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CLINICAL IMAGES

Orbital pseudotumor

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A 42-year-old male presented to the emergency department with the complaint of irritation in the left eye for 1.5 months. He also complained of decreased and blurry vision in the left eye. He had a history of non-insulin-dependent diabetes mellitus (NIDDM), hypertension, and bipolar disorder and was noncompliant with his medications. His visual acuity was decreased on the left. His pupils were 3 mm, symmetric, and equally reactive. His extraocular muscles were intact. The left eye was grossly proptotic and his conjunctiva are injected bilaterally. On fundoscopic exam, the vasculature was prominent. The cup to disk ratio was grossly normal. There was a small amount of purulent discharge noted from his medial canthus. The remainder of his examination is unremarkable.

Orbital pseudotumor (an idiopathic orbital inflammation), a diagnosis of exclusion, is the third most common orbital disease, accounting for 5–6% of orbital disorders [1]. It is most common in the 4th–5th decade of life, unilateral or bilateral, and has no gender predilection. The most common presentation is proptosis. Other common symptoms include ocular motor deficits, pain, lid swelling or lid mass, ptosis, and chemosis [2]. Computed tomography (CT), the preferred method of imaging [3], and ultrasound of the orbits will show inflammation of the eye wall. Magnetic resonance imaging (MRI) is recommended for evaluation of the cavernous sinuses [4]. At times, biopsy is required to determine the etiology of the disease. The differential is extensive and orbital cellulitis must be considered. This condition typically responds to steroids however recurrence is likely. Urgent referral to ophthalmology is recommended.

References

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