Rhabdomyosarcoma of Eyelid: A picture presentation

Shakibazad N¹, Karimi M²*
1. Shiraz University of Medical Sciences, Shiraz, Iran.
2. Hematology Research Center, Shiraz University of Medical Sciences, Shiraz, Iran.

*Corresponding Author: Karimi M, Email: karimim@sums.ac.ir
Submitted: 23-05-2014, Accepted: 12-06-2014

Abstract
This is a picture review of a case of orbital rhabdomyosarcoma. The course of patients diagnosis, treatment and outcome is briefly presented.

Introduction
Rhabdomyosarcoma is the most common pediatric soft tissue sarcoma. Overall, about 9% of these tumors occur in the orbit area. The embryonal type accounts for about 60% of the cases and has an intermediate prognosis. Proptosis is the most common clinical manifestation in orbital rhabdomyosarcoma. The standard treatment for these patients includes chemotherapy and surgery with or without radiotherapy.

Report of the case
A 9 year-old girl developed left upper eyelid mass and eye proptosis (Figure 1A and 1B), local pain, and visual impairment with rapidly increasing size of the mass. However, other physical exams were normal. Mass biopsy also was performed which showed embryonal type rhabdomyosarcoma. In addition, orbital CT scan indicated orbital enlargement and temporal bone involvement. Due to the lack of follow-up the diagnosis was delayed.

Bone scan, chest CT scan (Figure 2C and 2D), and bone marrow biopsy were evaluated for detection of metastasis and the results were negative. The patient received several courses of chemotherapy as a high risk rhabdomyosarcoma, including Ifosphamide, Mesna, Actinomycin, and Vincristine, and local radiotherapy was performed in addition to eye enucleation. However, the patient did not respond to the treatment completely. And was referred to a plastic surgeon for tumor removal.

Figure 1(A, B): Eyelid mass causing proptosis lateral (A) and anterior view (B).
Conclusion

It seems that delay in diagnosis and treatment of orbital rhabdomyosarcoma can affect their prognosis and survival.

References


Figure 2 (C, D): CT scan of orbit showed a huge orbital mass in the left orbit extended to the posterior portion with optic nerve destruction, frontal, ethmoid and maxillary sinuses were also involved. A soft tissue mass is observed outside of the orbit protruding to the zygomatic bone and ear canal.