Original Article ISSN (O):2395-2822; ISSN (P):2395-2814

Clinical Presentation and Management of Patients of Idiopathic Inflammatory Orbital Disease Presenting to a Regional Institute of Ophthalmology.

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Received: October 2018
Accepted: October 2018

ABSTRACT

Background: Idiopathic orbital inflammatory disease has myriad clinical presentations. It is a common presentation to our oculoplasty clinics. The management is with anti inflammatory agents. The relapsing nature and the occasionally encountered refractory cases make it a clinical challenge. Aim: The aim of the study is to document the clinical presentation and management of fifteen consecutive cases of idiopathic orbital inflammatory disease seen at a regional institute of ophthalmology. **Methods:** The clinical presentation of fifteen consecutive cases of idiopathic orbital inflammatory disease were documented. Serology was carried out to rule out specific causes of orbital inflammation. A Computed tomography scan was carried out to document the findings and confirm the diagnosis. **Results:** Five cases presented to us with dacryoadenitis. Seven patients presented with proptosis with accompanying ophthalmoplegia.Three cases presented to us with orbital apex syndrome.Five cases presented to us with myositis with ocular motility restriction with good vision. **Discussion:** Idiopathic orbital inflammatory disease has been reported by many research workers acroos the globe. Our study presents a unique perspective on this entity from our part of the world. **Conclusion:** The clinical presentation and management of idiopathic orbital inflammatory disease at our western regional institute of ophthalmology is documented.

Keywords: Clinical presentation, management, idiopathic orbital inflammatory disease.

INTRODUCTION

Idiopathic orbital inflammatory disease is a diagnosis of exclusion. This clinical entity is very common in our out patient department. The clinical scenario is varied and myriad. Patients may present with pain , double vision, diminution of vision, protusion of eye. The clinical signs are as varied ranging from proptosis, ophthalmoplegia, diminution of vision, dacryoadenitis.

The correct diagnosis at the time of presentation and exclusion of other inflammatory diseases is imperative. The management is conservative in the form of anti-inflammatory agents . The disease is characterized by cycles of resolution and recurrence.

We designed a study to document the clinical presentation and management of patients with Idiopathic inflammatory orbital disease seen at a regional institute of ophthalmology.

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Aim

The aim of the study was to document the clinical presentation and management of patients with idiopathic inflammatory orbital disease seen at a regional institute of ophthalmology.

MATERIALS AND METHODS

The study was carried out at M & J western regional institute of ophthalmology ,Ahmedabad during a period of one year from july 2017 to july 2018. Twenty consecutive patients of idiopathic inflammatory orbital disease were seen at a regional institute of ophthalmology. The clinical presentation was documented.

The patients were subjected to serology to rule out specific causes of orbital inflammation. A computed tomography scan with contrast was performed . Patients were managed with systemic corticosteroids.

RESULTS

Five patients presented with dacryoadenitis of acute onset. Patients presented with s shaped lid swelling with pain and tenderness in the area of the lacrimal

gland. The dacroyoadenitis resolved with treatment with systemic corticosteroids within two weeks of starting treatment. There was a dramatic relief in symtoms and signs after three to four days of starting treatment .

Seven patients presented with proptosis with accompanying ophthalmoplegia.

Three cases presented to us with orbital apex syndrome.

Five cases presented to us with myositis with ocular motility restriction with good vision.

The computed tomography scan showed diffuse soft tissue thickening with contrast enhancement. Extraocular muscle thickening involving the tendons was documented in cases of myositis.

DISCUSSION

Mohan RE et al report that nonspecific orbital inflammatory syndrome or Idiopathic orbital inflammation has varied clinical features including ptosis, chemosis, motility dusfunction and optic neuropathy.[1]

Imaging using CT scan shows focal or diffuse mass usually poorly demarcated and enhancing with contrast .

They report rapid response to high dose steroid therapy. Recurrences are common. Methotrexate, cyclosporine or low dose radiation may be used to control inflammation in nonresponsive or recurrent cases.

Jacobs D et al report that Idiopathic Orbital inflammatory Syndrome may have protean clinical manifestations. It may mimic orbital cellulitis or optic neuritis . Corticosteroids are the mainstay of management. In refractory or recurrent cases radiation, cyclophosphamide, methotrexate, cyclosporine mat be used.[2]

Espinoza GM have given similar reports on this syndrome with a plethora of presentations.[3]

CONCLUSION

We report the clinical presentation and management of patients with idiopathic orbital inflammatory disease in our part of the globe. The study adds to the clinical experience of this disease and gives a valuable insight on the management and course of this subset of ocular disorder from our unique perspective.

Acknowledgement

Authors acknowledge the immense help received from the scholars whose articles are cited and included in references of this manuscript. The authors are also grateful to authors/editors/publishers of all those articles journals and books from where the literature for this article has been reviewed and discussed.

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How to cite this article: Agarwal G. Clinical Presentation and Management of Patients of Idiopathic Inflammatory Orbital Disease Presenting to a Regional Institute of Ophthalmology. Ann. Int. Med. Den. Res. 2018; 4(6):OT01-OT02.

Source of Support: Nil, **Conflict of Interest:** None declared