**EASTERN OPHTHALMIC PATHOLOGY SOCIETY 2018 ANNUAL MEETING
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Anna M. Stagner, M.D.
Massachusetts General Hospital
astagner@mgh.harvard.edu **Things are not always as they seem… a 29-year-old female with an orbital tumor (an unknown)**
(complete protocol to be distributed at the meeting)

*History and clinical findings:*

A 29-year-old female developed a several months’ history of left eyelid swelling and occasional diplopia and presented one year prior to her ultimate diagnosis. At that time, MR of the orbits with gadolinium showed a mixed cystic and solid mass along the floor of the orbit which was inseparable from the inferior rectus and approached the orbital apex. The differential diagnosis included a cavernous hemangioma or intramuscular lesion such as a parasite, given that the patient was originally from Haiti and had a history of travel to multiple developing countries where she had been treated for malaria, giardia, cholera and amebiasis. Her past medical history additionally included mild asthma and hypothyroidism for which she was treated with albuterol/fluticasone inhalers and levothyroxine.

Initial biopsy of the mass showed only skeletal muscle and fibrosis. The patient developed postoperative diplopia and the mass showed interval growth over two subsequent MR scans spanning 6 months’ time (from 19 to 24 mm in greatest dimension). It was still unclear whether the lesion was intramuscular or inside/outside muscle cone. The patient was ultimately seen at Massachusetts Eye and Ear Infirmary, and in the interim had become 19 weeks pregnant. Examination revealed 20/40 vision in the left eye with severely limited up- and downgaze. She then developed demonstrable optic neuropathy with a left afferent pupillary defect and a visual field defect of the left eye. Despite the seemingly indolent nature of the tumor and her pregnancy, a repeat orbitotomy was preformed due to progressive optic neuropathy.

*Histopathologic findings:*
See virtual slide at:

<http://mgh.myobjective.cloud/share/d6245cc9931c5d118279de512cc732cb>

 