HAEMANGIOMA OF THE ORBIT AND CHEEK*†

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ORBITAL haemangiomata have been described by Bernardczykowa and Kwaskowski (1961), Hobbs (1961a, b), Georgiades, Polyzoides, Polyzonis, Argalias, and Kariotis (1962), Guerra (1962), Mortada (1962), Katsourakis and Roussos (1963) and Rowbotham and Little (1966), but very few cases associated with similar lesions at other sites have been reported. Angiomata of the bony orbit and frontal sinus were described by Remaggi and Galetti (1960) and haemangiomatous lesions of orbit and choroid by Labib and Shoukry (1962).

A single case of haemangioma of the orbit and cheek is reported below because of its interesting presentation.

Case Report

A woman aged 25 was first seen in May, 1965, having noticed a small swelling in the left orbit at the age of 19 years. The left cheek was then normal. A year later she noticed another small swelling in the left cheek with slight displacement of the left eyeball. The swelling had never had an intermittent course, but she had had recurrent attacks of epistaxis.

Family History.—Negative.

Examination.—The right eye was normal with a visual acuity of 6/6 unaided.

The left eye was displaced upwards and outwards with proptosis of approximately 20 mm. The visual acuity was counting fingers at 5 metres. Adduction and depression of the eye were restricted. The fundus was normal except for a slight dullness of the macular reflex. The lower lid was elevated and a mass which could be palpated deep within it (Figs 1 and 2, opposite) appeared to arise from the antero-medial orbital region. It was firm in consistency and was neither pulsatile nor reducible. Both bruit and thrill were absent. The growth over the left cheek was similar.

Laboratory Investigations.—Blood Wassermann reaction and Kahn test negative. Total white blood count 8,700 per c. mm. with normal differential count. Erythrocyte sedimentation rate 18 mm./1 hr. Urine analysis normal.

The left orbit was enlarged on x-ray examination and contained a radio-opaque shadow and there was also a radio-opaque shadow in the left ethmoidal region and maxillary antrum.

Operation.—The orbital mass was removed under general anaesthesia by Moore's lateral rhinotomy incision. It was adherent to the medial wall and floor of the orbit and to the posteromedial surface of the eye-ball, which was displaced outwards and upwards, the inferior oblique muscle

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FIG. 1.—Haemangioma of the left orbit and cheek. The left eye is proptosed and displaced upwards and outwards.

FIG. 2.—Forward displacement of left lower lid by the tumour.

being stretched over the tumour. The lamina papyracea was intact. Portions of nasal bone and of the ascending process of the maxilla were removed so that a drain could be passed from the orbit into the nose.

The mass in the cheek was removed by a transverse intra-oral incision.

Histological Examination.—The excised orbital growth and a piece from the lesion in the cheek both showed numerous thin-walled spaces containing blood (Fig. 3), collections of round cells in the interstitial tissue, and areas of fibrous tissue proliferation.

Diagnosis.—Cavernous haemangioma.

Result.—The post-operative recovery was uneventful. The displacement of the globe and proptosis were completely relieved and the corrected visual acuity was 6/12.

FIG. 3.—Cavernous haemangioma.
× 66.

Summary

A case is described of cavernous haemangiomas in two sites, orbit and cheek.

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