Glomus Tumor of the Cheek
B Wang, J Wang, J Shehan, D Sarma

Citation

Abstract
We are reporting two cases of glomus tumor of the cheek that we had recently encountered during the last six months. English literature is briefly reviewed.

CASE REPORTS
A 51-year-old male presented with an asymptomatic red right lower cheek lesion that was clinically diagnosed as a “venous lake”. An excisional biopsy was performed and showed a glomus tumor (Figures A1, A2, and A3).

Figure 1
Figure A1: Right check glomus tumor in a 51-year-old male

The second case was that of a 58-year-old female with a left
check lesion that was clinically thought to be “epidermal cyst”. An excisional biopsy revealed the typical features of a glomus tumor (Figures B1, B2 and B3).

Figure 4
Figure B1: Left check glomus tumor in a 58-year-old female

Microscopically both tumors showed prominent vascular spaces rimmed by a variable thickness of glomus cells (Figure 2) with dark small uniform nuclei and slightly eosinophilic cytoplasm (Figure 3). There was no mitotic activity or necrosis.

COMMENT
Glomus tumor is a rare benign painful tumor commonly found in the corium and subcutaneous tissue, mostly in the subungual region of the fingers. It arises from the rests of glomus bodies, which are specialized structures at arteriovenous anastomosis functioning in thermal regulation.

Extradigital glomus tumor is a rare entity, especially in the location, such as cheek. In a reported study of 56 extradigital glomus tumors seen in Mayo Clinic over a period of twenty years (1985-2005), the authors found a single case occurring in the cheek [1]. Other reported sites for extradigital glomus tumors include face [2], colon [3], stomach, lung, bone, nervous system, and fallopian tubes [1].

Extradigital glomus tumors can be a diagnostic challenge for the clinicians. The characteristic symptoms of digital glomus tumors, e.g., pain, pinpoint tenderness with blunt palpation, and hypersensitivity to cold, may not be present. Excisional biopsy is usually necessary for the diagnosis as well as the treatment.

CORRESPONDENCE TO
Deba P. Sarma, M.D. Department of Pathology Creighton University Medical School Omaha, NE 68131 debasarma@creighton.edu
References

Author Information

Bo Wang, M.D.
Assistant Professor of Pathology, Creighton University Medical Center

Jeff Wang, MD
Resident in Pathology, Creighton University Medical Center

James Shehan, MD
Assistant Professor of Dermatology, Creighton University Medical Center

Deba P. Sarma, MD
Professor of Pathology, Creighton University Medical Center