SPONTANEOUS HAEMATOMA OF THE ORBIT*

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Case Report

A married woman aged 63 years attended hospital complaining that she had suddenly developed a severe splitting headache over the right eye one week previously. There was no history of trauma, coughing, or over-exertion. She said that the right eye became swollen and bulging and that the swelling had increased. The pain had persisted and made sleep impossible. She later said that she was not prone to bruising or to abnormal haemorrhage from wounds.

Examination

Right Eye.—There was proptosis of about 5 mm. and the eye was displaced downwards. There was moderate chemosis, with dilatation of the conjunctival vessels. Ocular movements were limited in all directions. The media were clear and the fundus and optic disc normal. The visual acuity was 6/24, but the patient was not in a co-operative state for refraction. A rather indefinite swelling was palpable below the supra-orbital margin.

Left eye.—Amblyopic with a large cylindrical correction, but otherwise normal.

General.—Nothing abnormal was discovered.

Blood pressure 140/90. Blood vessels felt normal for her age.

No head bruit was audible.

Blood count normal.

X ray of skull and sinuses normal.

Erythrocyte sedimentation rate 29 mm. hr (Westergren).

Wassermann reaction negative.

Operation under General Anaesthetic.—A right tarsorrhaphy was performed. An incision 2" long was made just below the right eyebrow, and the orbicularis and palpebral fascia were penetrated. Immediately deep to the latter, a large bluish cyst was encountered and opened. A quantity of brownish-red fluid, obviously altered blood, was evacuated. The blood had been encysted between the superior bony orbital wall and the periosteum, and extended backwards almost to the apex of the orbit. A glove rubber drain was inserted and the wound sutured. The drain was removed on the fourth day and the tarsorrhaphy opened 2 weeks later. Recovery was rapid, and when the patient was last seen 8 months later the eye was normal in every way.

A biopsy of the cyst wall showed organizing blood clot and fibrous tissue. There was no evidence of neoplasm.

Discussion

Really spontaneous haematoma of the orbit is of considerable rarity. However, associated with systemic diseases, a fair number have been reported.

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Wharton Jones (1863) described a case in a young woman who was dying of uraemia, and Priestley Smith (1888) another in a haemophiliac. Birch-Hirschfeld (1930) collected eighty cases from the literature, but saw only one himself; of these twelve occurred in haemophiliacs, 24 in cases of scurvy, several in cases of renal, blood, and vascular diseases; two occurred shortly after parturition, and three were post-climacteric. Cases unassociated with any accountable cause would appear to be few, although the exact number is not stated. Birch-Hirschfeld came to the conclusion that the site of haemorrhage in the majority of cases was retrobulbar. Awerbach (1933) reviewed the causes of orbital haemorrhages and described two spontaneous cases, these again being associated with haemophilia and scurvy respectively.

Wheeler (1937) described two orbital blood cysts; one in the roof of the right orbit of a man aged 25 who had had treatment for right frontal sinusitis, and the other against the lateral wall of the orbit in a man aged 45. The latter appeared to be truly spontaneous, as was the case that Roberts (1955) described, in a man aged 37, in which blood was encysted between the bone and periosteum of the superior orbital wall.

Most of the cases previously reported were associated with discoloration of the lids. This was not seen in the case reported above, where the chief pointers to diagnosis would appear to be the very sudden onset of the proptosis and the severe pain.

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