ABSTRACT
Glomus tumor is a rare benign neoplasm that arises from neuroarterial structure called a glomus body and accounts for 1-2% of soft tissue tumors of the body and 1% to 4.5% of tumors in the hand. There are 3 histological variants which include glomus tumor, glomangioma and glomangiomyoma. Here we present 2 cases of glomustumor.

Keywords: Glomus Tumour, Glomangioma, Glomangiomyoma

INTRODUCTION
Glomus tumor was first described by Wood as early as 1821, but the characteristic histological description was given by Masson. These are relatively rare tumors and account for 1-2% of soft tissue tumors of the body and 1% to 4.5% of tumors in the hand. They are mostly located in the subungual region but occur less frequently in other nail unit region and extra digital sites. Characteristic triad of symptoms of temperature sensitivity, severe pain and localized tenderness can be noted in 63-100% of the patients.

CASES
Case 1: A 33yr old lady presented with a single, raised, hyper pigmented and painful lesion over the right forearm since 1 year. The pain aggravated on exposure to cold. She gave no history trauma prior to onset of lesion or any similar swelling over the body. On examination, a solitary hyper pigmented ill-defined swelling was present over the flexor aspect of right forearm. The lesion was tender on palpation. Biopsy was done and the histopathological examination showed multiple dilated vascular spaces and spindle shaped smooth muscle cells distributed near and between the vascular spaces. Her hematological and biochemical parameters were within normal limits. A final diagnosis of Glomus tumor was given.

Case 2: A 23 year old woman presented with a painful lump on the palmar aspect of her right ring finger. She gave no history of trauma or change in skin temperature. There no history of handling any chemical directly or any significant history of drug intake. On Examination, a raised nodule 2x 2 cm in size was palpated over the right ring finger. There was no increase in local temperature. The lesion was tender on palpation. Biopsy was done and the histopathological examination showed small round cells with Hyperchromatic nuclei, Large ectatic vascular spaces present separated by stromal element, and absence of mitotic activity and cellular atypia. Her hematological and biochemical parameters were within normal limits. A final diagnosis of Glomus tumor was given.

DISCUSSION
Glomus tumors most commonly occur in the digits. They account for 1-5% of soft tissue tumors of hand (Drapé et al., 1995). Subungual location is the preferred site for digital glomus tumor, but can occur in other areas also. Pain is the most common presentation of glomus tumor. Our patient had the classical triad of symptoms - temperature sensitivity, severe pain and localized tenderness. This can be noted in 63-100% of the patients (Heys et al., 1992). A solitary glomus tumor is a pink or purple nodule varying in size from 1 to 20mm. Pain may be provoked by direct pressure or change in skin temperature. The commonest site is the hands, particularly the fingers, followed by head, neck and penis (Schiefer et al.,
Tumours beneath the nail are particularly painful. Malignant glomus tumor (glomangiosarcoma) is exceedingly rare. Even tumors that are histologically malignant rarely metastasize, but they have a potential for local recurrence (Gould et al., 1990, 5)

Surgical excision is usually curative. Local recurrence is very rare and occurs mainly after incomplete excision. Surgical exploration was done and tumor was removed in our patient. Patient was free of symptoms during the postoperative period.

**Conclusion**

These cases are being reported owing to rarity of cases of Glomus tumors.
REFERENCES


