(X) R1 ( ) R2 ( ) R3 ( ) PG0 ( ) PG1 ( ) Estagiário ( ) Tecnólogo ( )
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Orbital Tumor With Clinical and Anatomic Spontaneous Remission.

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PURPOSE: To review the subject of orbital tumors based on a case report.

METHODS: The authors report and discuss a case of a 45-year-old man that presented with a 45-day history of unilateral redness and decreased vision (OD) . Initial ocular examination revealed a non-axial proptosis, conjunctival hyperemia, eyelid edema, relative afferent pupillary defect and restriction of ocular motility. Visual acuity was 0.8 OD. Magnetic Resonance Imaging (MRI) showed in the right orbit a well-delimited intraconal mass. The patient refused surgical intervention recommended by Orbit Sector and preferred, against medical advice, to continue to be just followed periodically. A progressive decrease of his visual acuity was observed for a month (reaching 0.1 OD). At the end of this period there was an improvement of the patient's visual conditions. Eight months after the onset of the disease the visual acuity was 1,0 OD and the patient presented with no proptosis, no afferent pupillary defect and no restriction of ocular motility. MRI documented the involution of the orbital mass. RESULTS: There are few reports of orbital masses with spontaneous resolution in the literature, most of which related to pseudotumors and lymphangiomas. The occurrence of compressive neuropathy usually constitutes a precise indication to initiate therapeutic efforts.

CONCLUSIONS: Pseudotumor, lymphangioma or even a lymphoid lesion are the most likely diagnostic hypothesis related to the report. Although rarely, orbital masses can regress spontaneously. The occurrence of compressive neuropathy is an important criterion to be observed in the management of orbital tumors.