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Case report/Kazuistyka

Bilateral orbital lymphoma: A diagnostic odyssey through surreal clinical and imaging features plus therapeutic implications

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ABSTRACT

The paper aim was to present a case of bilateral, advanced, orbital lymphoma diagnosed in a middle aged man who was admitted in a clinical condition which almost defied reality. The entire orbito-facial region was replaced by massive ulcero-necrotic masses which completely distorted the normal anatomy, giving an alien-like resemblance of an otherwise ordinary man. The patient was submitted to several imaging examinations (head and whole body computer tomography, head MRI, laterocervical ultrasound and elastography) and surgical biopsy. The final diagnosis was stage IVB diffuse large B-cell lymphoma (DLBCL). Currently the patient is undergoing chemotherapy with astonishing response (clinically visible tumoral shrinkage).

The differential diagnosis of orbital masses may be extensive, starting from inflammatory conditions, such as cellulitis, pseudotumor, sarcoidosis and finishing with metastases from lung, renal or breast cancers. However, considering the substantial tumor volume in this case and imaging aspects, lymphomatous origin was the first diagnostic verified and ultimately confirmed.

The peculiarities of the case do not reside in the final diagnosis, for DLBCL is the most common form of non-Hodgkin lymphoma in middle aged men, but its debut or spread to orbits is rare, usually unilateral and diagnosed in less advanced stage.

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Case report

A 52-years-old man was referred to the Emergency Unit (ER) in a clinical condition which almost defied reality. The

entire orbito-facial region was replaced by massive ulcero-necrotic tumors, which completely distorted the normal anatomy, giving an alien-like resemblance of an otherwise ordinary man (Fig. 1). Another disturbing feature was the persistent hemorrhage from what used to be the eye slits.

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Fig. 1 - A 52-year-old man - normal appearance as opposed to clinical presentation at the moment of admittance

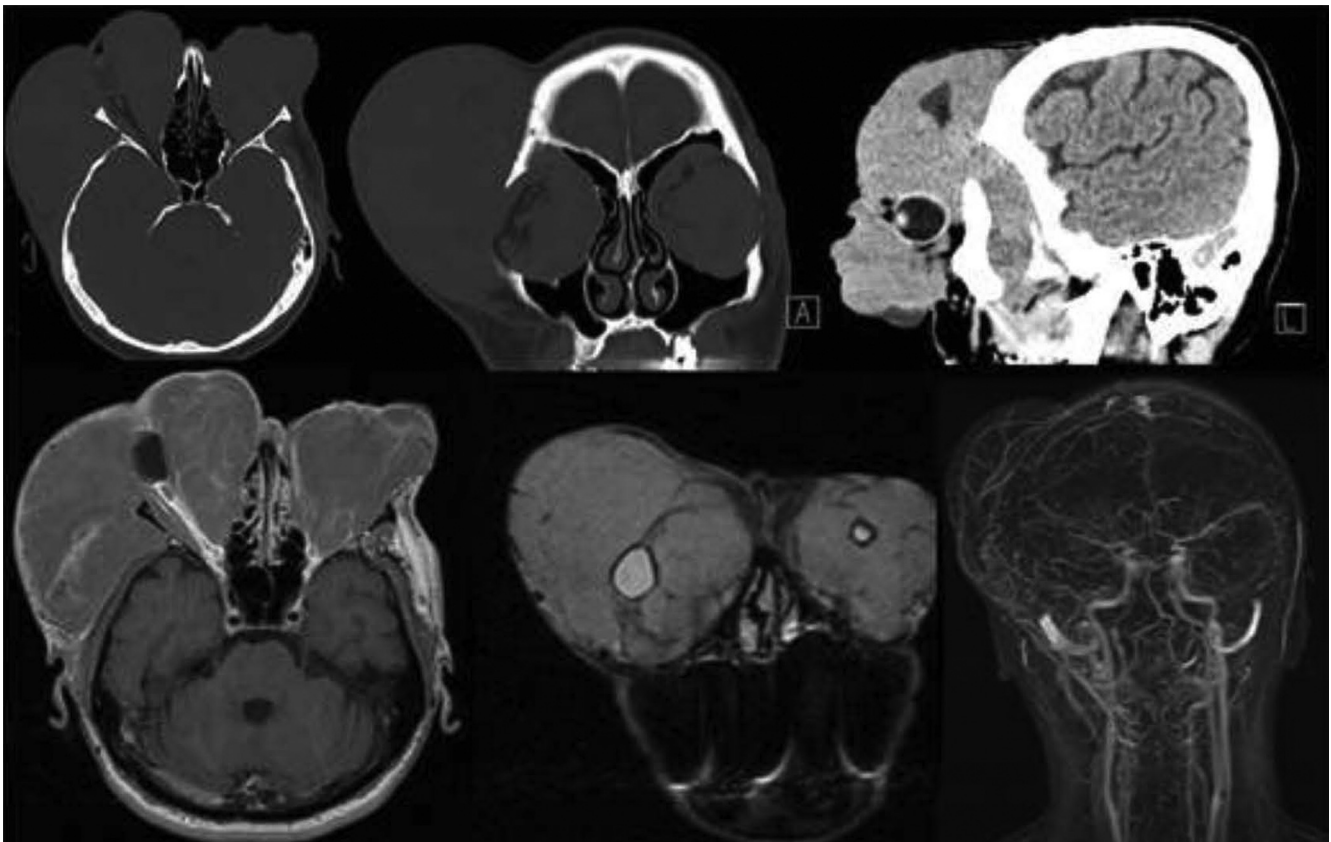


Fig. 2 - Computer tomography images (first row) and MRI sections (second row) displaying large, solid, enhancing orbital and periorbital masses. The eyeballs and optic nerves appeared totally engulfed and compressed by these large masses. No bone erosions and no endocranial extension were noted

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