spine. Other uncommon sites include trachea, lungs, bone, vagina and the cervix. Cases of intra-abdominal glomus tumors may occur in the gastrointestinal tract (stomach[1], small intestine, colon[2]), liver and mesentry. Glomus tumors have varying proportions of glomus cells, vascular structures, and smooth muscle tissue. According to the relative proportions, they have been divided into three groups: (1) glomus tumor proper; (2) glomangioma; and (3) glomangiomyoma. Glomus tumor accounts for about three-fourths of all case and is a well circumscribed lesion consisting of tight convolutes of capillary-sized vessels surrounded by collars of glomus cells set in a hyalinized or myxoid stroma. The nests of glomus cells may have a highly vascular appearance (hemangiopericytoma-like) with individual cells having a rounded, regular shape with a sharply punched-out rounded nucleus set off from the amphophilic or eosinophilic cytoplasm. Rarely Glomus tumor variants such as Epitheloid[3], Oncocytic[4, 5, 6] and Symplastic[7] variants have been described with only few isolated case reports. The oncocytic variant of glomus tumors have abundant granular eosinophilic cytoplasm with prominent nucleo and presence of numerous mitochondria on electron microscopy. Rarely, when glomus tumors exhibit large pleomorphic nuclei without other high-grade histologic features, such as increased cellularity and mitotic activity, they are referred to as symplastic glomus tumors.

DIFFERENTIAL DIAGNOSIS

In the present case the patient presented with complaints of abdominal pain and a palpable lump since one year. Grossly and microscopically it was a well circumscribed lesion with round nuclei with abundant granular eosinophilic cytoplasm and prominent nucleoli. The positivity for SMA and PAS in the tumor cells and positivity for CD31 and CD34 in the vasculature with a very low proliferation index favoured the rendered diagnosis of Oncocytic variant of Glomus tumor. Other differential diagnosis considered were of a Granular cell tumor, Carcinoid tumor, Paraganglioma, Gastrointestinal stromal tumor, Leiomyoma, Perivascular epitheloid cell tumor and a Hemangiopericytoma. However, negativity for S100, Pan CK, Synaptophysin, CD117, Desmin, MSA, HMB45, CD34 and CD31in the tumor cells excluded the above mentioned differentials. Other pericytic tumors such as Myofibroma and Myopericytoma also enter the differential diagnosis. However, the presence of larger, less rounded cells possessing more cytoplasm and having ill-defined cell borders help in differentiating from a Glomus tumor.[8] Additionally, the myofibroma typically consists of a biphasic growth of primitive short spindled cells growing in association with