

## A case of breast carcinoma metastasis to lacrimal gland with intracranial extension

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### ABSTRACT

**Objective:** To present a case of right breast carcinoma metastasis to right lacrimal gland with intracranial extension. **Method:** a Case report. **Results:** A 53 years old complained of fullness around her right eye for 2 months with on and off swelling. There was also occasional right eye redness which initially resolved spontaneously but became persistent past two months. She also complained of a persistent right sided headache. She denied any pain, diplopia, changes in vision, or trauma. She was diagnosed with breast cancer 15 years ago, however, patient defaulted follow up and decided to go for traditional medication. On examination, the right eye best-corrected vision was 6/9, extraocular muscle movement was full. The right upper lid revealed mild oedema, erythema, and ptosis. A bony mass was felt over the right nasal and periorbital region medially extending towards forehead which was non-tender and non-mobile. No skin discolouration noted. There were subconjunctival haemorrhages inferiorly with engorged and tortuous vessels. The anterior segment and fundus findings were unremarkable. Left eye findings were normal. Systemic examination revealed right breast mass with ulcer extending to axillary lymph nodes enlargement. Computed tomography showed aggressive soft tissue mass likely arising from the right lacrimal gland with intracranial extension and bony erosion with suspicious local infiltrate to the right globe. **Conclusion:** It is important in this case to identify malignancy as one of the differential diagnosis. Metastatic malignancy is the most common ocular malignancy in adults, thus a thorough examination by an ophthalmologist, including orbital CT, is recommended as initial step.

## A case of traumatic bilateral direct carotid-cavernous fistula

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### ABSTRACT

**Objective:** To report a case of bilateral direct carotid-cavernous fistula secondary to head trauma. **Method:** a Case report. **Results:** A fifty-three years old gentleman with no known medical illness, presented with bilateral eyes (BE) progressive painless redness, associated with double vision, three weeks after head trauma due to road traffic accident which had been managed conservatively. On examination, BE visual acuity was 6/9 and the relative afferent pupillary defect was negative. BE extraocular movements were limited and presence of bruit over the right eye. BE examination showed dilated and tortuous episcleral vessels with corkscrew vessels. Intraocular pressure (IOP) was raised in both eyes, right eye IOP 25 mmHg and left eye IOP 24 mmHg. Fundus examination was unremarkable. Computed Tomography Angiography of Brain and Digital Subtraction Cerebral Angiography revealed bilateral direct carotid-cavernous fistula (CCF). The patient was treated with hypotensive eyedrops for BE and IOP was well controlled. The patient subsequently underwent endovascular embolization of right direct CCF by an interventional radiologist. The right eye redness has fully recovered and ophthalmoparesis has improved. However, diplopia remained unchanged. The patient was planned for endovascular embolization of the left direct CCF. **Conclusion:** Trauma is the most common cause of direct CCF. Cerebral angiography is the gold standard diagnostic modality. CCF generally has a good outcome with prompt diagnosis and radiological intervention. In our case, we report a rare bilateral direct CCF as most of the cases were presented unilaterally.

### KEY WORDS:

*Direct carotid-cavernous fistula*