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Progressive Unilateral Exophthalmos Revealing an Orbital Leiomyoma: A Case Report

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1. Introduction

Leiomyomas are benign tumours that develop from smooth muscle. Their occurrence in the orbit is extremely rare, with only 25 cases reported in the literature. The histological characteristics of these lesions, along with the absence of recurrence after complete resection, attest to their benign nature.

We report the case of an orbital leiomyoma in a 35-year-old patient, treated with front-orbital craniotomy and total resection.

2. Clinical Observation

A 35-year-old woman, with no notable medical history, presented with progressive unilateral exophthalmos over six months, associated with diffuse orbital pain. Her visual acuity was preserved at 10/10 without correction in both eyes. Ocular tone was normal in both eyes. Examination of the anterior segment revealed localized chemosis temporally, while the rest was unremarkable. Oculomotor examination showed a limitation of adduction. Fundoscopy was normal with no notable signs of compression. Excision of the tumour was performed via front-orbital craniotomy, followed by histological analysis confirming the diagnosis of leiomyoma.

No recurrence has been reported after a two-year follow-up.

3. Discussion

Orbital leiomyoma is a rare, generally benign tumour developed from smooth muscle cells in the structures of the orbit. Although lipomas and inflammatory pseudotumor are more common causes of exophthalmos, leiomyoma should be considered in the case of progressive exophthalmos.

The treatment of choice for orbital leiomyomas is complete surgical excision.

The prognosis is very favourable, and recurrences are rare when resection is complete, as was the case for this patient. A comprehensive immunohistochemical analysis confirms the tumor's phenotype and rules out any diagnostic ambiguity.

Conclusion Orbital leiomyomas are rare tumours and should be considered in the diagnosis of benign orbital tumours. Complete surgical excision provides an excellent functional and aesthetic prognosis for patients, as illustrated by this clinical case.

Figure 1: An orbital MRI was requested, revealing a well-defined right intra-orbital mass located in the retrobulbar region, without signs of diffuse inflammation.

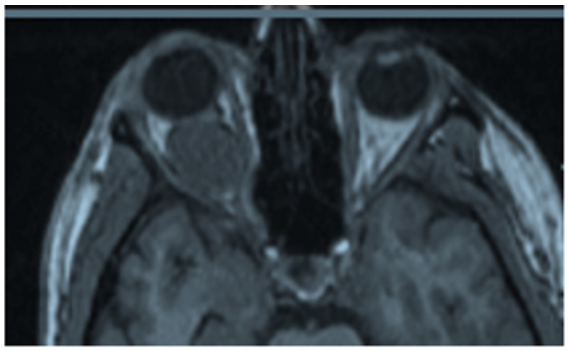

Figure 2: Orbital MRI Showing the Intra-orbital Mass.

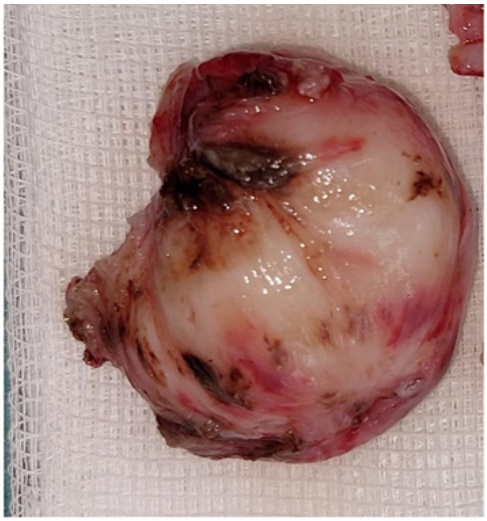

Figure 3: Surgical Specimen After Total Excision of the Tumor.

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