Sinonasal undifferentiated carcinoma - A rare cause of proptosis in elderly

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ABSTRACT

Objective: To report a rare case of proptosis cause by sinonasal undifferentiated carcinoma in elderly. **Method:** a Case report. **Results:** A 71-year-old Malay gentleman with underlying asthma presented with progressive left proptosis for 1 month. It was associated with intermittent diplopia and anosmia. His vision is good. There was no nasal congestion or epistaxis. Visual acuity in the right eye was 6/9 and the left eye was 6/18. There was no relative afferent papillary defect. Examination showed swollen of the left nasal bridge. There was left axial proptosis with restriction of eye movement in all gazes. The conjunctiva was red and chemosed. Anterior segment of both eyes was unremarkable with normal intraocular pressure. Fundoscopy was also normal in both eyes. Other cranial nerves examination was normal. Nasoendoscopy assessment by ORL team revealed mass filled the left nasal cavity. CT scan of paranasal sinuses showed a mass in nasal cavity extend to maxillary, ethmoid and frontal sinuses and also to left orbital cavity and cavernous sinus. Biopsy of the mass revealed Sinonasal Undifferentiated Carcinoma. Hence the diagnosis of sinonasal undifferentiated carcinoma with extension into the left orbital cavity and cavernous sinus was made. The patient underwent a series of radiotherapy regime. The proptosis improved. **Conclusion:** Sinonasal undifferentiated carcinoma is a rare cause of proptosis in the elderly. High degree of suspicious may facilitate the diagnosis and management.

KEY WORDS:

Proptosis, sinonasal undifferentiated carcinoma

Solitary fibrous tumour: A rare orbital involvement

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ABSTRACT

Objective: To report a rare case of Orbital solitary fibrous tumour in a child. **Method:** a Case report. **Results:** A 10-year-old boy presented with a three-month history of right eye painless progressive proptosis and reduced vision. It was associated with diplopia on looking upwards and left gaze. Examination revealed right eye proptosis, hypoglobus and limited adduction. The vision was 6/12, corrected to 6/9 with the pinhole. There was hyperaemic disc on funduscopic examination. The left eye finding was unremarkable. Magnetic Resonance Imaging (MRI) of the orbit revealed an enhanced lobulated intraconal multicystic mass of the right orbit, which was initially thought to be a veno-lymphatic malformation. Tumour resection was done and histopathological examination revealed a solitary fibrous tumour with CD34, STAT6 and CD99 positivity. At 3 weeks postoperatively, his right eye was less proptosed and his vision improved to 6/9. **Conclusion:** Solitary fibrous tumour (SFT) is a rare spindle-cell tumour, originally thought to occur exclusively in the pleura, but has been recently described in extrapleural sites, including the orbit. Orbital SFT is a rare lesion, moreover in the paediatric age group as it typically affects the middle-aged group. The diagnosis of orbital SFT cannot be made with certainty on clinical or radiological evaluation alone. It requires immunohistochemical studies for confirmation. It is important to be aware of this tumour and includes it in the differential diagnosis of paediatric orbital tumours.

KEY WORDS:

Solitary orbital tumour, orbital tumour, extrapleural