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Editorial

Cancer of the Orbit and Peri Orbital Region, Personal Experience

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The incidence of these cases is quite rare a previous studies were carried out in Iraq by Iraqi cancer registry for 2010, they were reported 47 cases of orbital tumours which represents 3.58% of the total cases. In Baghdad province area ,218 cases of Brain tumours which constitute about 16.60% in comparison to the year 1985, tumours of the eye and nervous system were 3.54% of the total malignancies and eye tumours represent about22% and Retinoblastoma was the most common tumours which constitute about 70% of eye tumours. Late Hussien Talib in 1972 was a pioneer surgeon reported during his long experience of 20 years reported 110 patients with orbital tumours including 20 cases of hydatid cyst. The author through his long experience did not report any hydatid cyst involving the orbit.

The orbit is unique in its shape and dimension, the height is 35 mm+-, the width 40 mm+- and the depth is 45 mm+-, there is no single bone to form the orbit but 7 bones articulating in a fashion to form the orbit and they are frontal, lacrimal, nasal, sphenoid, maxillary and zygoma and ethmoid. it contains two orbital fissures one superior to contain 3 cranial nerves and vessels that supply the eye, the optic nerve is the second cranial nerve responsible about the vision the other cranial nerves were supplying the rectus muscles.

The floor of the orbit is very thin and easily invaded by cancer and also its short and the posterior part of the floor of the orbit disappeared and orbit became with 3 walls and conical in shape. The orbit is a cavity containing structures essential for ocular function and vision, the bony skeleton architecture of the orbit that encases them. The orbit contains the globe, extra ocular muscles, fat, vessels, nerves, glandular tissue and connective tissue.

The malignant tumours of the orbit originate from the tissue content as primary tumours and secondary tumours originated from surrounding tissue. The most common tumours originated from surrounding tissue are basal cell carcinoma and squamous cell carcinoma and squamous cell carcinoma was invading the orbit from maxillary sinus also jaw lymphoma invading the orbit from maxillary sinus. We reported also haemangioma-lymphangioma from emissary vessels of the frontal bone extended to roof of the orbit and ectopic mixed salivary tumour of the infra orbital region extended to the floor of the orbit displacing the eye upward in a baby of 9 months.

In this study we did report 21 cases of peri orbital and orbital malignancies, age ranged from 9 months to 75 years and the are eleven of them were females and 10 males.

They were complaining from pain, ulcer or proptosis of the eye or mass, they were examined by ultrasonography and CT scan and now adays Piet Scan was recommended for every patient with malignant tumours to localise the metastasis.

Our treatment methods were done as following: 1- complete orbital exenteration with orbictomy and 4 cases without exenteration, 2- primary reconstruction by mobilizing the temporalis muscle to the orbital cavity from lateral wall for augmentation and prevent any

communications with cranial cavity and brain and by mobilizing Kummoona Fronto-Orbital flap for reconstruction of upper part of the orbit and at the same time mobilising a Facio-Orbital flap for repair of the lower part and sutured with Kummoona Fronto-Orbital flap, this technique were used for reconstruction of the orbit after radical excision of Retinoblastoma.

The large cervicofacial flap was used for reconstruction of the orbit after radical excision of conjunctival squamous cell carcinoma, while squamous cell carcinoma of the infra orbital region after radical excision of the tumours without exenteration of the globe, the defect was closed by auriculo-temporal flap.

Defect of floor of the orbit in 9 months of age with ectopic mixed salivary tumour was reconstructed by Sialastic rubber silicone biologically inert materials.

All malignant tumours after surgery were subjected to deep X-ray therapy (DXT) and chemotherapy (5Fu+Toxter+Carboplatine). The more recent protocol after surgery, DXT used with adjuvant cisplatin once a week, which gave good response after 3 years fallow up. 3-Chemotherapy was used for all cases with jaw lymphoma which is quiet different from Burkitt's Lymphoma, Jaw lymphoma was studied for 3 decades by the author as a clinico-pathological entity and were treated by the fallowing protocol (Vincristine 1.5 mg/m^2 + Adriamycin 50 mg/m^2 + cyclophosphamide 1000 mg/m^2 + methotrexate 10 mg/m^2 + prednisolone 50 mg/m^2) for 8 doses distributed on 24 weeks. Before discovery of this protocol 2 patients were survived of 28 jaw lymphoma cases were reported by the author.

Conclusion

Periorbital and orbital tumours were very rare and managements of these aggressive malignant tumours required knowledge, experience and skill.

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