Purpose: Diffuse B cell orbital lymphoma is a rare condition and the diagnosis is made on histopathological and radiological findings. Periorbital oedema may arise synchronously with other systemic manifestations or may be solely manifesting as primary symptom. To introduce clinical characteristics of our patients, initially misdiagnosed with periorbital cellulitis, masquerading rare condition. Methods: We analysed retrospectively case series of 3 cases presenting with periorbital oedema, from May 2016, including review of case notes, histological reports, presenting symptoms, imaging findings, treatment and prognosis. Results: Three patients with primary orbital lymphoma were followed up for 18 months. All of the patients presented with unilateral periorbital swelling, 50% of patients had mild proptosis. Chemosis and mild restriction in ocular movements due to dull ache was present in all patients. Initially they were diagnosed and treated with periorbital cellulitis, with no symptomatic improvement. Afterwards they were diagnosed with idiopathic orbital inflammatory disease, with temporary improvement on steroids, however radiological and microbiology tests results revealed the correct diagnosis. All patients responded well to chemotherapy in 18 month follow up. Conclusions: Periorbital oedema is a common symptom that deserves scrutiny. While this study highlights examples of uncommon condition, it encourages clinical alertness of the variety of differential diagnoses of periorbital oedema given its potential to mimic potentially sight-threatening or life-threatening conditions. Financial Disclosure: No