

## GRANULAR CELL TUMOUR

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A 5½-years-old boy presented with multiple skin coloured subcutaneous nodules on scrotum and penoscrotal regions. Oldest lesion started 8 months back and new lesion was one month old. Biopsy report revealed the tumour to be granular cell tumour.

**Key Word : Granular cell tumour**

### Introduction

Granular cell tumours were originally described in 1926 as granular cell myoblastoma, they usually occur as solitary tumours but are multiple in about 10% of the cases.<sup>1</sup> About one third cases were on the tongue, one third on internal organs, one third were on skin.<sup>2</sup>

### Case Report

A 5½-year-old boy presented with asymptomatic nodular lesions on scrotum and penoscrotal region. About 8 months back one small papule developed on scrotal skin which gradually increased to the size of a pea. The nodule was fixed to the skin and surface was slightly rough and feel was firm. In the course of 8 months other nodules gradually erupted mainly on scrotal skin and one on penoscrotal region. The last erupted 1 month back. There was no family history. General health of the boy was not affected. Milestones of development were normal. Routine examinations of stool, urine and blood were within normal limits. One nodule was removed for biopsy.

Section showed a tumour composed of large cells with pale cytoplasm filled with faintly eosinophilic coarse granules (Fig.1). The nuclei were small round to oval and

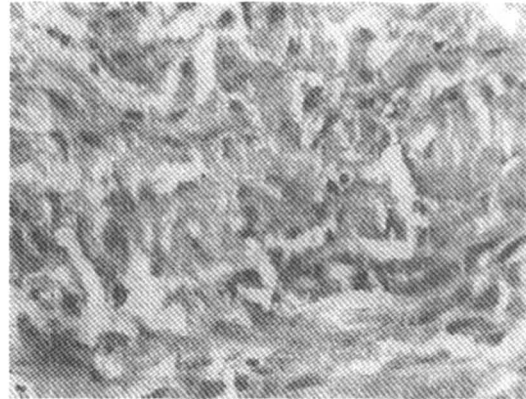


Fig. 1. The cells have a distinct cellular membrane and pale cytoplasm filled with faintly eosinophilic coarse granules. The nuclei are small, round to oval and centrally located.

centrally located. The cells were surrounded by collagen and flattened fibroblasts. The epidermis was hyperplastic and showed downward prolongation with epithelial pearl formation. These findings were typical of granular cell tumour.

### Discussion

Granular cell tumours of the skin consist of well circumscribed raised firm nodules. Sometimes tender and pruritic, they occasionally have a verrucous surface. Histopathological findings are very characteristic. The overlying epidermis is often hyperplastic and may show considerable downward proliferation often with horn pearl formation. It is important that this pseudocarcinomatous hyperplasia is not mistaken for squamous cell

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carcinoma. The cells of the tumour appear large and sometimes elongated. They have a distinct cellular membrane and a pale cytoplasm filled with faintly eosinophilic coarse granules. The nuclei are small, round to oval and centrally located. The origin of tumour is from Schwann cells on the basis of electron microscopic studies.<sup>3</sup> In India so far only one granular cell tumour has been reported<sup>4</sup> and that was a female patient above 20 years of age. We could not find any case reported in children and affecting scrotum.

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## References

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