

Orbital exenteration for periorbital SCC – A result of delay in definitive treatment for alternative therapies

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Introduction

Orbital exenteration is a disfiguring operation, it involves surgical removal of the eye as well as all the contents of the bony orbit. Periorbital squamous cell carcinomas (SCC) are prone to perineural invasion and can easily invade the structures of the orbit. In cases where SCC invades the orbital musculature or the orbit itself, an orbital exenteration is required.

Case Presentation

A 75-year-old man attended the outpatient clinic with 9-months history of enlarging left temporal mass.

He had initially presented to an ENT surgeon 6-months prior who offered surgical excision however the patient declined and commenced alternative topical therapies instead.

Months later, he sought a second opinion. At presentation to our institutions clinic, the left forehead mass had progressed. It was now 9cm in size and fungating. The mass was confirmed on punch biopsy, PET and CT Head, Neck and Chest to be a T3N1M0 SCC, crossing the left orbital margin. Of note, the patient had a history of a previous left orbital trauma and prosthetic left eye since childhood.

He underwent a left orbital exenteration, parotidectomy and comprehensive neck dissection with anterior lateral thigh free flap reconstruction. He has recovered well post-operative and is now undergoing adjuvant radiotherapy.

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Figure 1: Coronal CT head and neck demonstrating left fronto-temporal scalp mass invading lateral aspect of the left orbital rim

Discussion

This case demonstrates why SCCs of the periorbital or temporal region must be assessed and treated early and aggressively, to avoid significant morbidity associated with orbital surgery. Karabekmez et al. showed these patients are often elderly, with advanced tumours at presentation and a poor prognosis (average survival 15.7 months); the main reason they found for delay in seeking medical advice was hesitation to undergo surgery. Increasingly, we are seeing patients opt for alternative non evidence-based therapies in place of known beneficial treatments. In this case, significant morbidity was directly attributable to the use of alternative medicines; a difficult problem for the modern day ENT surgeon.

References

1. Karabekmez FE, Selimoglu MN, Duymaz A, Karamese MS, Keskin M, Savaci N. Management of neglected periorbital squamous cell carcinoma requiring orbital exenteration. *J Craniofac Surg.* 2014;25(3):729-34.

look back



look forward

