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Our experience with orbital vascular disorders in Menoufia University Hospital, Egypt

Mohammed Samy Abd El Aziz and Adel Galal Zaky
Menoufia University Hospitals, Egypt

Objective: To study the common presenting features, possible management options, and outcome results in a series of patients with intraorbital and extraorbital vascular disorders.

Background: Vascular lesions constitute up to 10-15% of all orbital tumors. The shape, color, and invasiveness differ within each group: from bright red to deep blue and from a well-demarcated lesion to a more infiltrative tumor within the surrounding orbital tissue. Intraorbital vascular lesions can be categorized into arteriovenous, venous, and lymphatic disorders, each category have different clinical presentation, imaging characteristics, and management strategy.

Patients & Methods: A retrospective non comparative case series study was conducted at ophthalmology department, Menoufia University Hospital, Egypt. Records of ten patients diagnosed with orbital vascular disorders in the period from January 1, 2014, to August 31, 2016 were reviewed as regard to their diagnostic and therapeutic findings.

Results: Data of ten patients with unilateral vascular disorders were reviewed; the cohort included four women and six men with a mean age of 45 years (range, 5-66 years). Presenting findings included periocular mass (8 patients, 80%); periocular edema (6 patients, 60%); pulsation/bruit (3 patients, 30%); proptosis (5 patients, 50%); previous trauma (5 patients, 50%); elevated intraocular pressure (4 patients, 40%); pain and reduced visual acuity (2 patients each, 20%); and restriction of extraocular movements, and diplopia (1 patient, 10%). Orbital ultrasound, computed tomography (CT), magnetic resonance imaging (MRI), and computed angiography revealed specific findings according to type of vascular disorders. Treatment options ranged from conservative follow up till surgical excision. Two patients received embolization of feeder vessels; most of the patients had initial resolution of manifestations after treatment.

Conclusion: Orbital vascular disorders can present with different symptoms and signs. Their diagnosis necessitates integrated cooperation between ophthalmological, interventional radiology, and vascular subspecialties. Computed tomography, magnetic resonance imaging and angiography are essential for both diagnosis and management. The treatment depends on patient-specific features and includes observation, embolization, and surgical excision or combined preoperative embolization/excision.

M_samy06@yahoo.com

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