

Case Study 18

Choroidal Folds and Orbital Lymphoma

CC is a 34-year-old man who presented to his ophthalmologist with the complaint of “a little distortion of the vision in the right eye.” Examination found best corrected vision 20/20–2 OD and 20/20 OS. No afferent pupil defect was noted, and the eye appeared normal except for the presence of moderate choroidal folds. Exophthalmometry was not performed. B-scan was performed, and a low reflective retrobulbar lesion was immediately detected (Fig. 1). The differential diagnosis included a cystic lesion, but lymphoma could not be ruled out. The patient was referred to an orbital surgeon who performed a biopsy with a pathological diagnosis of lymphoma.

The ability of A-scan to display internal structure of orbital tumors is very helpful in the differential diagnosis of such lesions. The most common primary tumor of the orbit in adults is the cavernous hemangioma, and the A-scan pattern is almost pathognomonic.

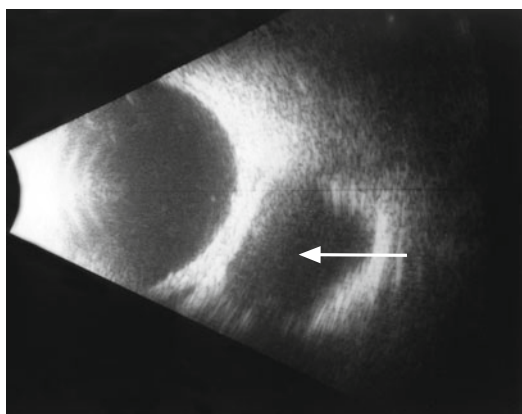


FIG. 1 B-scan of orbital mass (arrow)