Abstract: A 14 year old presented with progressive drooping of the left upper lid associated with fullness over a four month period. No History of trauma or diurnal variation. Radiology suggestive of well defined mass with vascularization. Provisional diagnosis of hemangioma of the left Orbit. Anterior orbitotomy was done. Histopathology confirmed Angiolipoma of the Orbit. This case is being presented for its rarity.

Keyword: lipoma , AngioLipoma , benign mesenchymal neoplasm, Anterior Orbitotomy.

Introduction: Angiolipoma is a rare mesenchymal tumour of the orbit. It is a benign adipose tissue neoplasm. Histologically the tumor includes adipocytes admixed with blood vessels.

Case Report: A 14 year old male presented with complaints of progressive drooping of the left upper eyelid for the past four months. He gave no history of trauma or diurnal variation. Fullness was noted along the supero-medial aspect of the upper lid. fig(1)

Fig 1. fullness along the superior aspect of left upper lid

On examination vision OU 6/9 with pin hole 6/6. No fatigability. OU- Anterior segment examination was normal. Ice pack test was negative. On examination of the left eye, mild restriction of elevation was noted. On palpation a diffuse mass was noted along the superomedial aspect of the orbit which was firm in consistency and non tender. The margins of the lesion could not be assessed. Fundus examination of both the eyes were normal.

Investigations: The patient was subjected to radiological Investigations. CT scan showed an ill-defined soft tissue density lesion with speck of calcification in the extraconal space of superior aspect of left orbit which was suggestive of a vascular pathology.fig (2)

MRI was also suggestive of a vascular pathology and showed an ill-defined T1 isodense/T2 hyperdense extraconal soft tissue lesion with central signal void in superior aspect of left orbit. Fig (3)

Fig 2. Ill-defined soft tissue density lesion with speck of calcification in the extraconal space of superior aspect of left orbit; suggestive of a vascular pathology

Fig 3. MRI suggestive of a vascular pathology; showing an ill-defined T1 isodense/T2 hyperdense extraconal soft tissue lesion with central signal void in superior aspect of left orbit Provisional Diagnosis: A provisional diagnosis of LE orbital hemangioma was made. Management: The patient was then taken up for Anterior orbitotomy with excision of the mass under GA. Intra operatively, complete excision of the mass was done and a sheet of fibrovascular tissue along the superior rectus muscle was noted and removed. The superior rectus muscle was not involved. The excised specimen was then sent for histopathological examination.

HPE Report: The Section showed a lesion consisting of sheets of mature adipocytes amidst which multiple capillaries were seen without any muscle fibres. Fig(4 &5)

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Fig 4 Low power - showing the lesion

Fig 5: High power of same lesion showing sheets of mature adipocytes amidst which multiple capillaries are seen without any muscle fibres.

Final Diagnosis: Based on the Hpe report we reached the diagnosis of Angiolipoma of the left orbit.

Discussion

LIPOMA is an adipose tissue neoplasm and is a common mesenchymal neoplasm but Lipoma of the orbit is very rare. It is a benign tumor composed of mature adipocytes. Histologically the tumor often includes admixture of other tissue elements—blood vessels, muscles or fibrous tissue. Lipoma admixed with blood vessels is known as Angiolipoma.

CLINICAL FEATURES: The tumour is usually painless, slow growing and produces proptosis or displacement of eye with or without associated diplopia. It is slow growing, often taking about 3-15 months duration. In some cases, the mass is preceded by fullness of the eyelids. On IMAGING: CT scans show a well circumscribed heterogenous orbital mass often with contrast enhancement. MRI: T2W images show Hyperintense lesions.

Pathological features: On Gross appearance the tumour mass appears yellowish, circumscribed mass within normal orbital fat.

Histopathological examination: shows mature adipocytes similar to normal orbital fat with blood vessels.

Management and Prognosis

Complete surgical excision is the preferred management and the prognosis is excellent. This case is being presented for its rarity.

References

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