Orbital swellings

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Orbital swellings result in displacement of the globe and limitation of movement. A full description of orbital swellings is outside the realm of this text, but some of the most common causes include the following. /uni25CF Pseudoproptosis . This results from a large eyeball, as seen in congenital glaucoma or high myopia. /uni25CF Orbital inflammatory conditions that result in or bital cellulitis (Figure 49.7). /uni25CF Haemorrhage after trauma or retrobulbar injection. /uni25CF Neoplasia a ff ecting the lacrimal gland, the optic nerve, the orbital walls or the nasal sinuses (e.g. glioma [neuro fibromatosis, Figure 49.3], meningioma and osteoma [Figure 49.8]). /uni25CF Thyroid eye disease (Figures 49.9–49.11). This is the most common cause of unilateral and bilateral proptosis in adults and may occur in the absence of active thyroid disease or after thyroidectomy . Management of severe thy r oid eye disease may require large doses of systemic ste roids, radiotherapy or even orbital lateral wall decompres sion if the eyeball is threatened by exposure or optic nerve compression. The disease is often more severe in smokers and those with poorly controlled thyroid function. CT and - - - - -

Figure 49.7 Orbital cellulitis. Figure 49.8 Radiograph showing an osteoma on the nasal side of the orbit giving rise to proptosis. Figure 49.9 Computed tomogram of the orbit in dysthyroid exoph

thalmos, showing swollen muscles (courtesy of Dr Glyn Lloyd). Figure 49.10 Magnetic resonance imaging scan of a coronal view of the orbit, showing enlarged muscles in thyroid disease (courtesy of Dr Juliette Britton).

magnetic resonance imaging (MRI) scans are useful in diagnosis. MRI with short tau inversion recovery (STIR) sequences is particularly useful for identification of active inflammation within the

orbital tissues. /uni25CF Pseudotumour , or malignant lymphoma. /uni25CF Haemangiomas of the orbit (Figure 49.12). /uni25CF Tumour metastases . These are rare. In children they usually arise from neuroblastomas of the adrenal gland, whereas in adults the oesophagus, stomach, breast and prostate can be sites of primary lesions.

Figure 49.11 Exophthalmos in dysthyroid eye disease.

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