



## ORBITAL DERMOID – CASE REPORT

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**ABSTRACT**

A Dermoid cyst is a benign tumor consisting of histologically normal cells with abnormal growth under the skin. They account for the most common childhood tumors. In this article we describe two cases of orbital extraocular dermoids.

**KEYWORDS :** Childhood Tumors, Dermoid, Orbital Cyst

**INTRODUCTION**

A dermoid cyst is a congenital choriostoma, a benign tumor consisting of histologically normal cells with abnormal growth under the skin. These cysts consist of keratinized epithelium and adnexal structures (hair follicles, sweat glands, and sebaceous glands etc). They are usually present at birth and slowly enlarges with age due to secretions of the glands. Dermoid cysts are one of the most common orbital tumors accounting for approx. 46% of childhood orbital neoplasms. (1)

During embryogenesis when the suture line closes, embryonic epithelial nests may become entrapped resulting in cyst formation. The most commonly involved suture is the fronto-zygomatic suture. (2) In this article, we have reported two cases of ocular dermoids along with discussion on clinical features and management.

**Case Report**

The first case which presented to Ophthalmology Out Patient Department was of 19 year old female with chief complaints of slowly progressive, non-tender, solid mass under the left eyebrow (Fig a). The second case was of 22 year old male with slowly progressive, non-tender mass at the lateral end of right eyebrow (Fig d). The history in both the cases was presence of mass since early childhood which was not painful, slowly progressive and increasing in size.

On examination a solid, non-tender, freely mobile, solitary cyst was noted. Systemic history and examination was not significant in both the cases. Radiological evaluation was done to rule out the extent and nature of cyst. After complete evaluation surgical excision was done and cyst was removed as whole (Fig b). Postoperative period was uneventful with minimal scar formation. (Fig c and e)



(A)

(B)

(C)



(D)

(E)

below the skin's surface and are not directly visible. They usually presents as a smooth, painless mass mostly in the superotemporal quadrant. They may be mobile or fixed to bone. These cysts may be superficial or deep and usually become apparent during first decade of life. They are not known to cause any vision loss and are usually not painful but may cause mechanical ptosis if large.(3) Removal of dermoid cysts from the eyes is vital, as they grow large over time. Surgical excision of cyst as a whole is the mainstay of treatment, as they may rupture or leak with extrusion of oil and keratin into adjacent tissues, leading to granulomatous inflammation. Orbital dermoids may be dumbbell shaped with one section inside the eye and other outside the socket.(4) Imaging modalities may assist to pinpoint the accurate location such as closeness to nerve or vascular structure which further aids in management.(5)

**FOOTNOTES**

**Source Of Support-** Nil

**Conflict Of Interest-** None

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**DISCUSSION**

The ocular dermoids are of two types A. Orbital and B. Epibulbar. The orbital dermoids are found where the bones of the eye socket are located, usually at the end of the eyebrows or near the nose. Epibulbar dermoid present as limbal dermoid.(3) Orbital dermoids are formed