

Late presentation of orbital lymphoma: The good, the bad and the ugly

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ABSTRACT

Objective: To report an advance case of orbital lymphoma leading to visual impairment. **Method:** a Case report. **Results:** A 55-year-old Iban man with no comorbid presented with a history of painless, progressive left upper eyelid swelling for the past 1 year. The mass was extensive to cause exposure keratopathy and severe displacement of the eye. The vision of his left eye was hand movement with a positive relative afferent pupillary defect. Optic disc hyperaemia and choroidal folds were also seen from funduscopy. Computed Tomography of the orbit revealed a large lobulated left extraconal mass (4.5 x 3.5 x 4.0 cm) causing proptosis with an inferior-medial displacement of the optic nerve and extraocular muscles. Histology from the incisional biopsy of the mass confirmed the diagnosis of extra-nodal marginal zone B cell lymphoma (EMZL). Bone marrow aspiration and trephine showed systemic involvement and chemotherapy was soon initiated. After a few cycles of chemotherapy, the mass gradually regressed and the patient had significant improvements in terms of visual acuity and globe position. **Conclusion:** EMZL is the most common type of ocular lymphoma and it is most commonly seen in the orbit. It usually has an indolent course with an excellent prognosis but seldom presents as a rapidly progressive mass with optic nerve compromise. This is a rare case of orbital EMZL with systemic involvement that had an ugly, disfiguring presentation with bad ocular signs and symptoms that eventually has a good outcome with appropriate treatment.

KEY WORDS:

Lymphoma, orbital tumour, extra-nodal marginal b cell lymphoma, ocular displacement

Late repair of descemet membrane detachment following phacoemulsification surgery using cornea venting incision and air injection

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ABSTRACT

Objective: To describe the successful late treatment of descemet membrane detachment (DMD) after uneventful phacoemulsification surgery. **Method:** Retrospective case review. **Results:** A 69-year-old Chinese man presented with left eye blurring of vision for 6 months. He had a history of left eye cataract surgery 10 weeks previously which was uneventful. However post-operatively there was persistent corneal oedema from the main temporal incision which extended into the central cornea causing persistent blurring of vision. Prior to the left eye cataract surgery he had complained of left eye severe pain and swelling and was diagnosed with left eye phacomorphic glaucoma. His right eye was pseudophakic with no complaints. His vision upon presentation was 6/19, 6/19, N36 in the affected left eye. He was diagnosed with left DMD which was confirmed on anterior segment optical coherence tomography. He underwent left venting incision combined with air injection into the anterior chamber 3 months after the initial surgery. Post-operatively, he made a good recovery with best corrected visual acuity of 6/6-2, N5 at 3 months after the procedure. **Conclusion:** Treatment with cornea venting incision combined with air intracamerular injection is an effective method of reattaching the descemet membrane in late presentation of DMD.

KEY WORDS:

Descemet membrane detachment, phacoemulsification, venting incision, air injection