AUCTORES
Globalize your Research

Biomedical Research and Clinical Reviews

Rajesh Subhash Joshi *

Open Access

Opinion

Intraconal Cavernous Hemangioma

Rajesh Subhash Joshi

Histopathologist in A.B. Diagnostics, New Delhi, India.

***Corresponding Author:** Rajesh Subhash Joshi, Histopathologist in A.B. Diagnostics, New Delhi, India.

Received Date: October 31, 2022; **Accepted Date:** November 08, 2022; **Published Date:** November 15, 2022

Citation: Rajesh S. Joshi. (2023), Intraconal Cavernous Hemangioma, *J. Biomedical Research and Clinical Reviews*. 8(5); DOI:10.31579/2692-9406/168

A 26 – year old male presented to us for the routine ocular examination. The patient had no systemic complains like headache, seizures and fever. Patient did not have any ocular complaints. The patient had visual acuity of 20/10 in right eye with no improvement and 20/20 in left eye. The anterior segment evaluation of both eyes was with in normal limits. There was absence of any pupillary abnormalities in both eyes. Dilated fundus examination of right eye showed disc swelling suggestive of papilledema. Left eye fundus examination was normal. A magnetic resonance imaging (MRI) scan was requested and it illustrated the following: A well-defined, lobulated, heterogenous T1 and T2 hyperintense lesion measuring 1.8 C 1.5 C 1.1 cm in the intraconal region closely abutting the optic nerve and displacing it inferomedially. Lesion was showing hemosiderin staining at the periphery. Left orbit and optic nerve was normal. This represented classical radiological features of intraconal cavernous hemangioma. The patient was referred to the neurosurgeon, who did superior orbitotomy with mass excision. The patient had complete recovery of vision.

Cavernous hemangioma can present in patients without significant visual loss. High index of suspicion and early intervention helps in preventing visual loss.

Declaration of patient consent:

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient has given his consent for his images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

References

1. Ansari SA, Mafee MF. Orbital cavernous hemangioma: role of imaging. Neuroimaging Clin N Am. 2005;15(1):137–158.
2. Arora V, Prat MC, Kazim M. Acute presentation of cavernous hemangioma of the orbit. Orbit. 2011;30(4):195–197.

DOI: 10.31579/2692-9406/175