformly reactive for the S100-protein in our case, while neurofibroma will have variable and non-uniform immunoreactivity.

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