

Case Study 46

Orbital Myositis

TH is a 9-year-old boy who was picked up from day care by his mother when she noted that his right eye was quite red with prominent swelling and redness of the eyelids. He was somewhat uncomfortable so she proceeded directly to the emergency room. An ophthalmologist was called to examine the child, and his differential diagnosis included orbital cellulitis and rhabdomyosarcoma. The operating room was notified and the boy was tentatively scheduled for orbital exploration and biopsy, but he was referred for echography prior to surgery.

A-scan demonstrated marked thickening of the right lateral rectus muscle measuring 10.0 mm compared to 3 mm for the left lateral rectus (Fig. 1). Internal reflectivity was quite low and regular. The tendon was noted to be thickened. The diagnosis of orbital myositis was made, and the patient was given a loading dose of prednisone, and the surgery was delayed for 24 h. He showed marked improvement by the next day, and the steroids were tapered over the next 2 weeks, with resolution of the process as documented on repeat echography.

Orbital myositis may be a chronic disease with initial response of the condition to anti-inflammatory treatment, but later flare-ups require reinstitution of therapy. Echography is an easy and effective method to monitor these patients over time.

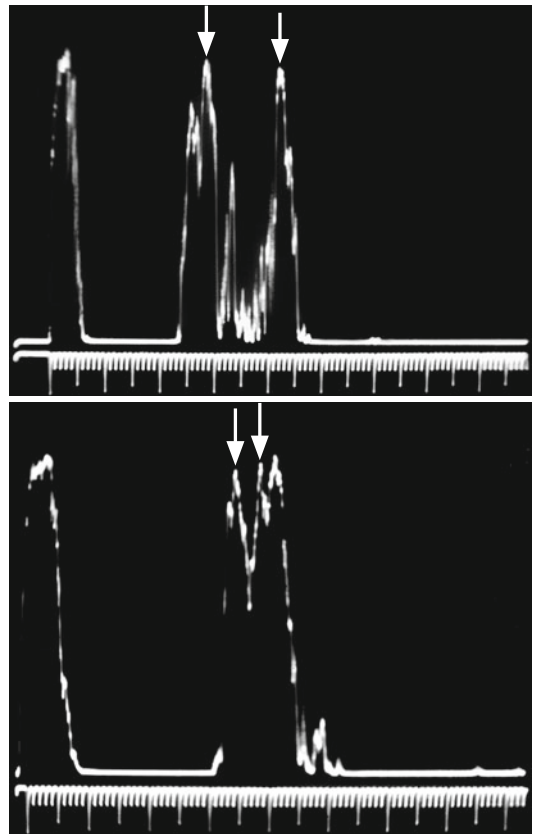


FIG. 1 *Top*: A-scan of inflamed lateral rectus muscle (vertical arrows). *Bottom*: A-scan of lateral rectus tendon (arrows)