



Afterimage

Primary adnexal angiosarcoma masquerading as periorbital hematoma



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ABSTRACT

We report an elderly woman who was anticoagulated and presented with a recent history of right-sided orbital contusion and a periorbital hematoma without clinical or radiological evidence of focal mass or orbital involvement. She was initially treated conservatively. Continued progression of adnexal swelling and erythema prompted further investigation, however. There was no improvement with surgical drainage alone; biopsy revealed angiosarcoma. The discovery of this vascular tumor underscores the importance of a reconsideration of the diagnosis in the face of counterintuitive findings. Additionally, we emphasize the need to consider malignancy in the differential diagnosis of prolonged periorbital swelling, regardless of a history of recent trauma.

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1. Case presentation

An 83-year-old woman on chronic warfarin for atrial fibrillation suffered a right-sided orbital contusion in a motor vehicle accident in which the airbag deployed (Fig. 1). Initial evaluation revealed no limitation of extraocular motility, relative afferent pupillary defect, proptosis, or chemosis. There was no evidence of eyelid pathology prior to the trauma based on history and old photographs. Computed tomographic imaging demonstrated only periorbital hematoma without evidence of a focal mass or orbital involvement (Fig. 2). The hematoma was recalcitrant to warm and cold compresses, and, given failure of resolution after several weeks, warfarin was discontinued.

The patient was referred to the oculoplastic surgery service for further evaluation and management. In addition to atrial fibrillation, she had hypertension and dry macular degeneration. She was allergic to sulfa as well as non-steroidal anti-inflammatory drugs and took no eye drops. Medications included warfarin, digoxin, losartan, and metoprolol. Her acuity was 20/200 in the affected right eye and 20/40 in the left eye, which was the same as on examinations before her accident. The right lids and periorbital region were ecchymotic, with soft, spongy edema, and the right adnexa was modestly tender to palpation. Despite this, there was no evidence of an afferent pupillary defect, limitation of extraocular motility, or proptosis. The anterior segment was within normal limits. Dilated fundoscopic examination revealed atrophic macular

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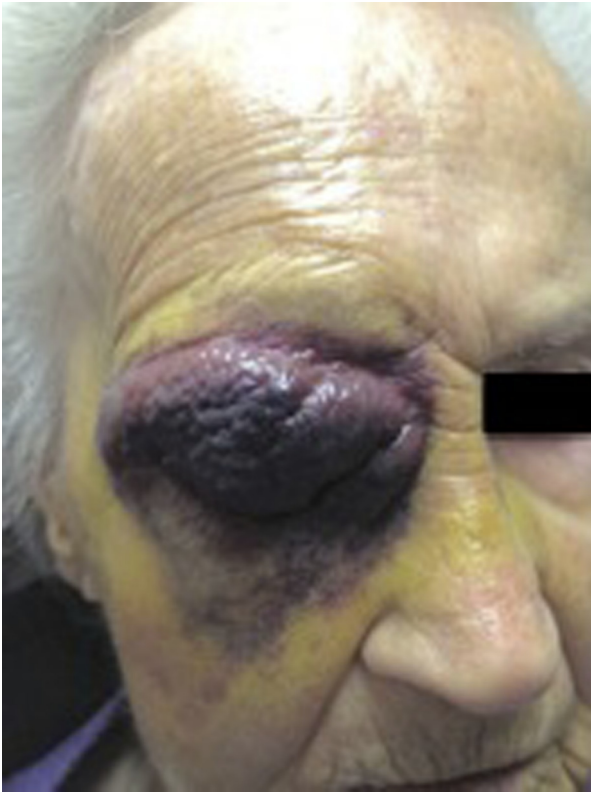


Fig. 1 – External photograph of patients right periorbital area at time of presentation to the oculoplastics service, 1 month after motor vehicle accident. Periorbital ecchymosis and swelling are evident. (Permission given by patient to use external photographs.)

changes and normal optic disks. No neck swelling or lymphadenopathy was present. She was instructed to increase her use of warm compresses for the treatment of a presumed periorbital hematoma.

Over the ensuing week, she experienced increased discomfort and edema. There appeared to be increased preseptal edema, and serosanguinous liquid emanated from the boggy, edematous right upper eyelid upon manipulation. Nonetheless, there was no change in vision, and there was no



Fig. 2 – Computed tomographic imaging (axial view) performed at the time of her contusion demonstrated only periorbital hematoma without evidence of a focal mass or orbital involvement.

relative afferent pupillary defect, proptosis, or limitation of extraocular movements. Repeat computed tomographic imaging of the orbits demonstrated preseptal edema without focal mass or orbital extension. Surgical evacuation with placement of percutaneous drain was performed with modest initial resolution of the patient's discomfort and edema.

Nine days postoperatively she had increased periorbital swelling and ecchymosis (Fig. 3). Her lids were so swollen that they could not be opened to examine the globe without considerable discomfort and bleeding. Given the recurrent, severe nature of her symptoms, an anterior orbitotomy with tissue biopsy was performed to debulk the hematoma. Intraoperatively, copious white, friable debris emanated from the upper and lower eyelid and anterior orbit. Histopathologic specimens from this biopsy demonstrated angiosarcoma (Fig. 4).

Oncology was consulted, and a systemic work-up ensued. Interpretation of comprehensive blood work and magnetic resonance imaging ultimately led to the conclusion that the eyelid was the primary site of the tumor. Treatment options were presented to the patient and her family, including surgery, chemotherapy, and radiation. The patient chose the modality that would provide the most rapid pain relief, and, given her age and general health status, surgery was planned to debulk as much tumor as possible. She was to undergo exenteration of the right orbit with split skin graft, followed by radiation therapy.

Two magnetic resonance imaging (MRI) scans were obtained prior to exenteration to aid with surgical planning. The



Fig. 3 – External photograph. Increased periorbital swelling and ecchymosis despite surgical drainage of the periorbital area.

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