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PRIMARY ORBITAL LYMPHOMA: A CASE REPORT OF A 52 YO MAN

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ABSTRACT

Primary orbital lymphoma: a case report on 52yo man. Introduction: the most primary orbital malignant tumor especially in adults is lymphoma. Symptoms may vary from a patient to another, but some like exophthalmos, orbital mass, eyelid edema ae common. Imaging is very useful to get oriented towards the diagnosis, such as CT scan, MRI, or even a PET SCAN. The biopsy remains the best way to confirm the diagnosis by a histological and a immunohistochemical study.

KEYWORDS

lymphoma, orbital.

MAIN ARTICLE

Introduction

Primary orbital lymphoma is an aggressive type of tumor, with a very high mortality rate, the diagnonsis is only confirmed by histological and a immunohistochemical study after a biopsy is done. It represents 10 % of all orbital tumors (1). The eye function is often altered, symptoms such as pain, eyelid edema, orbital mass are common, depending on the stage of the disease.

Case report

We report the case of a 52-year-old man with no history. The patient was referred to us in 2025 for a right orbital and frontal mass. On examination, we noted the presence of a painful ulcerated mass that measured approximately at 8 cm, that covers almost all of the right eye. There was no presence of diplopia nor a decrease in visual acuity, but the a limitation of the eye movement was found . (figure 1) (figure 2)

Figure 1 : front view of the mass

Figure 2 : lateral view of the mass

We proceeded our method of conduct by demanding a facial CT scan for a further evaluation of the lesions, especially their and location The results were in favor of a intra-orbital tumor located resulting an exophthalmos (1st stage) (figure 3) (figure 4)

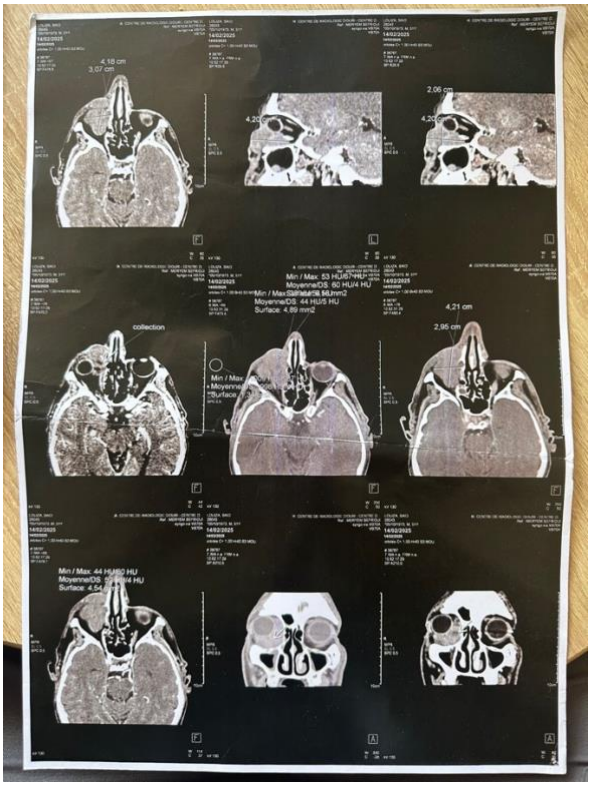

Figure 3: CT scan

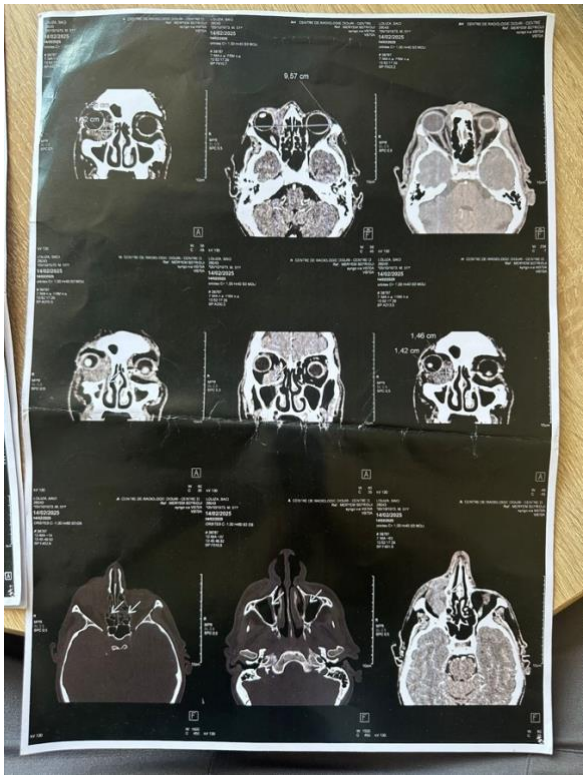

Figure 4: CT scan

After clinical and examination and the imaging results of the CT scan, the next step would be a biopsy of the mass which was done under local anesthesia.

The results came in 3 weeks later, after an immunehistochemical study in favor of lymphoma type B, diffuse large B-cell subtype.

Thus, the patient has been reffered to an oncology center for further discussion of a treatment plan, which will be mainly focused on chemotherapy and radiotherapy.

The clinical stage and the histopathological subtype and the of the lymphoma indicate exactly the patient's prognosis. high-grade lymphomas such as the of our patient (diffuse large B-cell lymphoma) have a very poor prognosis, contrarily to the other subtypes like low-grade lymphomas such as extranodal marginal zone B-cell lymphoma and FL have a good prognosis (2).

Discussion

Lymphoma is an aggressive tumor, it can develop in many organs with a very high mortality rate, it represents 1o % of orbital tumors and the orbital localization is often rare the diagnonsis is only confirmed by histological and a immunohistochemical study after a biopsy is done. Multiple risk factors exist but none have a direct relation to the location of the development of the lymphoma, genetics, nutrition, tabacco, cancer history all increase the probability of the lymphoma. be The eye function is often altered, symptoms such as pain, eyelid edema, orbital mass are common, depending on the stage of the disease. An MRI is often demanded but because of its cost an availability, other imaging alternatives are used such as a CT scan for example.

To treat this type of disease, the most common treatments for lymphoma of the eyelid are radiotherapy, chemotherapy, and surgery, either alone or in combination. Less commonly used treatments include corticosteroids and monoclonal antibodies, as well as very infrequently used methods such as PUVA , PDT , brachytherapy , plasmapheresis , interferon alpha , and bone marrow transplant (3)

Surgery wasn't indicated for our patient because of the local ivasion of the tumor, thus chemotherapy and radiotherapy were more suitable for this particular case.

Conclusion

Orbital lymphoma is an extranodal tye of lymphoma in which the most common form is B cell lymphoma followed by diffuse large B cell lymphoma. In our patient's case the histological type is sadly very aggressive and with a very poor prognosis. Surgery can be a type of treatement but considering the volumr and the invasion of the tumor, other methods like in our case, are preffered such as chemotherapy and radiotherapy.

ACKNOWLEDGEMENTS

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REFERENCES

1: (Palacin et al., 2019)
2: (Olsen & Heegaard, 2019)
3: (Svendsen & Heegaard, 2017)