WHAT'S BEHIND THE EYE? A DETAILED CASE **ANALYSIS OF ORBITAL LYMPHOMA**

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INTRODUCTION

Orbital lymphoma is a rare form of non-Hodgkin's lymphoma (NHL), comprising just 1% of all NHL cases, with the majority being extranodal marginal zone B-cell lymphomas (MALT). The non-specific symptoms, such as **painless swelling** and gradual proptosis, often lead to diagnostic delays. Immunosuppression, whether from conditions like **AIDS**, immunosuppressive drugs, or aging, is a significant factor in its development. Early and accurate diagnosis is crucial, but subtle clinical signs often complicate the diagnostic process.

HISTORY AND EXAMINATION

A 63-year-old male presented with a **9-month history** of progressive left eye proptosis, initially painless and insidious. Over time, he experienced restricted eye movements and diplopia, particularly during left gaze. The patient eventually noted gradual vision loss in the left eye.



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DEPARTMENT: OPHTHALMOLOGY

Left Eye: Axial proptosis, inferior conjunctival chemosis, and tortuous vessels. Restricted elevation and abduction with Grade 1 RAPD.

• Visual Acuity: 6/6, N6 (right eye); 6/36, N24 (left

Lymphadenopathy: Cervical, axillary, and inguinal lymph nodes were palpable.

MANAGEMENT

CT and MRI findings suggested orbital lymphoma. An excisional

biopsy of the inguinal lymph node confirmed **CD20+** lymphoma.

MRI revealed a heterogeneously enhancing soft tissue lesion in the left orbit, involving the superior and lateral rectus muscles, with mild extraconal extension but no bony involvement.

Biopsy: Extensive amyloid and lymphoid cells were noted, confirming **MALT lymphoma**. **Chemotherapy**: The patient received Cyclophosphamide, Bendamustine and Rituximab, showing improvement in proptosis and chemosis. Follow-up: 1.No bone marrow involvement was found on aspiration 2. Two months into treatment, he presented with exertional dyspnea and was managed symptomatically

This case underscores the importance of recognizing orbital lymphoma in elderly patients with progressive proptosis and restricted eye movements.

The delayed diagnosis, despite early symptoms, highlights the challenge in detecting such rare tumors. The case is unique due to **extensive lymphadenopathy** and the potential for intracranial extension, which required agaressive treatment.

The patient's positive response to **chemotherapy** with improvement in **proptosis** and visual acuity underscores the favorable prognosis of **MALT** lymphoma when treated in a timely manner.





DISCUSSION AND CONCLUSION

