**Pathological Masquerader**

**Case -2:**

**Clinical history**

A fifty seven year old male presented with history of bilateral progressive protrusion of right eye and vision loss for 5 years.

**Past history**: Patient had a past history of ventricular tachycardia with pericardial effusion, multiple neck and mediastinal lymph nodes 8 years back. The patient deferred complete medical evaluation against medical advice.

**Medical history:**  Nil systemic illness, and a non-smoker or an alcoholic.

On Ayurveda medication

**Clinical examination:** Both eyelids show puffiness with diffuse mass all along orbital rim. Bilateral chemosis with congestion with temporal bulbar mass was seen on right side.

**CT orbit:** Revealed diffuse mixed density lesion of intra and extraconal space of both orbit encasing optic nerve and muscles.

**Impression:** Pseudotumour / lymphoproliferative disorder.

**Surger**y: Incisional biopsy on left orbit mass

**Eye pathology findings:**

**Gross:** Received multiple fragments of orbital mass, grayish white tissue and firm in consistency. All the fragments were subjected for processing.

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| case%202-4x0006  **4X**  **40 X**  CD20  **4X** | **40x-G0013**  Obliterative phlebitis |
| 40x-G0015  **40 X**  polymorphic inflammation  with endotheliosis | 20x CD 20-G0024  CD20  Diffuse scattered Positivity |

**Light microscopy:** showed structure of fibrocollagenous tissue with diffusely infiltrated polymorphic population of lymphocytes, plasma cells and interspersed endothelial proliferation. Areas of obliterative phlebitis with perivascular and stromal hyalinization were seen. No evidence of granuloma or necrosis seen.

With aforementioned features, nonspecific orbital inflammation (NSOI)was made as an interim diagnosis. Details of further workup and conclusion will be discussed on presentation.