

Oculoplastic & Reconstructive Surgery

E-00033

A rare case of isolated lateral rectus muscle enlargement

C. Achim, Y. Molgat, C. Caron, A. Villeneuve

ABSTRACT (AS SUBMITTED)

Purpose: We report the case of a fifty-nine-year-old female patient who was referred for an isolated enlargement of the left lateral rectus muscle. It had initially been diagnosed as an idiopathic inflammatory myositis but responded only partially to steroids.

Methods: We discuss the initial presentation, the differential diagnosis, the results of the investigation and the subsequent management.

Results: We performed a lateral orbitotomy and a surgical debulking of the lateral rectus muscle. The biopsy material was sent for histopathologic study, which revealed the presence of a parasite surrounded by fibrous and inflammatory tissue. Subsequent studies led to the precise identification of the parasite *Dirofilaria Ursi*, which is endemic in the black bear population in Canada and can be transmitted to humans by a black fly bite.

Conclusions: To our knowledge, this is the first case in North America of dirofilariasis involving an extraocular muscle. There has been only one similar case described in Australia. Ocular dirofilariasis is rare and has been more frequently reported as a subconjunctival or periorbital lesion. It should be included in the differential diagnosis of orbital inflammatory lesions.

Oculoplastic & Reconstructive Surgery

E-00034

Diagnosis and management of a carotid cavernous fistula in a patient with the vascular fragility type of Ehlers Danlos syndrome: a case report

F. Kherani, A. Safapour, A.C. Crichton, P. Bromley, P.H. Wyse

ABSTRACT (AS SUBMITTED)

Purpose: To present the case of an indirect carotid cavernous fistula (i-CCF). We will discuss the presentation, neuroimaging, differential diagnosis and management of this patient.

Methods: Case report

Results: A 49 year old woman with the vascular fragility type of Ehlers Danlos syndrome (VF-EDS) presented with acute pain. Clinical examination revealed 4 mm of axial proptosis of the right eye and bruit. An urgent CT scan revealed a dilated superior ophthalmic vein. Further neuroimaging confirmed presence of an indirect carotid cavernous sinus fistula. The patient was monitored closely and, fortunately, the i-CCF resolved spontaneously.

Conclusions: VF-EDS is characterized pathophysiologically by abnormalities in collagen III, one of the fibrillar collagens found in the connective tissues surrounding blood vessels and hollow organs such as the bowel and the uterus. This case report highlights the presentation, neuroradiological investigation, management and subsequent spontaneous resolution of an i-CCF that developed in a patient with VF-EDS. The key objective of this report is to emphasize to the ophthalmologic community the fact that CCF can occur in individuals with this rare condition (incidence 1/100,000 population). In addition, baseline and sequential exophthalmometry measurements should be part of the routine care provided for patients with VF-EDS. Any increase in proptosis and/or the development of acute orbital pain in patients with this condition should be strong indications for urgent neuroimaging of the carotid cavernous sinus and vessels in the orbit.

Oculoplastic & Reconstructive Surgery

E-00035

Abscess of the caruncle

K.M. Oliver, H. Saheb, B.P. Arthurs, M.N. Burnier, Jr.

ABSTRACT (AS SUBMITTED)

Purpose: To present an interventional case report of a female patient who presented with a 1-month history of an erythematous and painful mass involving the left caruncle. Previous treatment with topical antibiotic drops in the left eye had been unsuccessful.

Methods: Surgical incision of the mass revealed a relatively large thick-walled sac containing a copious amount of purulent material. A sample of the purulent material was sent for gram stain and culture while a specimen of the abscess sac was sent for histopathologic evaluation.

Results: The clinical diagnosis of an abscess involving the caruncle was made.

Conclusions: An abscess involving the caruncle is an extremely rare occurrence. However, it should always be considered in the differential diagnosis of a caruncular mass.

Oculoplastic & Reconstructive Surgery

E-00036

Imiquimod 5% in the treatment of juxta-canalicular basal cell carcinoma
A.Z. Sheikh, R. Conlon

ABSTRACT (AS SUBMITTED)

Purpose: To assess the efficacy and safety of topical imiquimod 5% cream in the treatment of juxta-canalicular basal cell carcinoma of the eyelid.

Methods: Two patients with biopsy confirmed, juxta-canalicular basal carcinoma of the lower eyelid were treated with imiquimod 5% cream for 8 weeks. Patients were followed weekly. Digital documentation of tumour regression and ocular response to treatment were recorded.

Results: Both patients demonstrated regression of basal cell carcinoma and to date there has been no clinical evidence of tumour recurrence.

Conclusions: Imiquimod 5% cream may offer an alternative treatment for juxta-canalicular basal cell carcinoma of eyelids.

Oculoplastic & Reconstructive Surgery

E-00037

Carotid cavernous fistula: a rare neurologic presentation
S. Shukla, D. Nicolle, A. Proulx, J. Kent, L. Allen

ABSTRACT (AS SUBMITTED)

Purpose: To report a rare clinical presentation of a carotid cavernous fistula.

Methods: A case report describing a rare neurological presentation of carotid cavernous fistula.

Results: A previously well 39 year old male presented with an acute headache 3 weeks prior. During the subsequent 3 weeks, the headache progressed and the patient developed diplopia and a full 360 degree subconjunctival hemorrhage. On examination, he was noted to have proptosis, and a sixth nerve palsy. The remainder of his examination was normal. CT imaging was performed, which confirmed a carotid cavernous fistula, and the patient was referred to interventional neuroradiology. Within hours of the initial appointment, the patient developed sudden loss of vision and slurred speech secondary to brainstem edema. The patient underwent urgent embolization and vision and speech returned to normal.

Conclusions: Carotid cavernous fistula is a rare condition. Patients usually present with a history of trauma or systemic disease, neither of which were present in our patient. Neurological symptoms are not typical; however, our patient presented with a sixth nerve palsy that progressed. He also developed a rare complication of brainstem edema that resulted in his slurred speech and loss of vision. We, therefore, present a very rare and atypical presentation of carotid cavernous fistula.

Oculoplastic & Reconstructive Surgery

E-00038

Waiting time for treatment of primary ocular tumours in a teaching medical care center in Québec, Canada

G. Mercille, C. Corriveau, G. Allaire, P. Rousseau, M. Bélair, G. Shenouda

ABSTRACT (AS SUBMITTED)

Purpose: To evaluate the waiting time for treatment of patients with primary ocular cancer and to compare these results to the goals recommended by our provincial government as well as with the results from the literature.

Methods: Chart reviews of patients having surgery and/or radiotherapy for ocular cancer were retrospectively studied from January 2006 to July 2007. Two categories of patients were included. The first sub-group was referred for the first time and was considered as new patients (N=28). The second cohort was already followed and identified as candidate for treatment because of documented tumour growth (old cases; N=8). The total waiting time was calculated from the initial visit to the referring ophthalmologist/optometrist to the date of surgery or radiotherapy. We calculated four different intervals during the process of care. Interval 1 represents time between the visit to the referring ophthalmologist or optometrist and the referral date. Interval 2 is calculated from the latter date to the first visit with the ocular oncologist. Interval 3 is from the visit with the oncology team to the consent to treatment. Finally, interval 4 is between the consent and the actual date of surgery/radiotherapy. In the cohort of old cases only intervals 3 and 4 were calculated.

Results: The mean total wait time was 44.2 ± 19.5 days (N=28). Interval 4 was the longest, with a waiting time of 21.8 ± 11.6 days. As for patients who were followed and had documented growth (N=8), interval 4 was 21.3 ± 10.3 days. Comparisons of treatment modalities were also studied: plaque vs. stereotaxy vs. enucleation. Interval 4 was 30.3 days for plaque (N=13), 19.4 days for stereotaxy (N=8) and 17.7 days for enucleation (N=15). We also evaluated if the waiting time varied based on tumour size. Interval 4 was 27 days for medium size tumours (N=23) and 17.9 days for the large tumours (N=13).

Conclusions: The Québec Ministry of Health recommends a waiting time of 28 days from the decision of treatment to the treatment per se (interval 4) as the standard of care for cancer. Our results not only show that we respect this norm, but that the performance of our center is in fact more efficient than those published in the literature.