

Case Study 16

Orbital Myositis

CJ is a 26-year-old man who noted the rapid onset of painful swelling of his right upper and lower eyelids. He was seen at the emergency room and a CT scan was felt to be consistent with mild sinusitis and a preseptal cellulitis, and he was given intravenous (IV) antibiotics and sent home on an oral agent. His symptoms improved over several days, but then similar symptoms occurred in his left eye. He was seen again at the emergency room, and the ophthalmologist on call was asked to come in.

Examination showed slight left upper lid swelling and two prism diopters of left esotropia with some pain on abduction. The CT scan was reviewed, and the extraocular muscles appeared subjectively normal in thickness. Echography was later performed and the A-scan measured mildly increased muscle thickness, and the left lateral rectus was low to medium and regular reflective compared to the higher and more irregular reflectivity of the right lateral rectus. This was interpreted as being consistent with inflammatory infiltration (Fig. 1). The patient was started on indomethacin with resolution of his symptoms over the next several weeks.

Orbital tumors usually present with proptosis and/or globe displacement in the vertical plane. Also, the presence of choroidal or retinal folds is sometimes associated with a retrobulbar mass although they are often idiopathic and these patients can be spared unnecessary CT or MRI scanning by a brief screening ultrasound examination in the office.

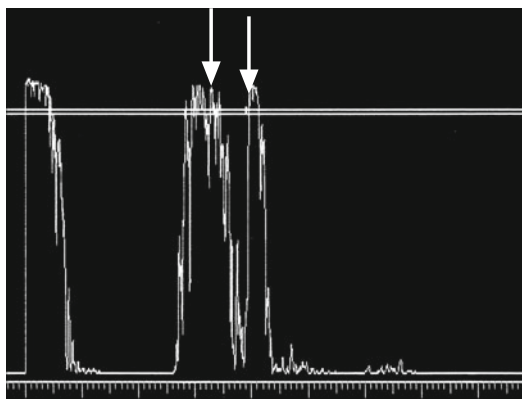


FIG. 1 A-scan of extraocular muscle involved by myositis (vertical arrows)