

Post-traumatic orbital osteoma in the frontal bone - To excise or not?

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ABSTRACT

Objective: To report a case of orbital osteoma post trauma. **Method:** Case Report **Results:** Osteoma is slow growing benign tumour and are almost exclusively found in the head and neck region. In this report we present case of a 54 years old woman with underlying RE recurrent anterior uveitis complained of a slow growing right eyebrow mass for the past 2 years. She had a trauma to the right eyebrow 10 years ago. Upon examination visual acuity was 6/6 bilaterally and RAPD was negative. A non-tender palpable mass was felt laterally to the right eyebrow measuring 0.5cm. Mass was hard with no overlying skin changes. Anterior segment examination was normal except she had posterior synechiae from 3-7 o'clock over her RE and fundus examination of both eyes were unremarkable. CECT orbit showed a right hyperostosis of lateral wall of the orbit. She underwent an excisional biopsy of exostosis of right frontal bone at 1cm from superolateral orbital rim. HPE was conclusive of osteoma. In peripheral osteomas, a combination of trauma and muscle traction is a common cause. Subperiosteal bleeding from trauma combined with an elevated periosteum from the muscle traction force can cause an osteogenic reaction. **Conclusion:** Peripheral osteoma of the frontal bone with a history of trauma is a rare finding, thorough history-taking, physical examination, and preoperative imaging tests are needed for patients with a history of trauma to rule out osteoma. Early intervention of removal is suggested for cosmetic reason.

KEY WORDS:

Osteoma, trauma, exostosis, eyebrow mass, orbit

Posterior segment ocular cysticercosis: A rare case with secondary angle closure glaucoma

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ABSTRACT

Objective: To report a rare case of ocular cysticercosis. **Method:** Case report **Results:** A 47 year-old Malaysian Muslim presented with left eye pain and blurring of vision associated with left sided headache for 1-day. Visual acuity was hand movements in left eye and 6/9 in right eye. Left eye anterior segment examination showed cornea oedema, shallow anterior chamber with intraocular pressure (IOP) of 62mmHg. Right eye anterior segment was normal. He was treated as left eye acute angle closure glaucoma and laser peripheral iridotomy was done. After reduction of IOP with clearer cornea, left eye posterior segment revealed free floating vitreous cyst, multiple subretinal cysts and extensive retinal pigment epithelium atrophy over the inferior half retina. A small subretinal cyst was identified over the right eye posterior segment. Diagnosis of ocular cysticercosis was made after joint consultation with the medical retina team. Albendazole was started for a total period of six weeks coupled with steroids in view of known inflammatory reactions with antihelminthic therapy. Patient underwent left eye pars plana vitrectomy to remove the vitreous cyst. However, histopathological report for left vitreous cyst did not yield parasitic body due to suboptimal specimen, thereby resulting in diagnosing ocular cysticercosis in endemic Muslim population to be challenging although the presence of cysticercus intravitreally or subretinally is pathognomonic. **Conclusion:** Ocular cysticercosis is a preventable disease and may results in significant ocular morbidity. We concluded the importance of high index of suspicion in diagnosing ocular cysticercosis and prompt eradication treatment without tissue diagnosis for better visual outcomes.

KEY WORDS:

Cysticercosis, ocular cysticercosis, subretinal cyst, vitreous cyst