

MULTIDISCIPLINARY APPROACH TO A COMMON COMPLAINT - A RARE CAUSE OF DIPLOPIA

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The etiology diagnosis of patient with diplopia is a clinical challenge. The presence of accompanying symptoms may also help in the investigation. Constant or intermittent pain and defects in visual acuity should be investigated and may correlate with neuromuscular dysfunction third cranial nerve injury, or orbital disease.

A 82-year-old woman consulted the Emergency Department with a complaint of progressive binocular diplopia and proptosis with a 3-week evolution, with intermittent ocular pain episodes. There was no history of fever, weight loss or nocturnal sweating.

Ophthalmologic examination revealed mild restriction of left eye abduction. External examination demonstrated proptosis of the left eye, soft tissue swelling in the upper and lower lids. The rest of the anterior and posterior segment examinations were unremarkable in both eyes.

Enlarged, matted, and non-tender left axillary lymphadenopathy was also found. Further neurological and physical examination were completely normal.

Brain Computed Tomography revealed a bilateral intra orbital mass suggestive of lymphoma (Figure 1) and body Tomography showed multiple enlarged lymph nodes.

Biopsy of the left axillary lymphadenopathy was performed and confirmed the diagnosis of follicular lymphoma, with immunohistochemical stains positive to CD20, CD79- α , Bcl-2 and Bcl-6.

Follicular lymphoma is a subset of Non-Hodgkin's lymphoma, characterized by B-cell proliferation, commonly affecting middle-aged to older adults. It is rare for this type of systemic non-Hodgkin's lymphoma to infiltrate the ocular tissues and present with ocular complaints at presentation, mainly painless diplopia. With this case the authors want to give attention to the importance of multidisciplinary approach to diplopia.



