

Case Study 19

Cavernous Hemangioma

RJ is a 56-year-old woman who was told by her daughter that her right eye “looked bigger than her left.” She consulted her primary care doctor who told her she probably had Graves’ disease because of a history of thyroid problems, including treatment for hyperthyroidism with radioactive iodine 131 a number of years ago. An ophthalmologist was consulted who performed an examination and confirmed the presence of 5 mm of proptosis in her right eye. The remainder of the examination was normal including visual acuity in both eyes of 20/20.

B-scan showed an oval encapsulated intraconal mass of over 20 mm in diameter. A-scan demon-

strated high internal reflectivity in the anterior part of the lesion with a progressive decrease in spike height towards its posterior aspect (Fig. 1). No spontaneous vascularity was noted, and the tumor decreased in size about 20 % when moderately firm pressure was applied with the ultrasound probe against the globe. These findings were highly consistent with a cavernous hemangioma, and subsequent surgical excision confirmed this diagnosis.

Lacrimal gland enlargement by inflammatory or neoplastic involvement is a relatively common cause of temporal lid swelling in mild cases with inferior displacement of the globe in moderate-to-severe involvement of the gland.

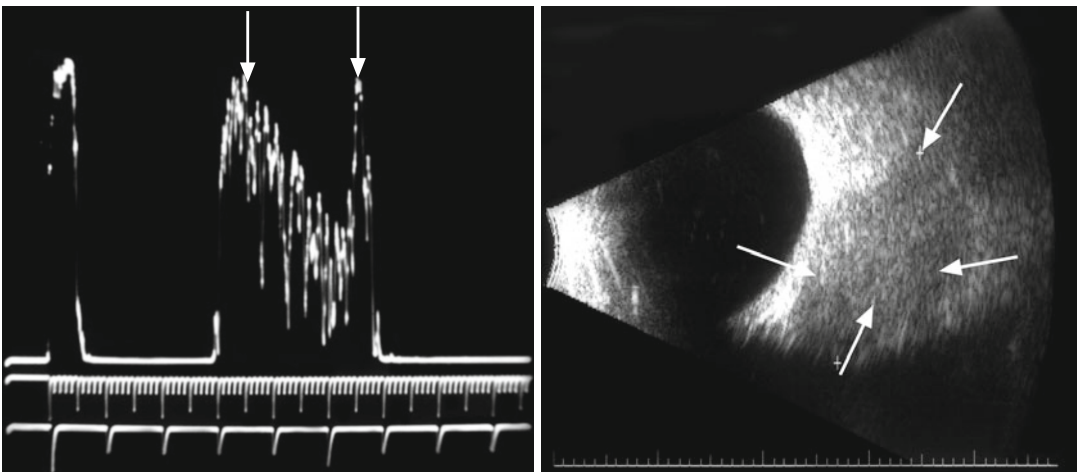


FIG. 1 *Left*: A-scan of cavernous hemangioma (vertical arrows). *Right*: B-scan of the same lesion (arrows)