Original Research Paper

Volume - 11 | Issue - 04 | April - 2021 | PRINT ISSN No. 2249 - 555X | DOI : 10.36106/ijar

Radiology

ORBITAL RHABDOMYOSARCOMA – A RARE CASE REPORT.

Dr Praveen MD, Radiodiagnosis, Department of Radiodiagnosis Indira Gandhi Medical collage Shimla.

ABSTRACT Rhabdomyosarcoma (RMS) is a highly fulminant, mesenchymal malignant tumor and is among the most life-threatening disease. It is considered to be most common malignant neoplasm of the head and neck region with 10% of cases occurring in orbit. It comprises 4% of the pediatric malignancies. The 5 years survival rate of orbital RMS is 84.3%1.Though it is common in sixth and seventh decades, it can also occur in early childhood. The main aim of this article is to know about the role of imaging in RMS of orbit.

KEYWORDS : Malignant tumor, Neoplasm, Rhabdomyosarcoma

INTRODUCTION-

Rhabdomyosarcoma (RMS) is a highly malignant, soft tissue neoplasm .It arises from undifferentiated mesenchyme. Its incidence in head and region is 4.3 cases per million and around 10% of these RMS occur in the orbit[2]. It comprises 4% of the pediatric malignancies. The 5 years survival rate of orbital RMS is 84.3%, which is more favorable when compared to other head and neck sarcomas. In this article, we present a rare case of 15-year-old boy who presented to eye OPD with painless proptosis, diplopia left eye. On evaluation CECT PNS shows, homogenous enhancing soft tissue mass in nasal compartment of left eye which has caused antero-lateral displacement of left eyeball as shown in figure 1(a,b,c) without any bone involvement seen. HPE came out to be RMS.

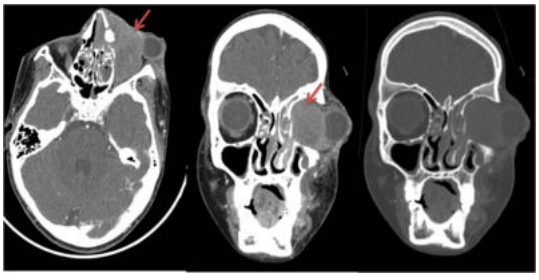

Figure 1-Images of CECT PNS showing homogenous soft tissue mass left eye (a)axial (b)coronal section (c) Bone window images shows no bone involvement.

DISCUSSION:

Orbital RMS is often slow growing in their early presents mainly with proptosis & displacement of the globe that is usually downward and outward because two-thirds of this neoplasm occurs near superior-nasal quadrant of the orbit. But in our case the lesion was in posteriomedial quadrant with orbital displacement anteriolaterally. It can cause edema of the optic disk, choroidal folds and some degree of opthalmoplagia. Intracranial extension and bone involvement also reported. It can metastasize to lung, bone and bone marrow via vascular invasion. Metastatic orbital RMS has very unfavorable prognosis. Orbital RMS usually occurs in extraconal space (37-87%) but can also extend intraconally. CT is important to find the detection of bone involvement or erosion and to know the extent and the margins of the tumor. MRI is important for the soft tissue contrast, for perineural invasion and to detect any intracranial spread. In our case, we have performed CT scan to know the extent of the disease.

CONCLUSION-

Orbital RMS is one of the life threatening diseases and hence prompt and accurate Early diagnosis and treatment is very important to limit the extent of the disease. Hence, a thorough knowledge of the clinical, radiographic and histopathological features as well as the more recent advances in the management of this neoplasm is very essential.

REFERENCES

1. Nagarkar R, Roy S, Akheel M, Palwe V, Kulkarni N. Rhabdomyosarcoma of Orbit: A Rare Case Report and Review. IJSS. 2014 Oct;1(5):6.
2. Shields JA, Shields CL. Rhabdomyosarcoma: Review for the ophthalmologist. Surv Ophthalmol 2003;48:39-57