

Primary Orbital Non-Hodgkin's Tumor: Reality in Patient's Behaviour in Madagascar

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Received: January 06, 2020; Published: March 27, 2020

Abstract

Orbital lymphomas are rare, comprising only 1% of all non-Hodgkin's lymphoma.

Present a 34-year-old male suffering from an orbital non-Hodgkin's lymphoma. A 34-year-old man presented with rapidly progressive proptosis and lagophthalmos of the right. Clinically, we observed right non-axile and inflammatory exophthalmos, unreducible, without thrill, chemosis, lagophthalmos and keratitis of right eyes. The specimen showed a skeletal striated muscle and fibrosis tissue inside which is located a diffuse and nodular tumoral proliferation associated with non-cohesive, monomorphic and lymphocytic atypic cells suggesting a non-Hodgkin's malignant orbito-nasal lymphoma. Having heard the diagnosis, the patient disappeared.

Keywords: Madagascar; Behaviour; Orbital Non-Hodgkin's Lymphoma

Introduction

Orbital lymphomas are rare, comprising only 1% of all non-Hodgkin's lymphoma [1].

Orbital lymphomas usually present in the age group of 50-70 years, with a slight female preponderance [2].

Here, we present a 34-year-old male suffering from an orbital non-Hodgkin's lymphoma and explain the behaviour of the patients in Madagascar face to a tumor.

Case Presentation

A 34-year-old man presented with chief complaints of rapidly progressive proptosis and lagophthalmos of the right eyeball that began 2 months before his presentation associated with significant vision loss. He had no personal nor familial histories. He went to a traditional practitioner who treated him with saliva in the eye but there was no recovery. On examination, the chief complaints were oculo-orbital dolor and blurred vision on right eye.

Clinically, we observed right non-axile and very inflamed exophthalmos, unreducible, without thrill, chemosis, lagophthalmos and keratitis of right eyes. The left eye had no abnormality (Figure 1).



Figure 1A and 1B: Clinical picture showing the extent of right proptosis, exophthalmos and keratitis.

The palpation unveiled a right palpable supero orbital mass, pushing down the right eyeball.

No organomegaly or lymphadenopathy was present. The family history was non-contributory. Orbital CT scan confirmed the presence of a right orbital extraconal homogenous mass along superior and medial orbital wall measuring without image of any bone destruction. There was marked displacement of globe inferiorly. The left orbit was anyway, normal.

Under general anesthesia, the patient underwent a transcutaneous biopsy approach for histopathological findings of 2 fragments measuring 0,8 cm and 1,4 cm for each. The specimen showed a skeletal striated muscle and fibrosis tissue inside which is located a diffuse and nodular tumoral proliferation associated with non-cohesive, monomorphic and lymphocytic atypic cells suggesting a non-Hodgkin's malignant orbito-nasal lymphoma (Figure 2).

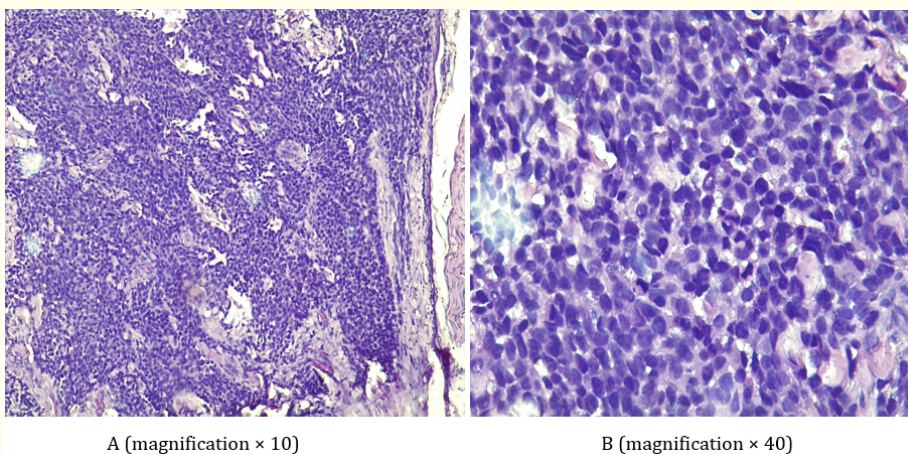


Figure 2A and 2B: The histopathologic appearance evoking an orbito-nasal non-Hodgkin's malignant lymphoma.

Amazingly, having heard the result, our patient disappeared.

Discussion and Conclusion

Many cases of orbital non-Hodgkin's lymphoma were reported. The differences are the clinical presentation. In our case, apart from exophthalmos, there was a complete loss of vision and destruction of the cornea. But the patient reported a recent occurrence of this disease for 2 months only. So, we don't know any more if our patient committed a lie or the development of the tumor is rapid. Imagine, Amit et al published a case of a 6-year-old child presenting non-Hodgkin's lymphoma of left eye. The patient can see 6/12 again. This patient underwent complete investigation and accepted the treatment of radiotherapy and cycle of chemotherapy [3]. In addition, Borkar, et al. had a 47 year old lady presented with a history of gradual progressive bulging of the right eye for 5 years but there was no keratitis [4]. Besides Shannon and colleagues reported a case of male patient presenting non-Hodgkin's lymphoma that developed for over 2 years but there was no anterior segment damage [5]. Furthermore, Timothy, et al. had a non-Hodgkin's orbital tumor patient whose visual acuities of both eye was still 20/20 [6].

Finally, to illustrate the case of health negligence, we had an other 55-year-old male patient, presenting exophthalmos that began 4 months before his admission to our service with destruction of anterior segment of the right eye (Figure 3). Once investigations such blood test and CT scan were prescribed, he vanished.



Figure 3: Exophthalmos with destruction of anterior segment.

We can withdraw lessons that, in developed country, the patients are aware of the gravity of the tumor and they accept to get investigated and treated. Conversely, the patients in Madagascar present to the hospital tardily with serious disease. They might have gone to traditional practitioner first to get taken care. Afterward, they may lie to the doctor. Moreover, their behaviour to disappear is shocking.

We have some messages to address: All medical staff in Madagascar should be trained about how to manage an exophthalmos. They should at least know that an application of artificial tears and ocular occlusion are indispensable before referring the patient to avoid corneal damage. Malagasy people should be warned and sensitized that an early presentation to an ophthalmologist is primordial in case of ophthalmic problem.

To conclude, orbital lymphoma is a rare tumor. Late presentation of patient in Madagascar, their behaviour to disappear instead of accepting the treatment need closer public health investigation.

Bibliography

1. Ahmed S., *et al.* "Orbital lymphomas: a clinicopathologic study of a rare disease". *American Journal of the Medical Sciences* 331.2 (2006): 79-83.
2. Agrawal A and Sinha A. "Lymphoma of frontotemporal region with massive bone destruction and intracranial and intraorbital extension". *Journal of Cancer Research and Therapeutics* 4 (2008): 203-205.
3. Amit S., *et al.* "Primary orbital non-Hodgkin's lymphoma". *BMJ Case Reports* (2012).
4. Borkar AU., *et al.* "A large primary orbital lymphoma with proptosis: A case report and review". *Surgical Neurology International* 9 (2018): 249.
5. Shannon C., *et al.* "Non-Hodgkin's Orbital Lymphoma". *Optometry and Vision Science* 78.9 (2001): 639-645.
6. Timothy S Saunders., *et al.* "Systemic non-Hodgkin's lymphoma involving the orbit and leptomeninges". *Digital Journal of Ophthalmology* 16.3 (2010): 9-12.

Volume 11 Issue 4 April 2020

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