

Conjunctival Extranodal Marginal Zone Lymphoma Presenting as Entropion

Linfoma de Zona Marginal Extranodal da Conjuntiva Mascarado de Entrópion

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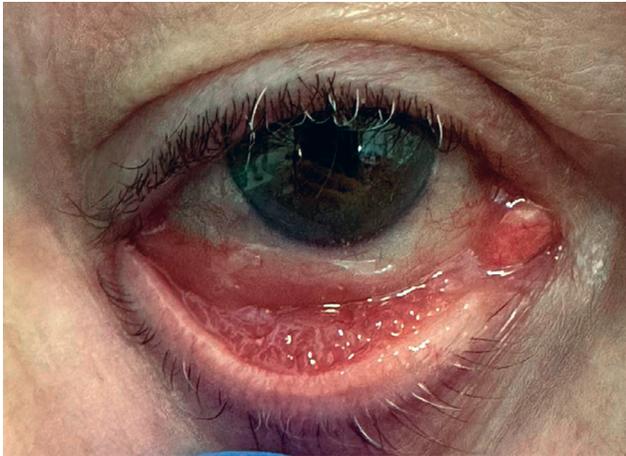


Figure 1 – Upon lid eversion, a multinodular, salmon-pink mass is observed extending along the entire length of the right conjunctival fornix

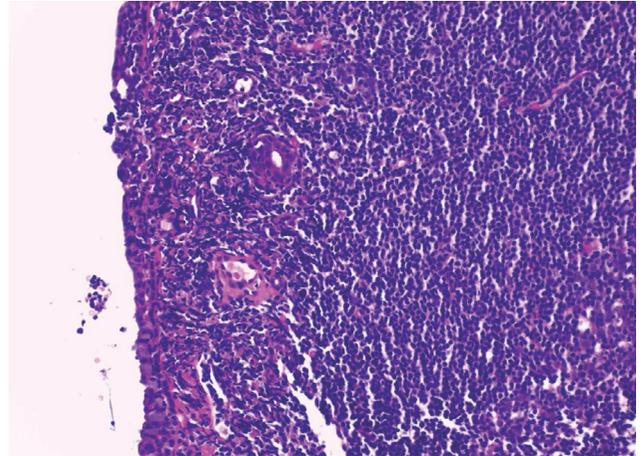


Figure 2 – Histopathology (H&E 200x) showing small- to medium-sized lymphocytes in the *substantia propria*, in a towel disposition, occasionally forming germinal centers. Immunohistochemistry was diffusely positive for CD20, BCL2 and CD43; and negative for CD3, CD5, CD10, CD23, BCL6, cyclin D1 and SOX-11. The Ki-67 proliferation index was 10%. The lining epithelium had focal lymphoid infiltration, without atypia.

A 78-year-old woman presented with a one-year history of painless, progressively enlarging entropion (a condition where an eyelid, most often the lower one, turns inwards) in the right eye. Her medical history was unremarkable.

Previous records of the patient, carried out in another health facility, included histology showing follicles and a computed tomography reporting thickening soft tissue. No immunohistochemistry test had been done. She had been treated with topical corticosteroids without improvement.

Examination revealed a multinodular, salmon-pink mass causing mechanical entropion across the right fornix (Fig. 1), with a smaller, similar lesion in the left eye.

Bilateral conjunctival biopsies revealed lymphoid infiltration of the *substantia propria* (the connective tissue layer beneath the conjunctival epithelium), with positive CD20, BCL2 and CD43 on immunohistochemistry (Fig. 2). Extra-

nodal marginal zone B-lymphoma of the conjunctive was diagnosed. Since oncohematology staging was negative, rituximab treatment was initiated.

Ocular adnexal lymphomas represent 2% of non-Hodgkin lymphomas, with conjunctival involvement in 25%.¹ These lesions often mimic benign, inflammatory conditions. Ophthalmologists should include lymphoma in the differential diagnosis for cases of chronic conjunctivitis or atypical entropion, especially in older patients. Early biopsy is essential, as prognosis is favorable, with high recurrence-free survival.²

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AUTHOR CONTRIBUTIONS

MFM: Literature search, writing and critical review of the manuscript.

RSS: Writing and critical review of the manuscript.

TMC: Data acquisition and interpretation.

All authors approved the final version to be published.

PROTECTION OF HUMANS AND ANIMALS

The authors declare that the procedures were followed according to the regulations established by the Clinical Research and Ethics Committee and to the Helsinki Declaration of the World Medical Association updated in October 2024.

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DATA CONFIDENTIALITY

The authors declare having followed the protocols in use at their working center regarding patients' data publication.

PATIENT CONSENT

Obtained.

CONFLICTS OF INTEREST

The authors have no conflicts of interest to declare.

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