Abstract: Orbit is a common site for both primary and secondary neoplasm. Cavernous haemangioma is one of the common benign neoplasm of orbit. It is more common in females and intraconal in location. Here we are presenting a rare case of extraconal cavernous haemangioma in a male patient.

Keyword: cavernous haemangioma, extraconal, orbital tumor

Cavernous haemangioma is a vascular malformation that occurs in middle age adults, with a female preponderance of 70% (1). Most of them are intraconal and lateral in location. It occurs due to new vessel formation, proliferation of tissue components of vessel wall and hyperplasia of cellular elements ordinarily concerned with genesis of vascular tissue (2) A rare case of extraconal cavernous haemangioma medial in location is presented here. Case report:

A 35 year old male patient presented in our OPD with history of painless progressive proptosis of 2 year duration. On examination,

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<thead>
<tr>
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<th>Right</th>
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<tbody>
<tr>
<td>Ectropion</td>
<td>2mm</td>
<td>2mm</td>
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<td>Proptosis</td>
<td>Cavernous type, slightly lateral &amp; inferior displacement</td>
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<tr>
<td>Vision</td>
<td>6/6</td>
<td>6/6</td>
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<td>Extraocular movements</td>
<td>Full</td>
<td>Full</td>
</tr>
<tr>
<td>Pupil</td>
<td>3mm PTC</td>
<td>3mm PTC</td>
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<td>Fundus</td>
<td>Normal</td>
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CT scan orbit showed smooth enlargement of medial rectus muscle belly. Thyroid function study was normal. We planned excision of the mass transnasally.

HPE of the specimen showed fine capsule that lines the tumor. Endothelium lined vascular channels were seen suggestive of cavernous haemangioma.
Histopathologic appearance of excised mass
Post operative period was uneventful.

Post op photograph

Discussion:
Haemangiomas are classified as capillary and cavernous haemangiomas. Capillary haemangiomas are common in children and usually undergo involution. Cavernous haemangiomas present between second and third decade of life, more common in females. It is usually intraconal in 80% of patients and lateral in location. It is usually situated in association with a muscle(3). It usually present as painless progressive proptosis, palpable mass and occasionally diplopia. Proptosis is slowly progressive, but may show accelerated growth in pregnancy. It doesn’t change in size with postural change or Valsalva manoeuvre. Retinal striae, hyperopia, optic nerve compression, increased intraocular pressure and strabismus may develop.(4)

The diagnosis can be established by CT orbit which shows a well-encapsulated mass with various degrees of enhancement. Old lesions may show radiodense phleboliths. MRI shows enhancing lesion with intralesional vascular channels containing slow flowing blood.

HPE shows endothelial lined vascular channels of varying sizes separated by fibrous septae as seen in our case(5). The cavernous spaces contain thick fibrosed walls. Vessels may show calcification and thrombosis.

Treatment of the tumor is excision as it is encapsulated with relatively few feeder vessels(6). These tumors rarely undergo spontaneous involution.

We present this case for its extraconal and medial in location in a male, which is rare.

Reference:
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