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Sir,

Tuberculosis Presenting as an Orbital Mass Lesion in Childhood

A 4-year-old boy presented with a 1 week history of rapidly progressive swelling of the right lower eyelid and proptosis. CT imaging indicated an orbital mass lesion which was thought likely to be a rhabdomyosarcoma. Biopsy demonstrated caseating granulomatous inflammation.

Orbital tuberculosis is occasionally encountered in Asia and North Africa. It is very seldom seen in the West, and it is especially rare in children. The re-emergence of tuberculosis as a global public health problem justifies its consideration in the differential diagnosis of intraorbital extraocular space-occupying lesions.

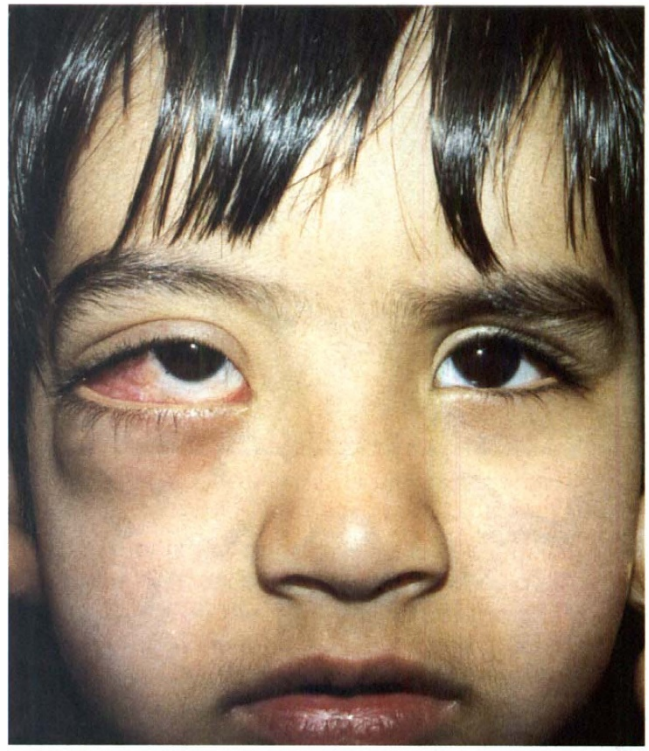

Fig. 1. *The patient at presentation.*

Case Report

A 4-year-old boy presented to the eye department with a 1 week history of swelling of the right lower eyelid (Fig. 1). His parents were immigrants from Pakistan, but he had been born in the United Kingdom and had never been abroad. He had been admitted to a paediatric ward with cough and wheeze 1 month prior to this presentation, and had been discharged well after 24 hours, without treatment, and without a specific diagnosis.

On presentation to the eye department there was no pain and there were no other symptoms. He had been fully immunised according to his parents. There was no history of tuberculosis in family members. On examination, he appeared well and was apyrexial. He achieved a visual acuity of 6/7.5 monocularly with each eye. There was a swelling of the right lower eyelid and a mass palpable in the orbit inferolateral to the right eye, causing slight proptosis. The lower eyelid had a dusky, bruised appearance and there was some restriction of abduction and elevation. Anterior segment examination was otherwise unremarkable, and the fundi were normal. There was no lymphadenopathy, and no other abnormalities on physical examination.

Investigations

Haematological investigations yielded Hb 12.1 g/dl, WCC 10.0×10^{-9}/l, neutrophils 3.9×10^{-9}/l, lymphocytes 4.7×10^{-9}/l and ESR 41 mm/h. The chest radiograph was clear, but reference to the examination performed previously on the paediatric ward

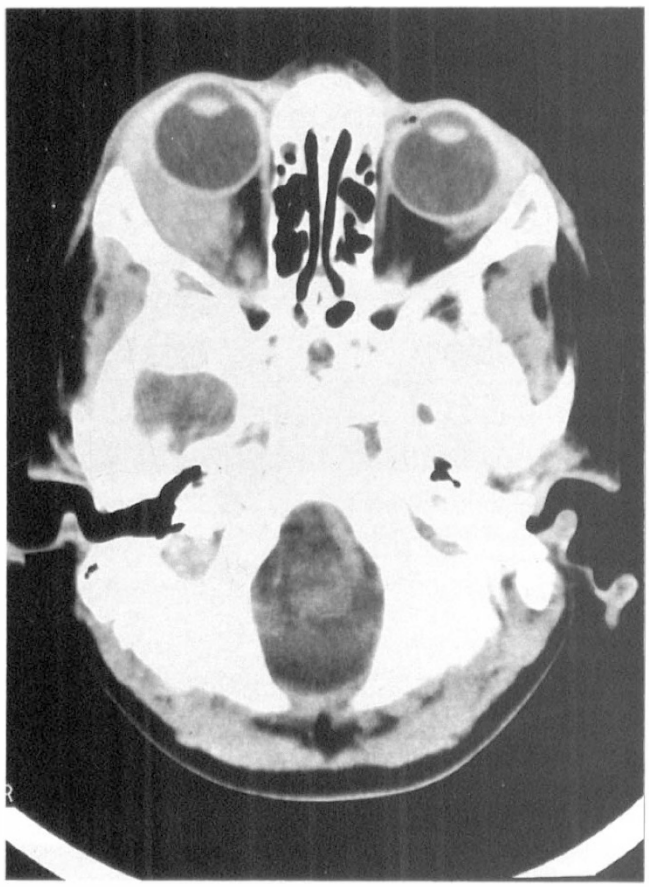

Fig. 2. *Orbital CT scan demonstrating a soft tissue density mass posterior and lateral to the right globe.*

indicated shadowing in the right superior perihilar region. Orbital CT scan demonstrated a soft tissue density mass posterior and lateral to the globe, which was displaced anteromedially (Fig. 2). There was no evidence of bone destruction and contrast failed to elicit significant enhancement. Extension into the cranial cavity was absent, and sections through the brain were normal.

Rhabdomyosarcoma was suspected, and a biopsy was performed. Bone marrow aspiration was undertaken at the same time. The orbital biopsy demonstrated an inflammatory granulomatous lesion with caseation. As an infective lesion had not been suspected, no material was sent for microbiological examination. A decision was made to commence triple anti-tuberculous therapy (rifampicin, isoniazid, pyrazinamide + pyridoxine). Tuberculin skin testing produced a 10 mm erythematous reaction without induration, and investigation of family members has failed to identify a source of infection to date.

Discussion

Intraorbital extraocular tuberculous disease is very rare. The predominant route by which tubercle bacilli reach the eye or orbit is haematogenous, after infection of the lungs. The pulmonary loci may not be evident clinically or radiologically. Both ocular and orbital tuberculosis are usually unilateral.[1] Orbital involvement may cause proptosis, dacryoadenitis, sinus formation, keratitis and ectropion.[2] The globe and orbital tissues may be involved simultaneously.[3]

In most cases reported, tuberculin tests were positive, and there was usually evidence of widespread tuberculosis.[4–6] Non-mycobacterial infections, neoplasms and developmental abnormalities are much commoner causes of proptosis than tuberculosis. However, the recent dramatic increase in the prevalence of this infection – in the United Kingdom and worldwide – warrants the inclusion of tuberculin testing in the investigation of childhood proptosis.

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Sir,

Cutaneous Malignant Melanoma Metastatic to the Choroid: A Clinicopathological Case Report

Metastases to the eye and ocular adnexa are relatively rare compared with other secondary sites; however, they are not infrequent, and are the most common malignancy to affect the eye.[1] The distinction between metastases and primary uveal melanoma is important because of the disparate methods of management, the importance of prompt diagnosis of the primary tumour and the prognostic implications. We report an interesting case of cutaneous malignant melanoma metastatic to the choroid. The pigmented appearance of the tumour initially mimicked a choroidal melanoma; however, the clinical features gave clues to the diagnosis, which was confirmed on pathological examination.

Case Report

A 26-year-old woman first noticed a change in a mole behind her left knee in October 1985. She had had a