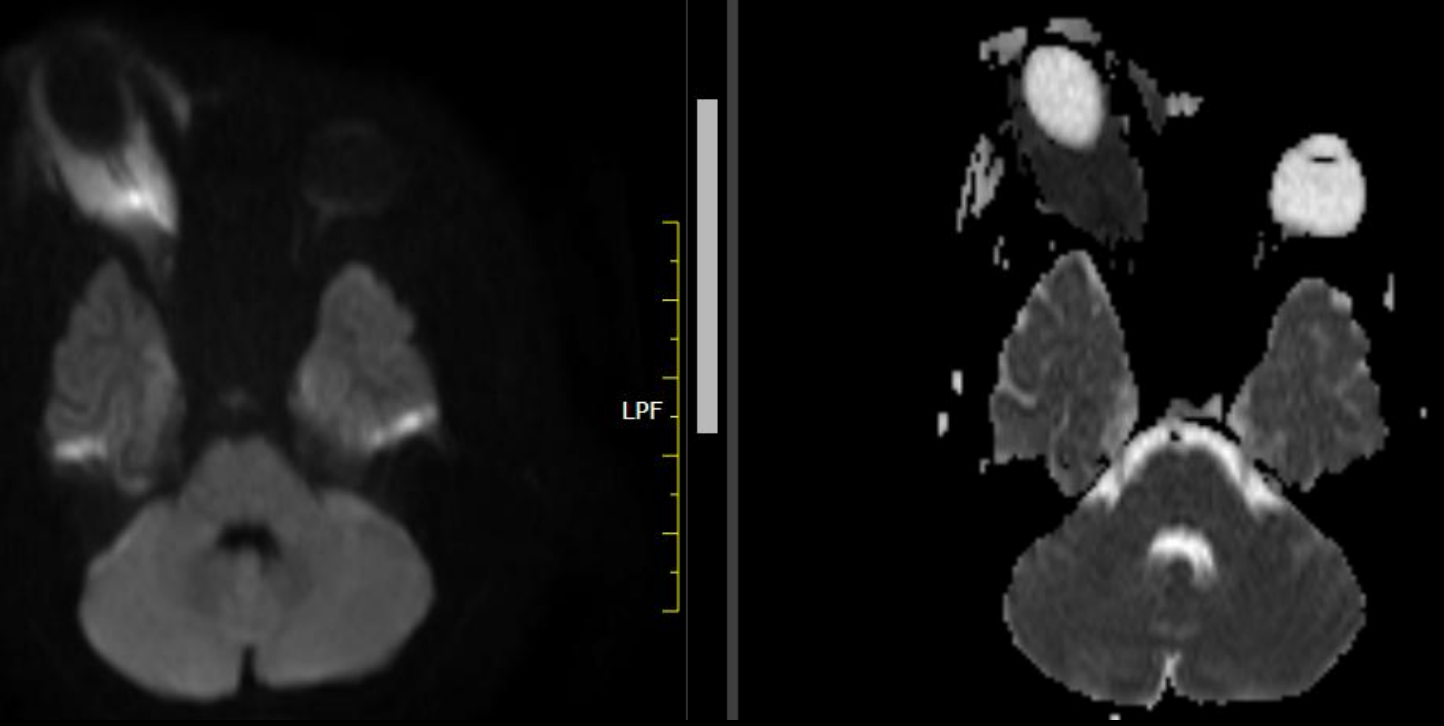
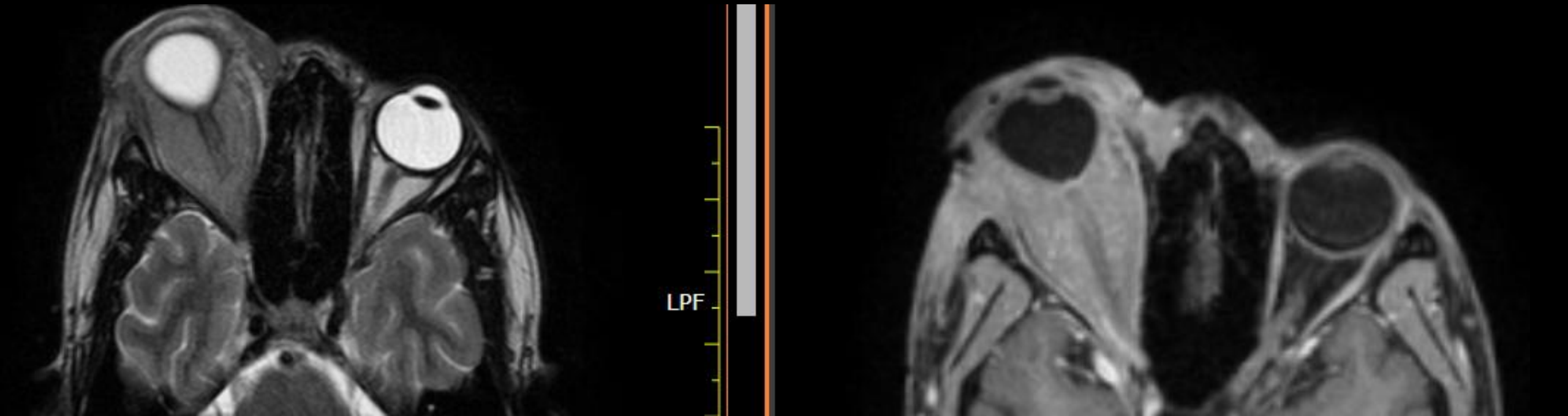
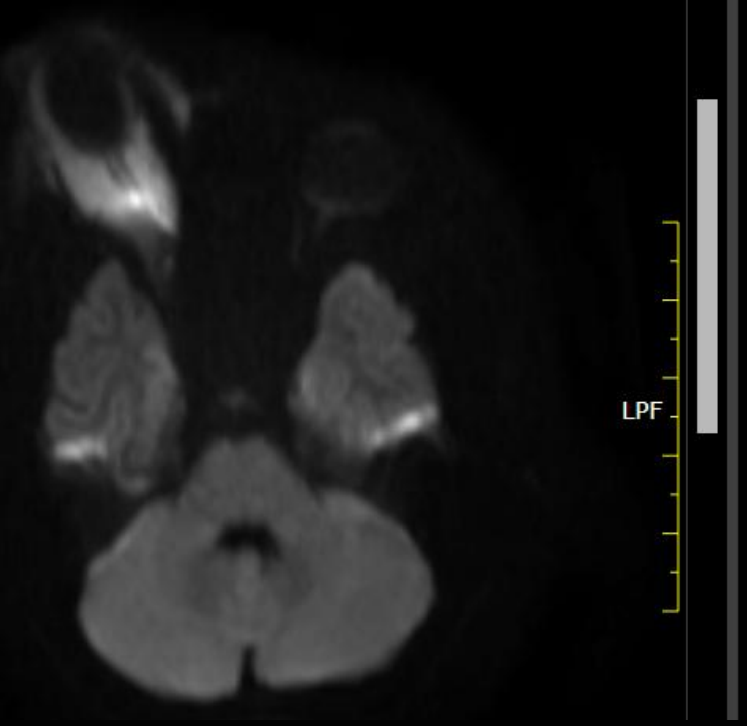
SJMCH, Bengaluru

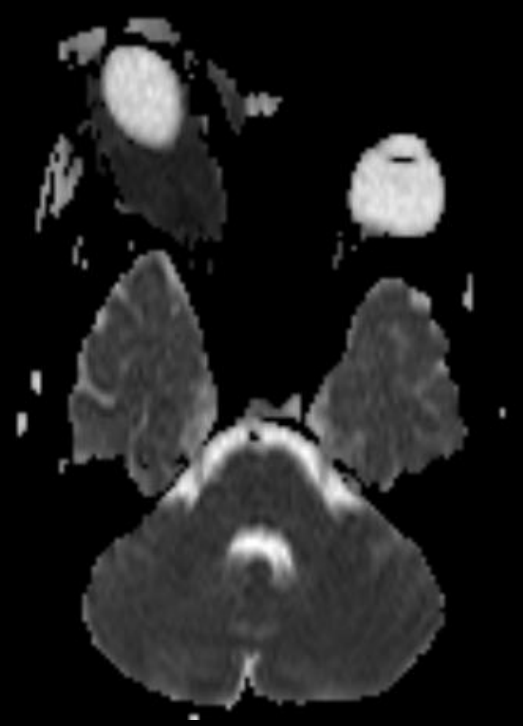
Contributor of the Series



2) 20 years male with proptosis.

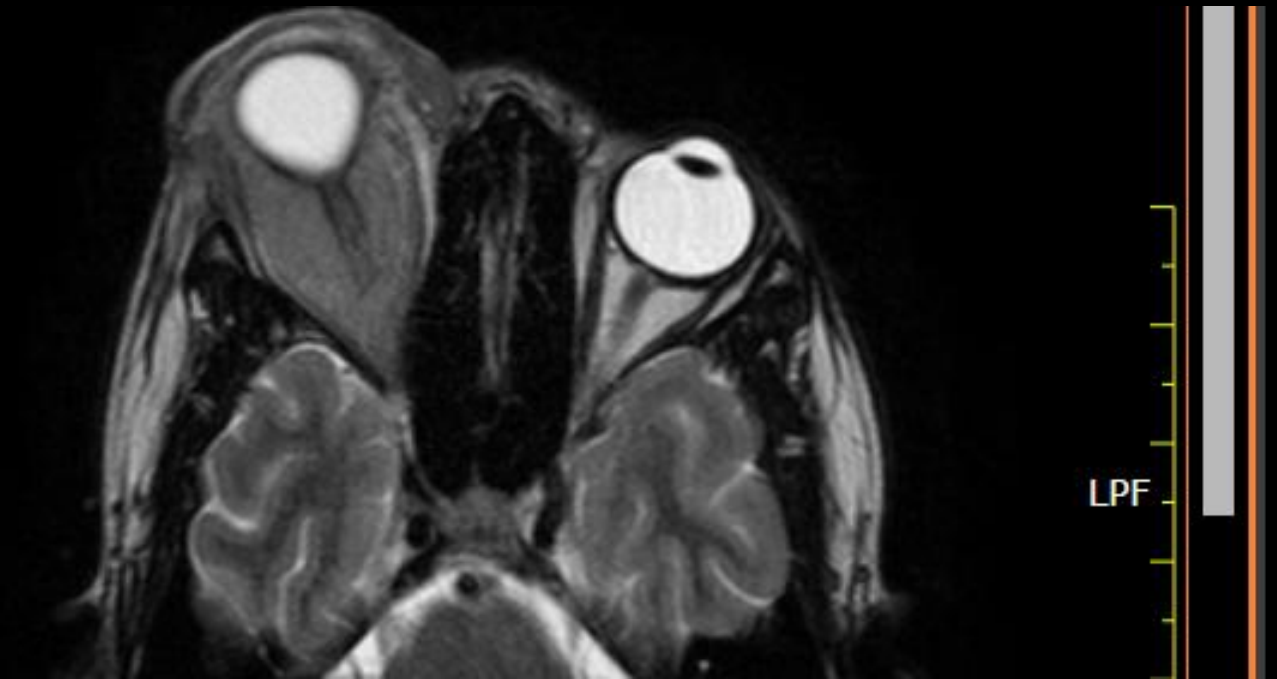


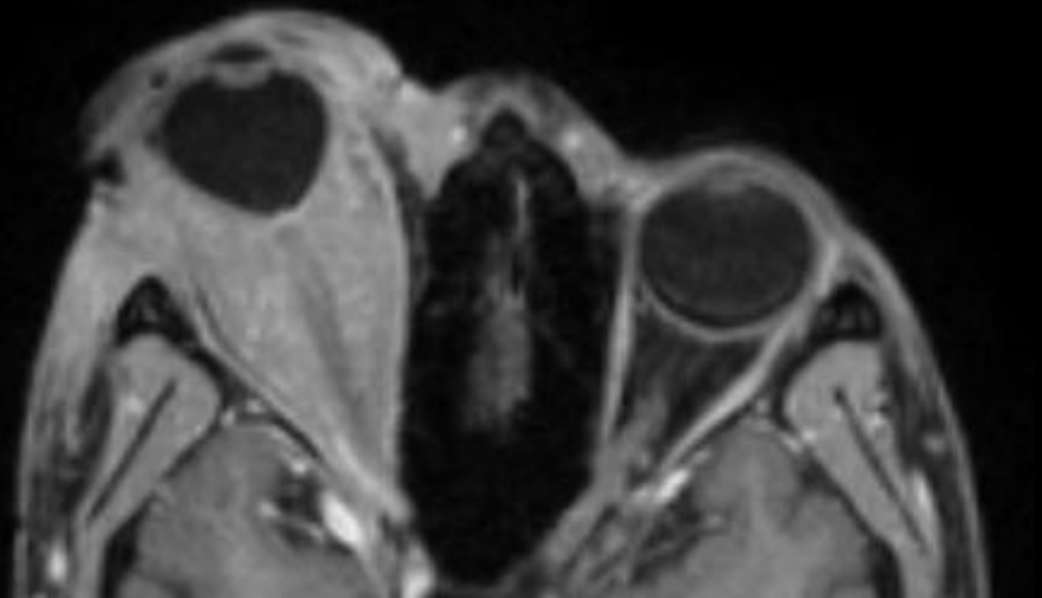




Exophthalmos on right side due to a homogeneous soft tissue epicentered in intraconal compartment of orbit showing markedly restricted diffusion with corresponding T2 and post contrast T1FS images demonstrating characteristic intermediate to low signal and homogeneous moderate enhancement.

Mild thickening of eyelid and preseptal soft tissues is also noted.





Orbital lymphomas account for only 2% of all lymphomas.
Age : Commonly between 50-70 years, can present in young.
Presentation : palpable mass,exophthalmos,ptosis,diplopia.
CT : isodense or slightly hyperdense with mild to moderate enhancement.
MRI T1/T2 intermediate to low signal, homogeneous enhancement, marked low ADC.

Pearls:

Diffusion restriction and molding without bone destruction are the most helpful MRI clues to lymphoma.

Always evaluate bilateral or multicompartment orbital involvement and contiguous extension into sinus, pterygopalatine fossa, cavernous sinus, or meninges.

Differentiate from

1) IOIS (Intraorbital Inflammatory Syndrome) which is often painful, shows muscle belly involvement with tendon involvement and less diffusion restriction
2) Orbital metastases (which often enhance more avidly and cause bone changes.
3) Primary orbital malignancy, which may not be as homogeneous in respect to signal and morphology.

Post-treatment follow-up relies on MRI (morphology + DWI) and PET-CT (metabolic response).