

ORBITAL LYMPHANGIOMA: A SURGICAL CHALLENGE



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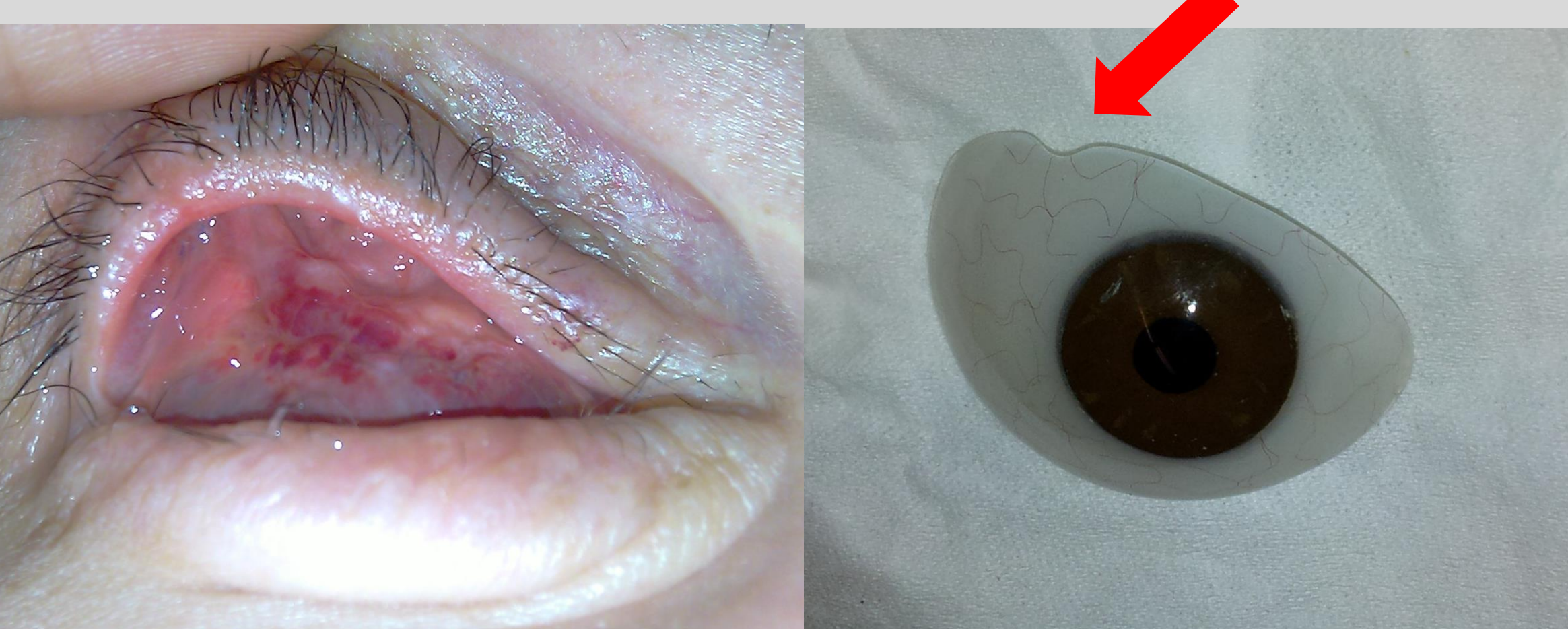
Picture 1 – 5 years after extensive resection of Lymphangioma. Age 28



Picture 2 – CT showing Lymphangioma Cysts. Age 32



Picture 3 – Before evisceration. Age 35



Picture 4 – After evisceration, anophthalmic socket and prosthesis. Age 35



Picture 5 – Anterior lamella shortening with skin graft. Age 36



Picture 5 – Nowadays follow up picture. Age 38

INTRODUCTION

Lymphangioma is an uncommon venolymphatic lesion with dead-end lymphatic channels, also defined as vascular hamartoma of lymphatic origin. Orbital lymphangiomas present management challenges to the ophthalmologist due to the tendency to recur locally unless it is completely excised, lymphangiomas tend to be infiltrative. The recurrence of hemorrhage and expansion can lead to vision loss and disfigurement.

CASE DESCRIPTION

A 22-year-old woman who had a right orbital lesion excised when she was 18 months old, with histologic confirmation of lymphangioma, and had undergone surgery for another 3 times. On ophthalmic examination, visual acuity was no light perception in the right eye and 10/10 in the left eye. The biomicroscopy of the right eye revealed a punctate keratitis and an exuberant chemosis. The patient had proptosis and a limitation on the adduction of the right eye. Extensive orbital excision of the lymphangioma was performed with symptomatic improvement. After 13 years of follow-up the symptoms recurred progressively associated with recurrent corneal ulcers and pain, an evisceration was performed as well as an extensive orbital excision of the lymphangioma. The patient presented with adhesions and fibrosis in the anophthalmic socket with the need for 2 surgeries for the excision of adhesions and 1 surgery for correction of ectropion. Aesthetic outcome was obtained.

CONCLUSIONS

Orbital lymphangiomas represent unique treatment challenges. These infiltrative lesions are prone to recurrence with vision loss, diplopia, bleeding and can result in disfigurement. Complete surgical excision, as in this case, is typically unattainable without collateral damage to surrounding structures, ultimately leading to the decision of performing an evisceration after vision loss.

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