

Alternative surgical approach for intra orbital tumor-neurilemmoma

Tasneem A F¹, Vittal Nayak I², Shwetha B A^{3*}, Ali Akbar Jafarian Lari⁴

¹Professor, ²HOD and Professor, ³Assistant Professor, ⁴Post Graduate, Department of Ophthalmology, Vydehi Institute Medical Sciences and Research Centre, Bangalore, Karnataka, INDIA.

Email: bashwetha@yahoo.co.in

*Address for Correspondence:

Dr. Shwetha B A, Post Graduate, Department of Ophthalmology, Vydehi Institute Medical Sciences and Research Centre, Bangalore, Karnataka, INDIA.

Email: bashwetha@yahoo.co.in

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A patient by name Muniraju aged 36 years with complaint of swelling over left eye since two years associated with mild headache. Left eye examination shows swelling seen over left eyebrow and superomedial quadrant of the left orbit.

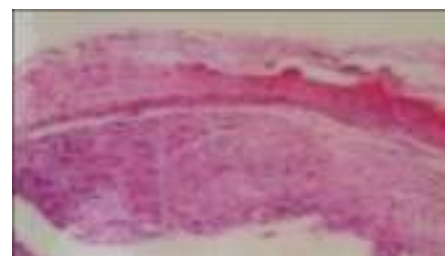


Hirschberg test -20degree exotropia and hypotropia of five degrees. Anterior segment showed eccentric proptosis of four mm (Hertelsexophthalmometry) with inferolateral displacement. Well-defined swelling measuring 2x2 cm below the supraorbital margin, involving the medial side of orbit. Skin over swelling was mobile and no signs of inflammation were seen. Swelling was firm, mobile, non pulsatile, no enlargement on

Valsalva maneuver. RE and other ocular findings of LE were within normal limits. Ophthalmological findings, BCVA- RE-6/6 and LE 6/6 on Snellen's chart with normal color vision. Extra Ocular Movements, Cranial nerves, Humphrey Field Analysis and IOP were normal. MRI, showed well-defined hypointense, homogenous, encapsulated (Hyperintense border) mass extending from superior roof of the orbit and attached to the medial wall of left orbit.



There was no intracranial extension. Operative procedure -bi coronal flap taken, supra-periosteal dissection up to superior orbital rim done. Periosteal flap raised from orbital rim extending laterally up to fronto-zygomatic suture and dissected through orbital septum to access the tumor mass located in extraconal compartment. Tumor dissected in avascular plane and was removed in piece meal and sent for histopathological examination.



Histopathology-antoni A and antoni B type cells, Immunohistochemistry for S-100-positive, Features suggestive of Neurilemmoma.



Facial appearance has not been compromised by this approach.

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