

## An Interesting Case of Orbital Lymphoma

Richard M Graham, Yang See Chau, Suresh Shetty

### CASE PRESENTATION

A 68 year old woman was referred to Maxillofacial Surgery from Haematology, with a past history of low grade follicular lymphoma. She had become progressively unwell and during investigations for possible metastatic disease, she complained of right cheek pain and numbness. Examination revealed: proptosis, ophthalmoplegia and visual loss (Figure 1) (which improved with steroids) and paraesthesia in the distribution of the infraorbital nerve. Facial CT scans revealed a right postero-inferior intraorbital soft tissue mass, involving the lateral and inferior recti muscles, which was stretching the optic nerve and extending into the maxillary sinus, pterygopalatine fossa and infratemporal fossa (Figures 2 and 3) The follicular lymphoma had converted to a high grade type and then metastasised widely; unfortunately the patient succumbed to the

disease before further treatment could be given.



Fig. 1: Clinical image showing the obvious proptosis, ophthalmoplegia and corneal exposure caused by the postero-inferior intraorbital soft tissue mass

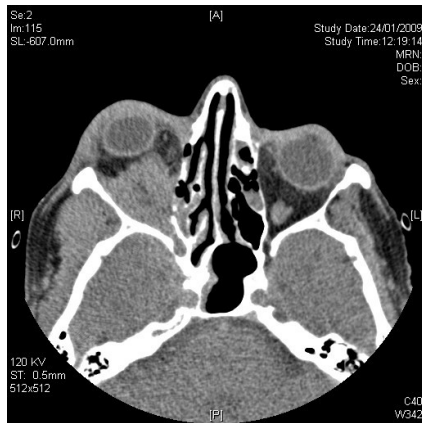


Fig. 2: Axial CT scan showing a right postero-inferior intraorbital soft tissue mass, involving the lateral and inferior recti muscles, which is stretching the optic nerve and extending into the maxillary sinus, pterygopalatine fossa and infratemporal fossa

## DISCUSSION

Extranodal lymphomas can occur within the orbit and are unusually associated with visual changes(1) and altered cheek sensation(2) and similarly, lymphomas within the sinus are unusually associated with the same(3). This case demonstrates an unusual presentation of metastatic follicular lymphoma and the importance of patient history, cranial nerve examination and correlation with advanced imaging. In addition, it emphasises that lymphoma should be

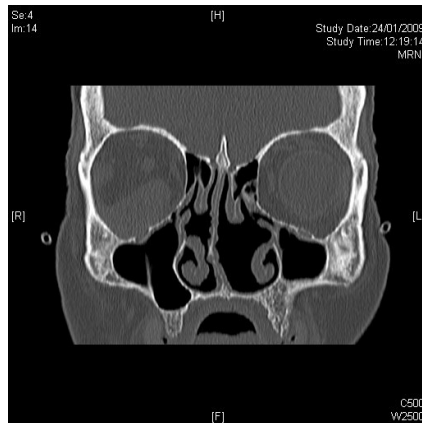


Figure 3: Coronal CT scan showing a right postero-inferior intraorbital soft tissue mass, involving the lateral and inferior recti muscles, which is stretching the optic nerve and extending into the maxillary sinus, pterygopalatine fossa and infratemporal fossa

present in the differential diagnosis of orbital and maxillary sinus masses.

## REFERENCES

1. Prall FR, Hink EM, Liang X, Durairaj VD. Rapid onset proptosis and vision loss as the initial presentation of Burkitt lymphoma. *Ophthalmic Surg Lasers Imaging* 2008;**39**(4):331-334.
2. Itoh Y, Yokota T, Ichikawa T, Furukawa T, Tsukagoshi H. Malignant lymphoma presenting with bilateral orbital apex syndrome. *Rinsho Shinkeigaku (Japanese)* 1989;**29**(10): 1306-1308.
3. Rahman S, Rahman W, Rahman F. A case of facial swelling and proptosis. *Dent Update* 2004;**31**(9):553-554.

## THE AUTHOR

### Dr. Richard M Graham

FDSRCS (Eng) MRCS (Ed) FRCS (OMFS) (Ed)

Department of Neurosurgery  
Alder Hey Children's Hospital  
Eaton Road, Liverpool,  
L12 2AP, England

E Mail: grahamm2@yahoo.co.uk

### Dr. Yang See Chau

BSc (Hons), MFDSRCS (Eng)

Department of Oral and  
Maxillofacial Surgery  
North Manchester General Hospital  
Delaunays Road, Crumpsall  
Manchester, M8 5RB, England.

Email: yang\_see@hotmail.com

### Suresh Shetty

MDS, FDSRCS (Eng),

FRCS (OMFS) (Eng)

Department of Oral and  
Maxillofacial Surgery  
North Manchester General Hospital  
Delaunays Road, Crumpsall  
Manchester, M8 5RB, England.

Email: suresh.shetty@pat.nhs.uk