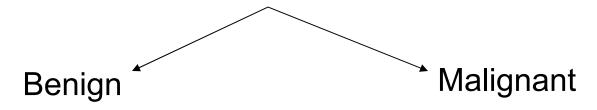
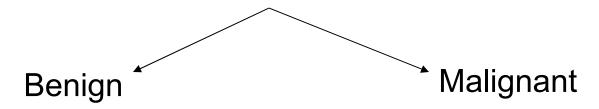


Which enlarge more rapidly in children--benign, or malignant tumors?





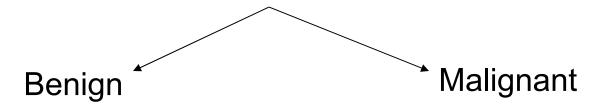
Which enlarge more rapidly in children--benign, or malignant tumors? Both can enlarge rapidly, so don't use this to differentiate between them

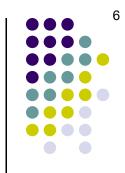




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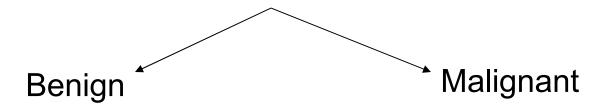
What is the typical presentation of an orbital tumor?





Which enlarge more rapidly in children--benign, or malignant tumors? Both can enlarge rapidly, so don't use this to differentiate between them

What is the typical presentation of an orbital tumor? Rapid unilateral proptosis +/- lid edema

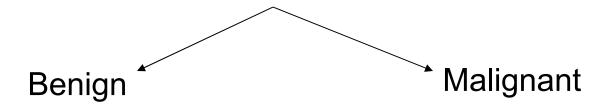




Which enlarge more rapidly in children--benign, or malignant tumors? Both can enlarge rapidly, so don't use this to differentiate between them

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With what non-neoplastic process is tumor presentation often confused?

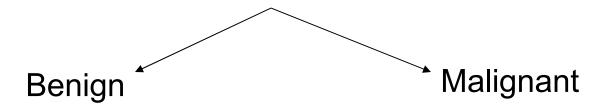




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With what non-neoplastic process is tumor presentation often confused? Orbital cellulitis





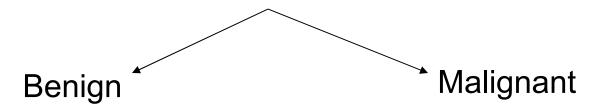
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What signs should make you consider a malignant orbital process?

- 1)
- 2)





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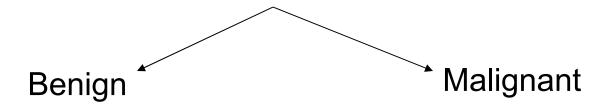
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2)





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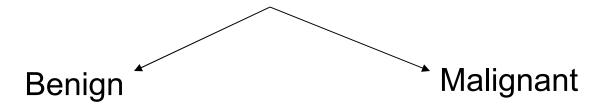
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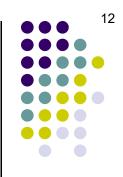
Orbital cellulitis

What signs should make you consider a malignant orbital process?

1) A 'cellulitis' that is...not accompanied by erythema and warmth

2)





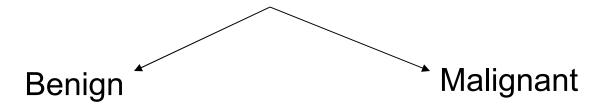
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What signs should make you consider a malignant orbital process?

- 1) A 'cellulitis' that is...not accompanied by erythema and warmth
- 2) Periorbital ecchymosis and/or hematoma absent...





Which enlarge more rapidly in children--benign, or malignant tumors? Both can enlarge rapidly, so don't use this to differentiate between them

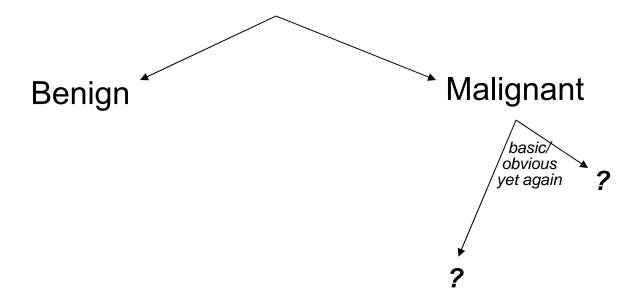
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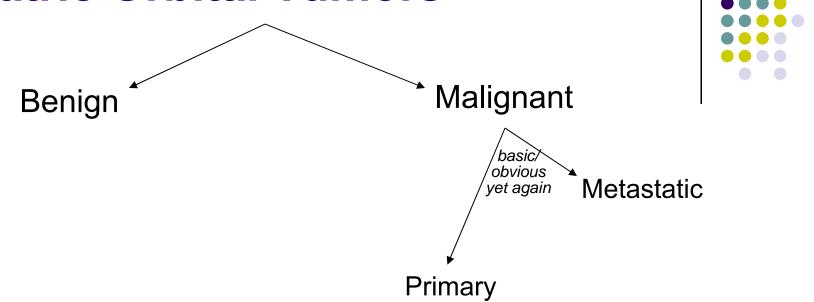
Orbital cellulitis

What signs should make you consider a malignant orbital process?

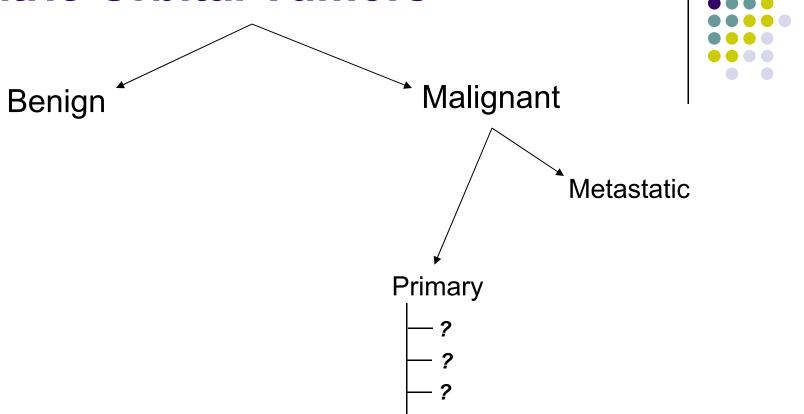
- 1) A 'cellulitis' that is...not accompanied by erythema and warmth
- 2) Periorbital ecchymosis and/or hematoma absent...a history of trauma



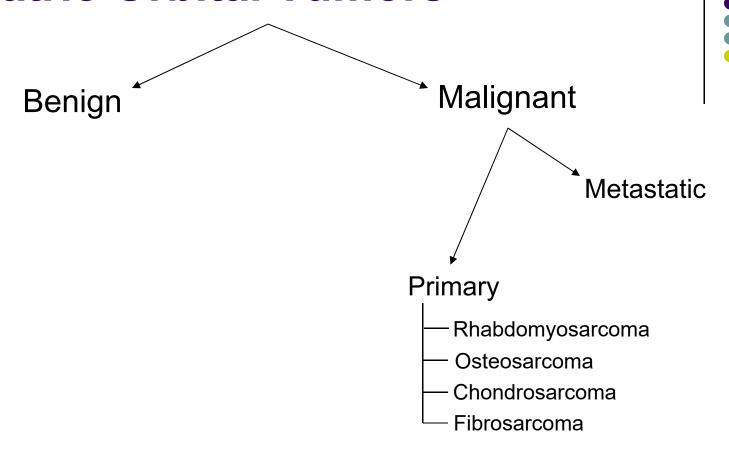


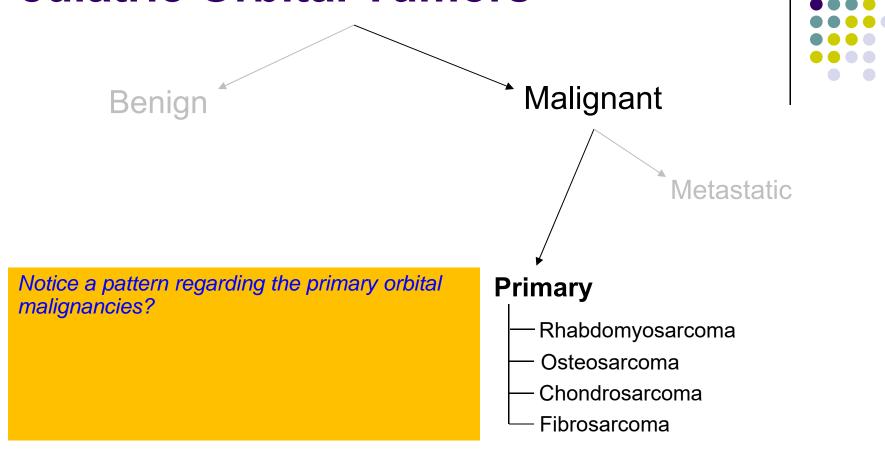


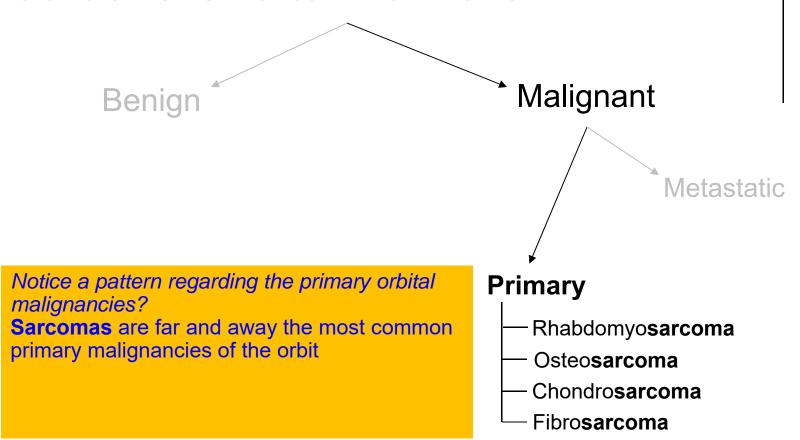
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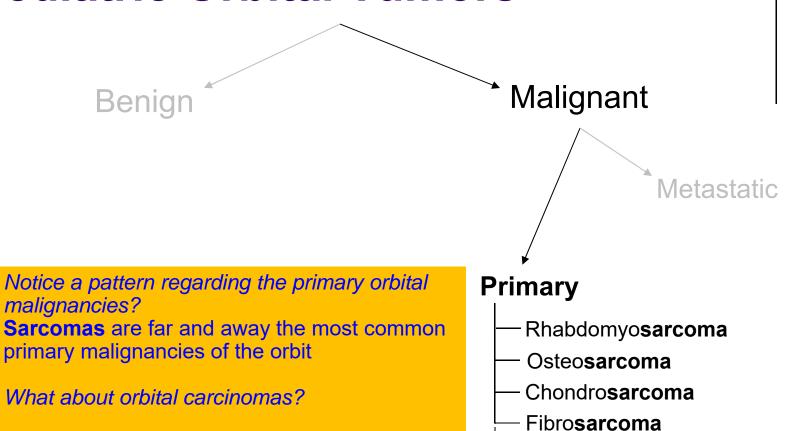


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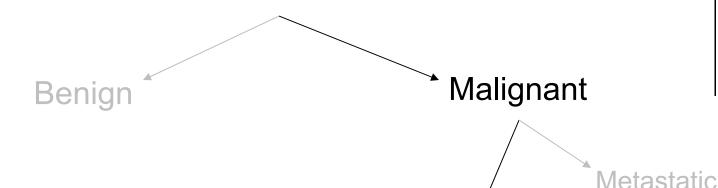








Carcinoma?



Notice a pattern regarding the primary orbital malignancies?

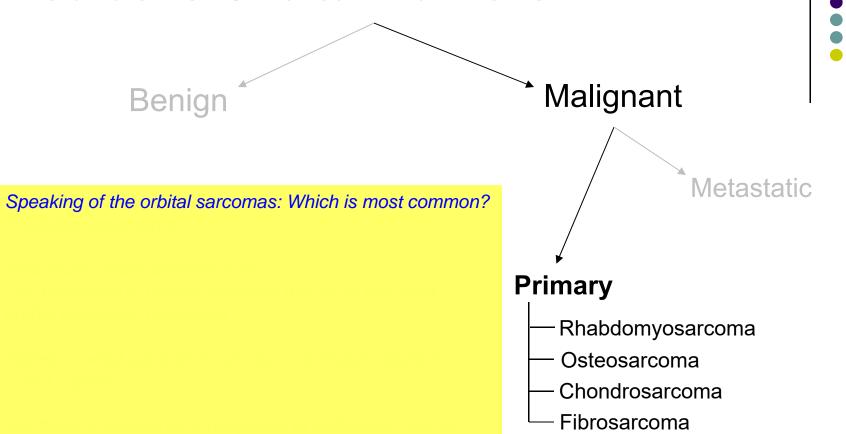
Sarcomas are far and away the most common primary malignancies of the orbit

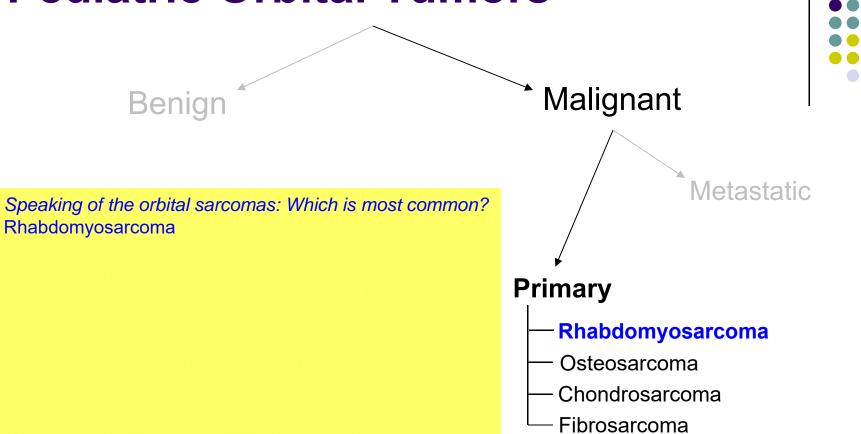
What about orbital carcinomas?

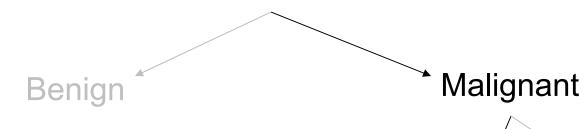
These are **very rare** in the pediatric population

#### **Primary**

- Rhabdomyo**sarcoma**
- Osteosarcoma
- Chondrosarcoma
- Fibro**sarcoma**
- -- Carcinoma? Nah







24

Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

How much more common is it?



Metastatic

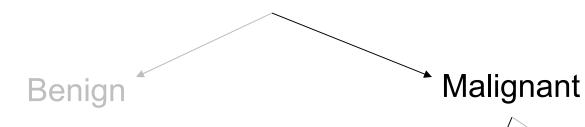
#### **Primary**

- Rhabdomyosarcoma

Osteosarcoma

- Chondrosarcoma

- Fibrosarcoma





Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

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The incidence of rhabdo exceeds that of all the other orbital sarcomas combined!



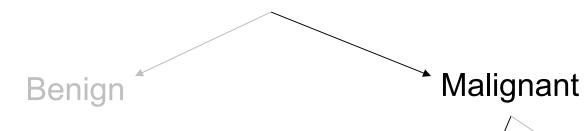
-Rhabdomyosarcoma

Metastatic

Osteosarcoma

- Chondrosarcoma

Fibrosarcoma



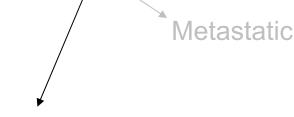


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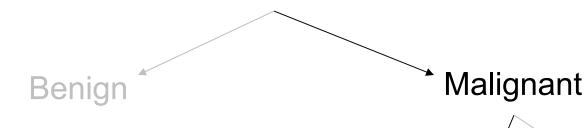
The incidence of rhabdo exceeds that of all the other orbital correspondence.

To make matters worse, if a pt has a personal hx of a particular malignancy, it may greatly increase his/her risk of developing a sarcoma (any sarcoma--not just rhabdo). What is that malignancy?



#### **Primary**

- -Rhabdomyosarcoma
- Osteosarcoma
- Chondrosarcoma
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Retinoblastoma (Rb)

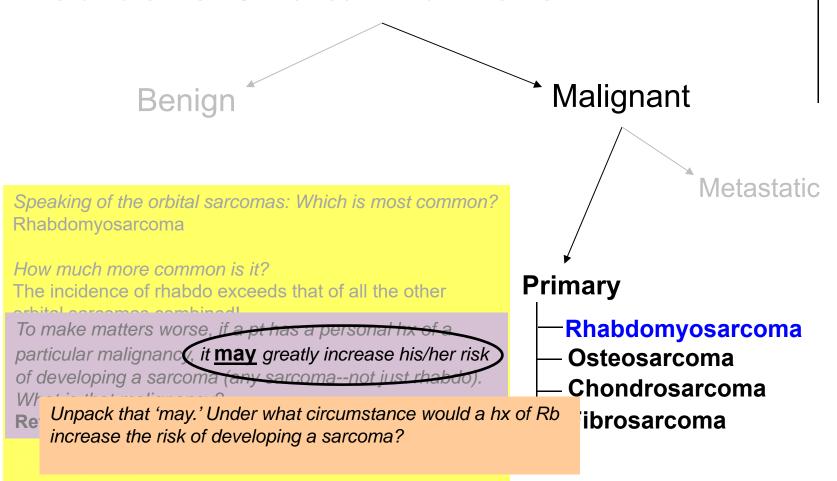


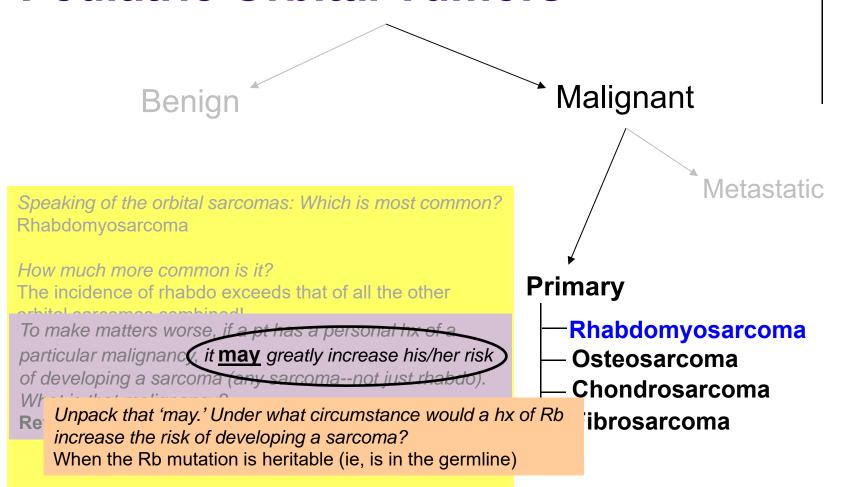
#### **Primary**

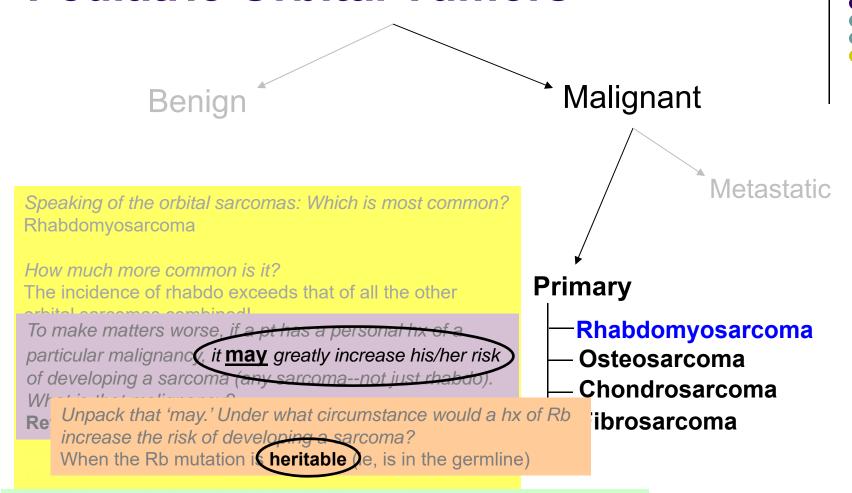
-Rhabdomyosarcoma

Metastatic

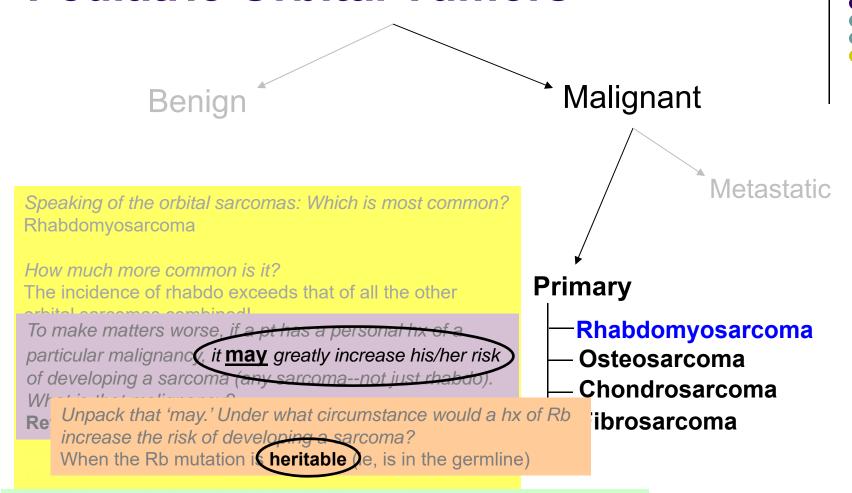
- Osteosarcoma
- Chondrosarcoma
- Fibrosarcoma



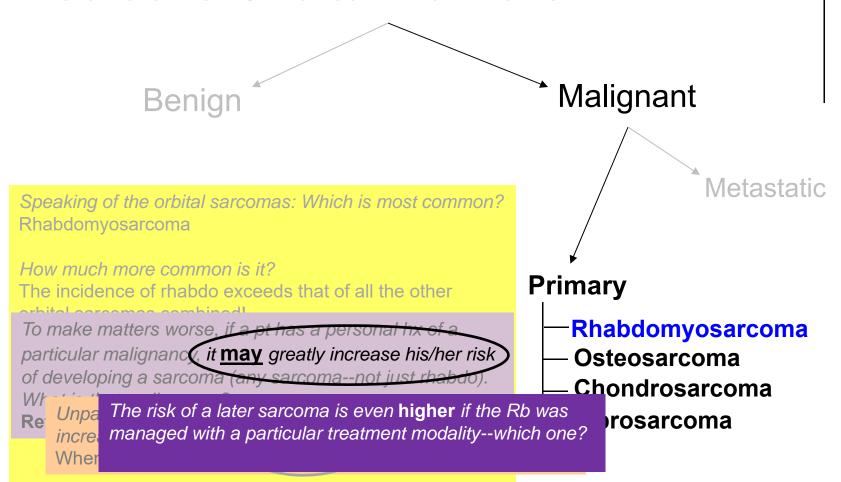




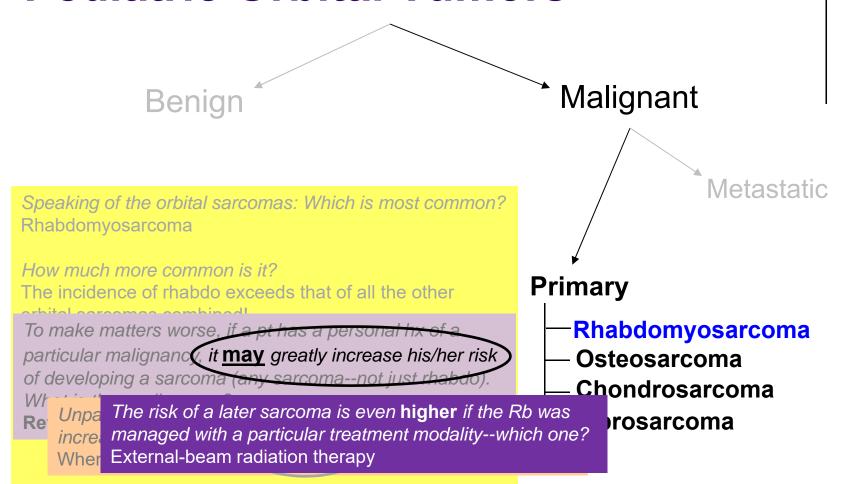
'When the Rb is heritable'--that means the mutation was inherited, right?



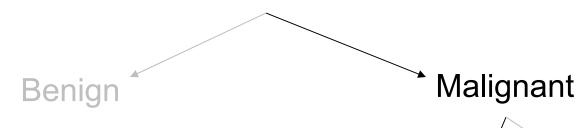
'When the Rb is heritable'--that means the mutation was inherited, right? Nope. While all inherited Rb is heritable, all heritable Rb was **not** inherited. (If this is confusing, review the slide-set entitled *Concerning retinoblastoma*.)



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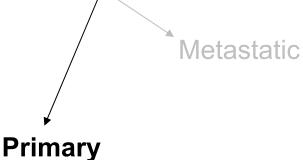


34

Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

How much more common is it? The incidence of rhabdo exceeds that of all the other orbital sarcomas combined!

Between what ages do most cases of rhabdo declare?



# Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma

Fibrosarcoma

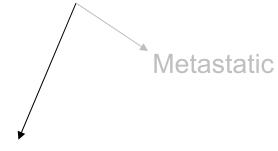




Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

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Between what ages do most cases of rhabdo declare? 5 and 7 years

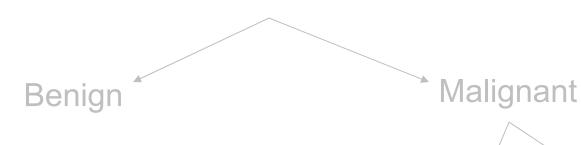


# Primary Rhabdomyosarcoma

- Osteosarcoma

- Chondrosarcoma

Fibrosarcoma





Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

How much more common is it?
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—Rhabdomyosarcoma

**Primary** 

Metastatic



Note: The '5-7' range is from the most recent edition of the *Peds* book. OTOH, the *Orbit* book gives a range of 8-10. (FWIW, at the time of this writing the *Peds* book is the more recent of the two.) *EyeWiki* gives a range of 7-8. The truth is out there. Caveat emptor.



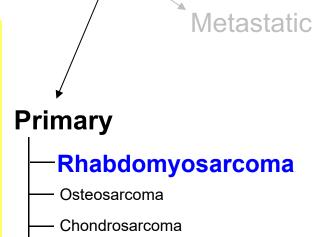
37

Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

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Between what ages do most cases of rhabdo declare? 5 and 7 years

We think of rhabdo as a neoplasm of childhood, and by and large it is. But what percent of cases present at age 16 years or older?





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Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

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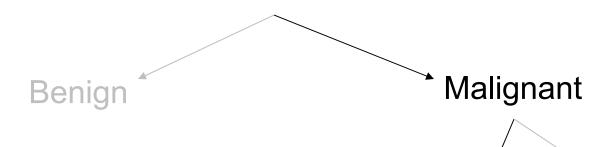
10! Make sure to keep rhabdo in mind in non-children



Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma



Metastatic

Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

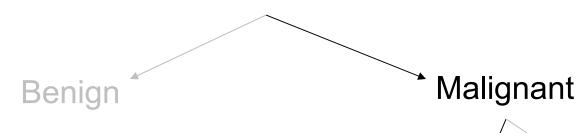
What is the cell of origin for rhabdo?

#### **Primary**

-Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma



40

Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

What is the cell of origin for rhabdo?
Undifferentiated/pluripotent mesenchymal cells (**not** the EOMs--a common misconception!)

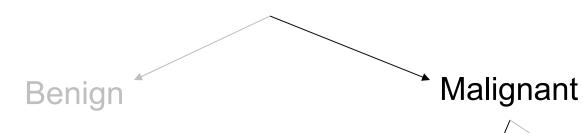
#### **Primary**

-Rhabdomyosarcoma

Metastatic

Osteosarcoma

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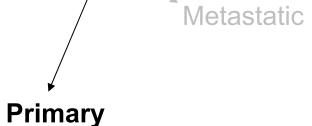




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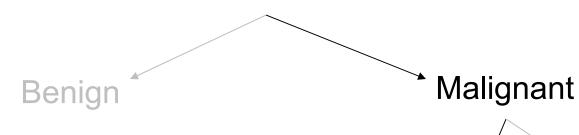
What is the classic presentation of orbital rhabdo?



# ---Rhabdomyosarcoma

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- Chondrosarcoma





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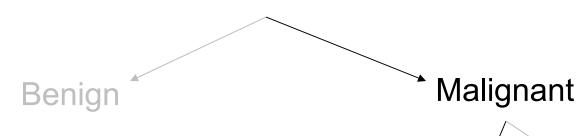


-Rhabdomyosarcoma

Metastatic

Osteosarcoma

- Chondrosarcoma





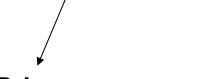
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Is it painful, or painless?



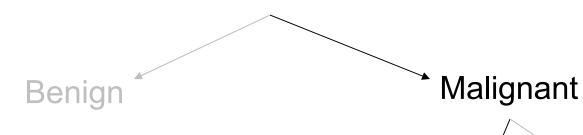
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Is it painful, or painless? In the vast majority (90%), it is

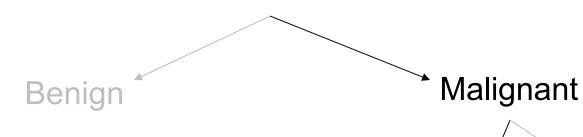


#### **Primary**

Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma





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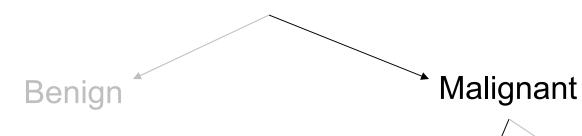


#### **Primary**

Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma





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What are the four histological subtypes of rhabdo?

- --Embryonal
- --Alveolar
- --Pleomorphic
- --Botryoid



-Rhabdomyosarcoma

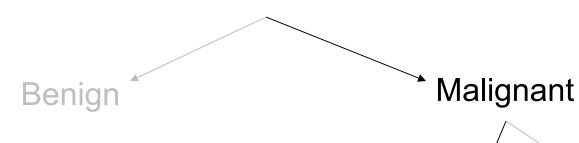
Metastatic

Osteosarcoma

- Chondrosarcoma

Metastatic

# **Pediatric Orbital Tumors**





Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

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- --Alveolar?
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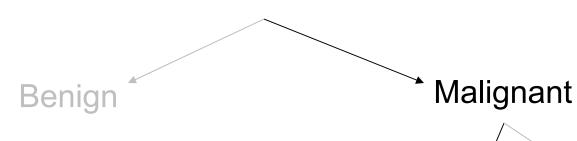
Which subtype does not occur as a primary in the orbit?

Primary

-Rhabdomyosarcoma

Osteosarcoma

- Chondrosarcoma





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Which subtype does not occur as a primary in the orbit? Botryoid

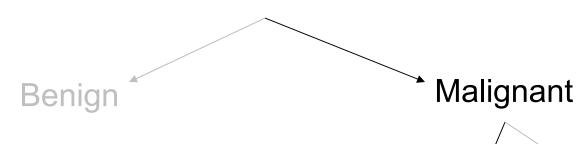


-Rhabdomyosarcoma

Metastatic

Osteosarcoma

Chondrosarcoma





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Botryoid

If not as a primary, then how does botryoid get in the orbit?

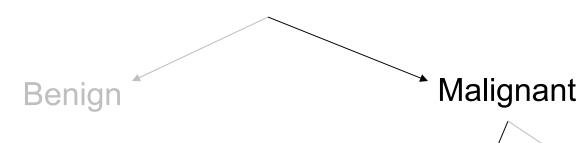
**Primary** 

-Rhabdomyosarcoma

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Which subtype does not occur as a primary in the orbit?

Botryoid

If not as a primary, then how does botryoid get in the orbit? Via extension from a sinus, or the conj

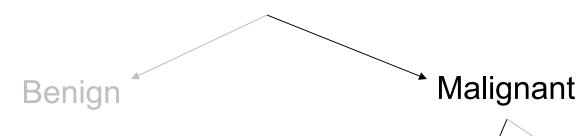
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Which subtype is most common?

**Embryonal** 

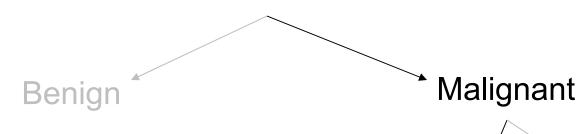


-Rhabdomyosarcoma

Metastatic

Osteosarcoma

Chondrosarcoma





Speaking of the orbital sarcomas: Which is most common? Rhabdomyosarcoma

What is the cell of origin for rhabdo?

Undifferentiated/pluripotent mesenchymal cells (**not** the EOMs--a common misconception!)

What is the classic presentation of orbital rhabdo? Like that of other orbital tumors in kids: Rapid unilateral proptosis associated with lid edema and discoloration

Is it painful, or painless?
In the vast majority (90%), it is painless

What are the four histological subtypes of rhabdo?

- --Embryonal
- --Alveolar
- --Pleomorphic
- --Botryoid

Which subtype is most common? Embryonal

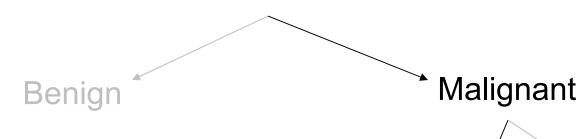


#### **Primary**

-Rhabdomyosarcoma

Osteosarcoma

- Chondrosarcoma



Which subtype carries the poorest prognosis?



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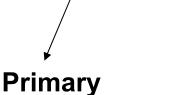
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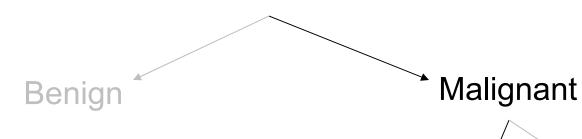


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Which subtype carries the poorest prognosis? Alveolar

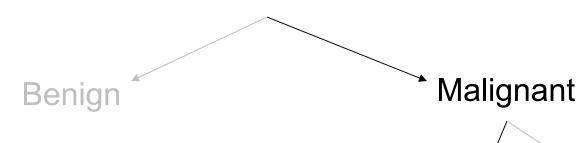
Primary

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Metastatic

Osteosarcoma

Chondrosarcoma





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Which subtype carries the poorest prognosis?



#### **Primary**

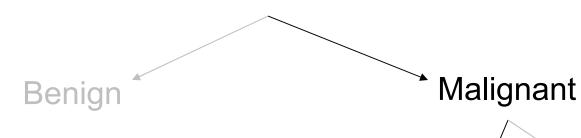
-Rhabdomyosarcoma

Osteosarcoma

Chondrosarcoma

Fibrosarcoma

What is the 5-year survival rate for the alveolar subtype?





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Alveolar

**Primary** 

-Rhabdomyosarcoma

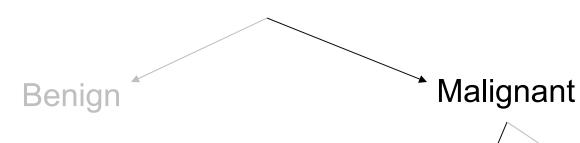
Osteosarcoma

Chondrosarcoma

- Fibrosarcoma

What is the 5-year survival rate for the alveolar subtype?
Per the Peds book, 75%

Metastatic





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Metastatic

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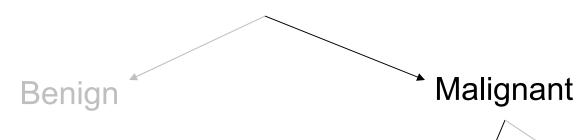
Osteosarcoma

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What is the 10-year survival rate?





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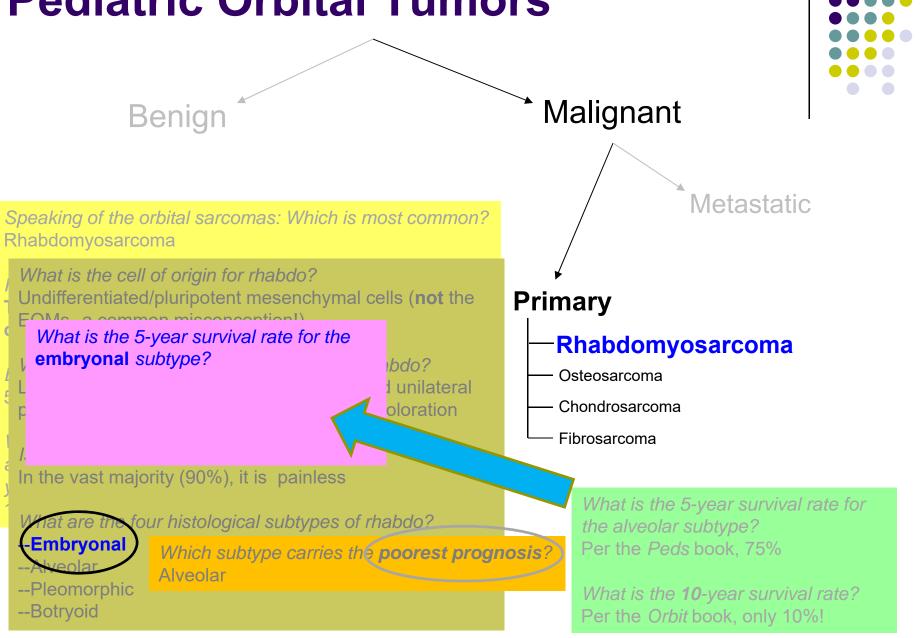
Osteosarcoma

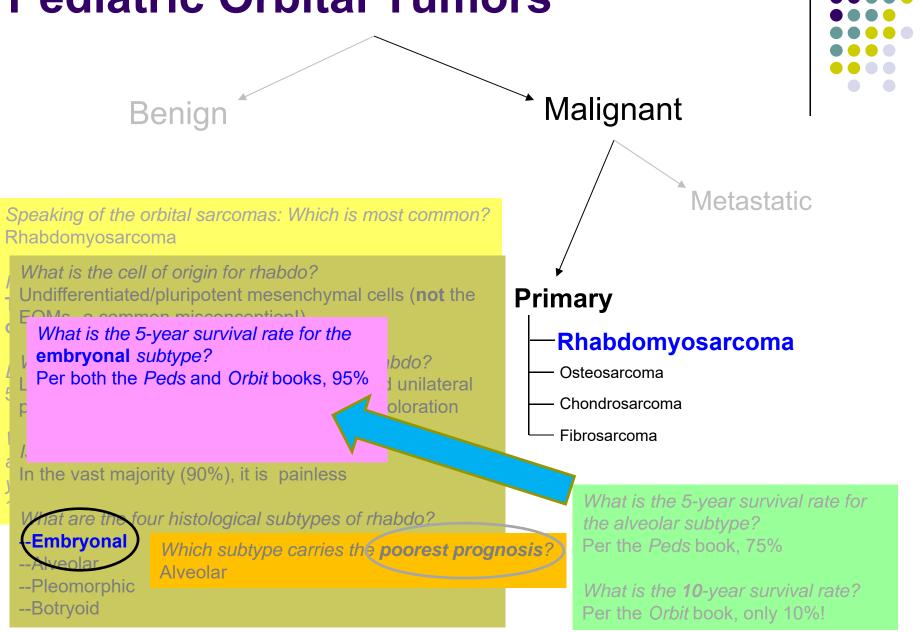
Chondrosarcoma

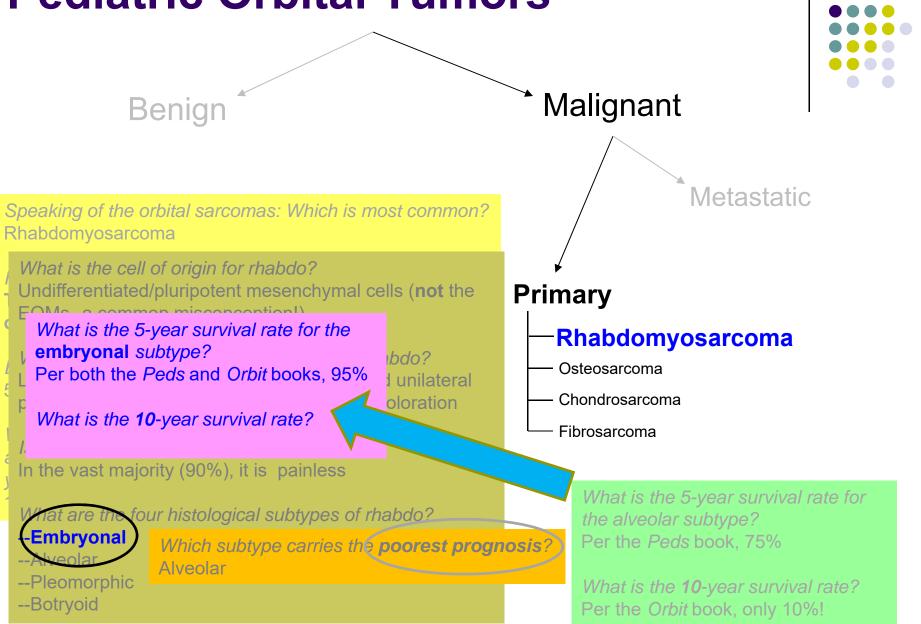
Fibrosarcoma

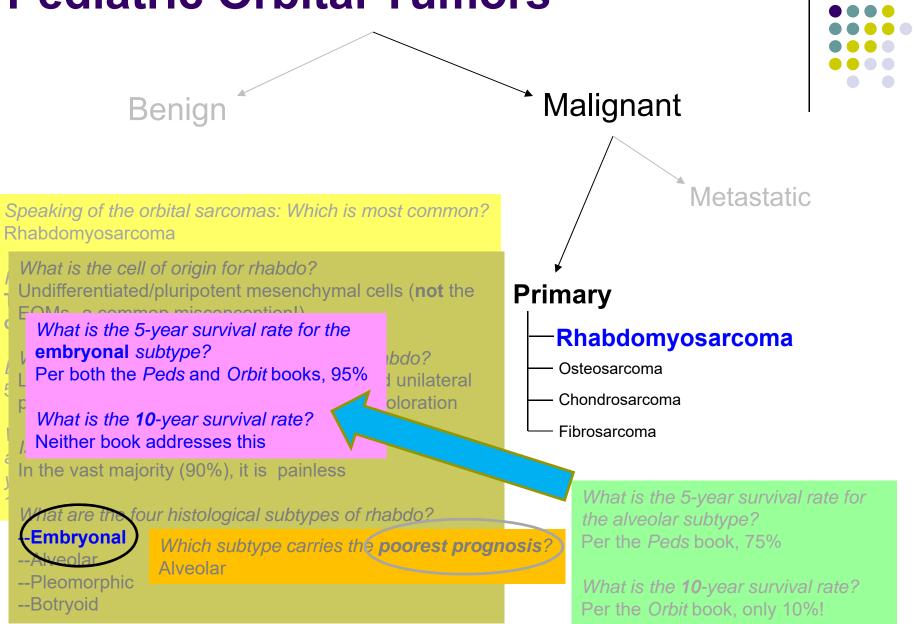
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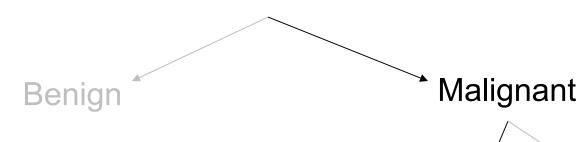
What is the **10**-year survival rate? Per the *Orbit* book, only 10%!













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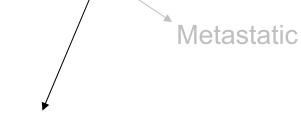
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Under what circumstances is the pleomorphic subtype encountered?

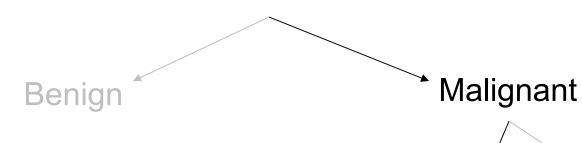


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Under what circumstances is the pleomorphic subtype encountered? When the pt is an adult (it essentially never occurs in kids)

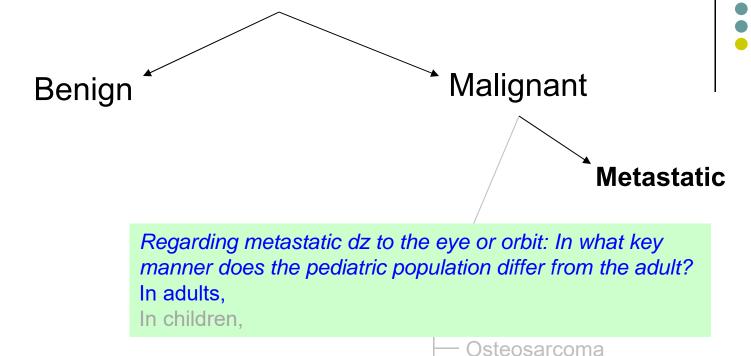


#### **Primary**

-Rhabdomyosarcoma

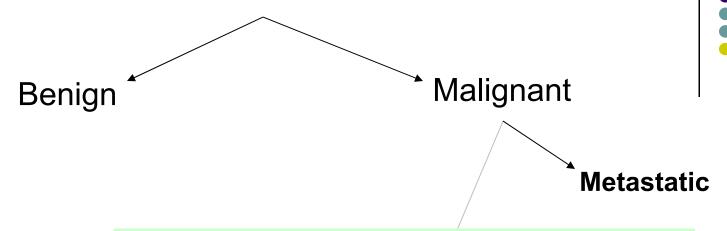
Osteosarcoma

- Chondrosarcoma



Chondrosarcoma

Fibrosarcoma

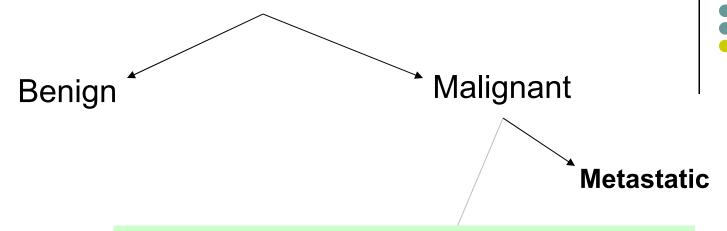


Regarding metastatic dz to the eye or orbit: In what key manner does the pediatric population differ from the adult? In adults, mets tend to go to the **eye**; but... In children,

Osteosarcoma

- Chondrosarcoma

67



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Osteosarcoma

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68

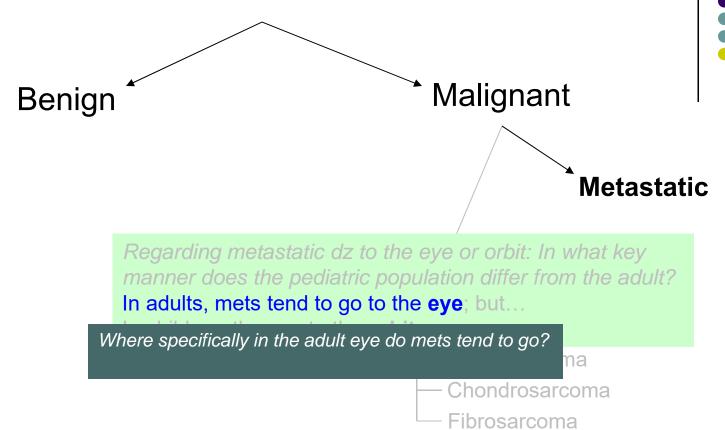


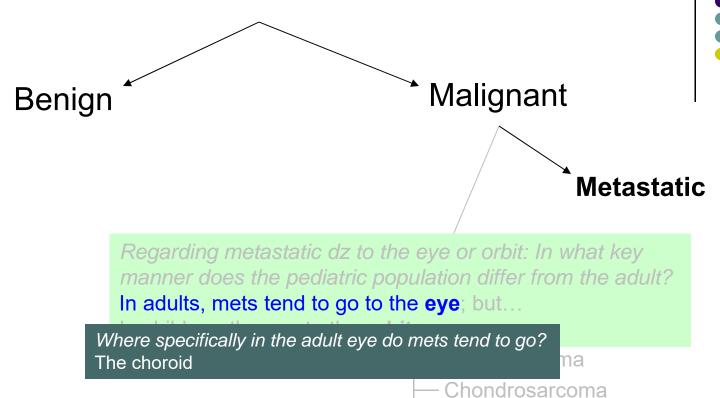
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Osteosarcoma

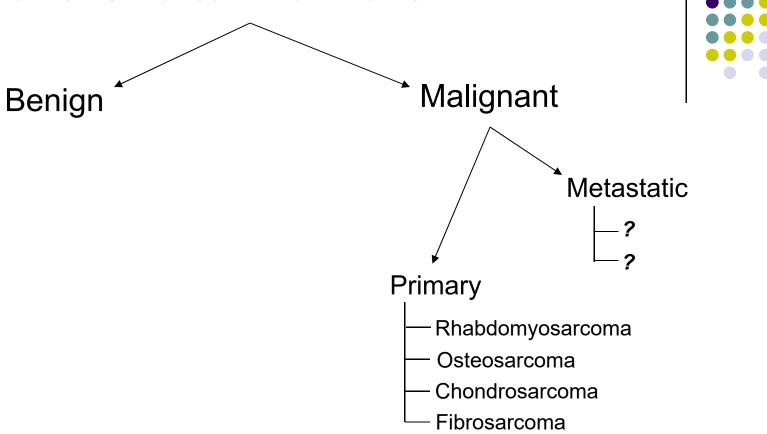
- Chondrosarcoma

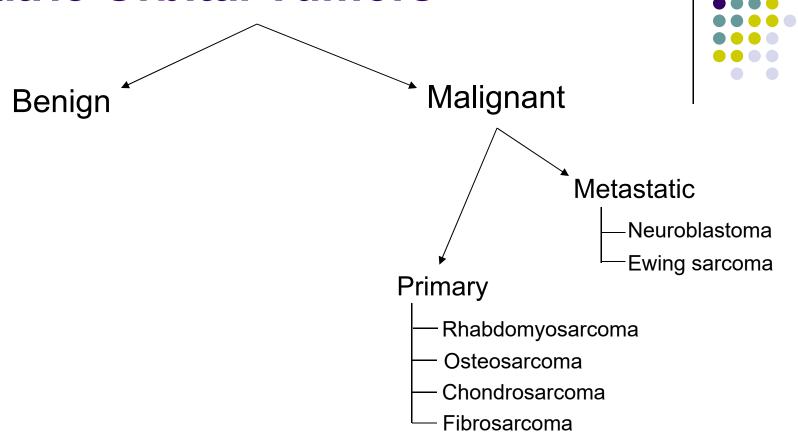
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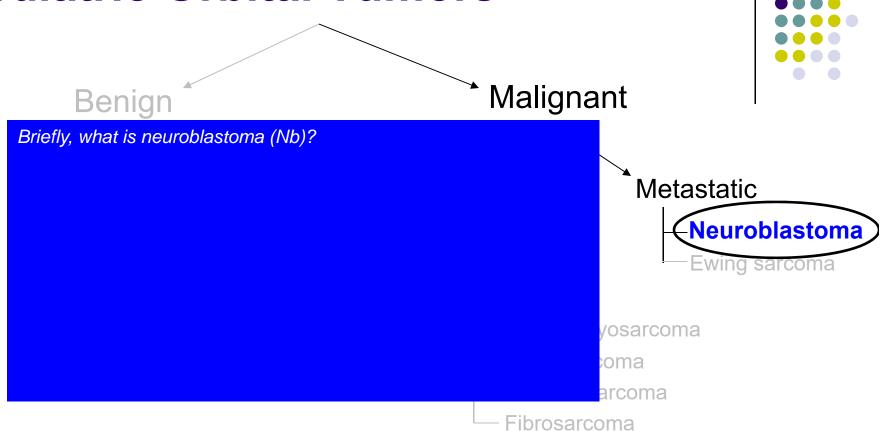


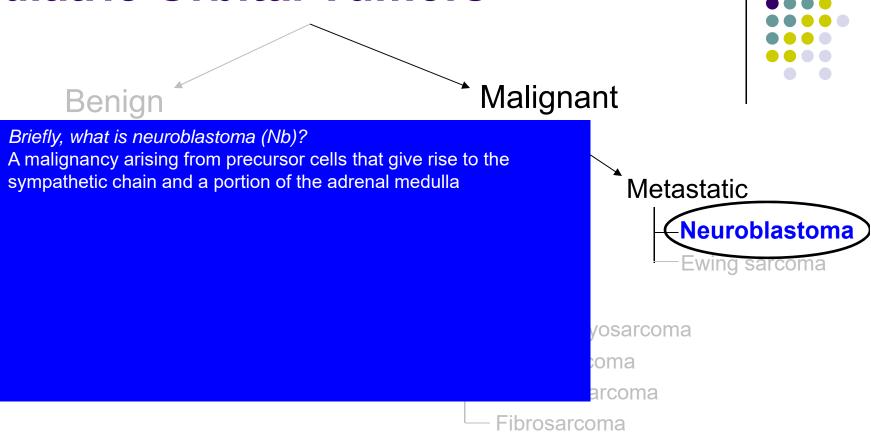


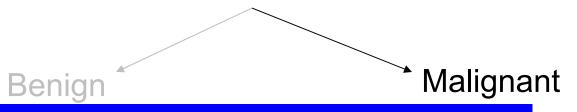
Fibrosarcoma











Briefly, what is neuroblastoma (Nb)?
A malignancy arising from precursor cells that give rise to the sympathetic chain and a portion of the adrenal medulla

Where does the primary arise?

Metastatic

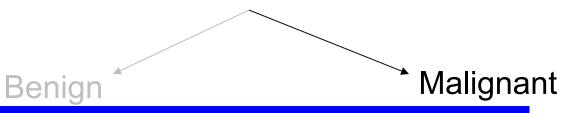
Neuroblastoma

Ewing sarcoma

osarcoma/

oma

arcoma





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Where does the primary arise?
In the sympathetic chain, or the adrenal medulla

Metastatic

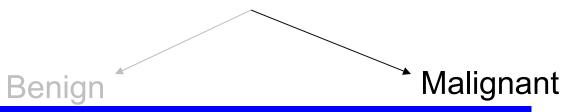
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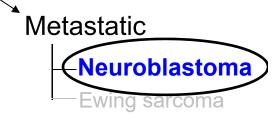


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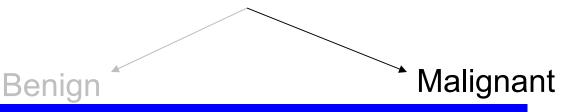
Where does Nb rank as a cause of cancer in childhood?



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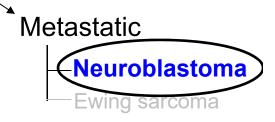


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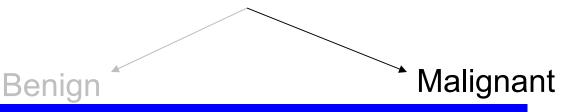
Where does Nb rank as a cause of cancer in childhood? It is the most common cause of extracranial solid cancer in childhood



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arcoma





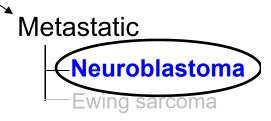
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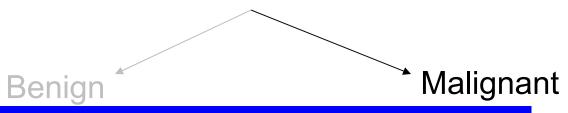
Where does it rank as a cause of orbital mets in childhood?



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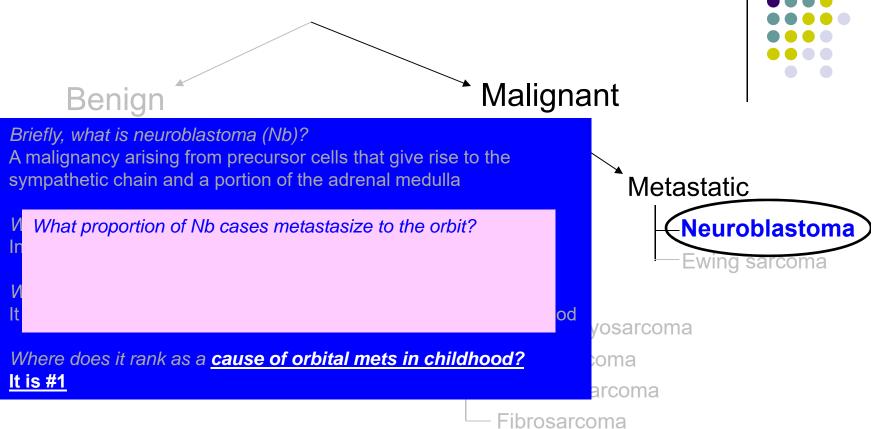
Where does it rank as a cause of orbital mets in childhood? It is #1

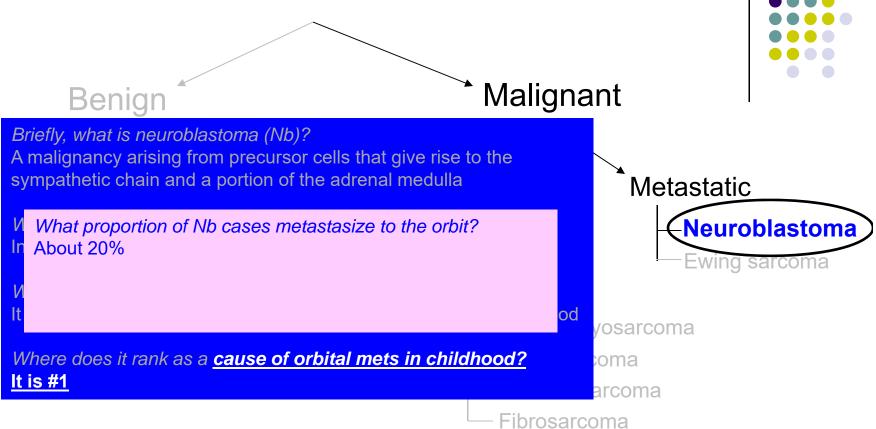


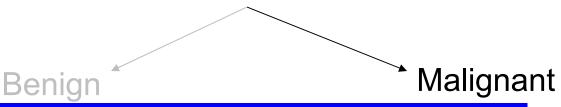
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In About 20%

Of all orbital mets in children, what proportion are due to Nb?

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Metastatic

Neuroblastoma

Ewing sarcoma

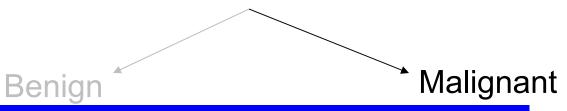
yosarcoma

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Fibrosarcoma

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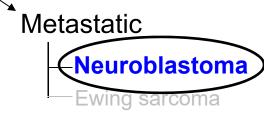


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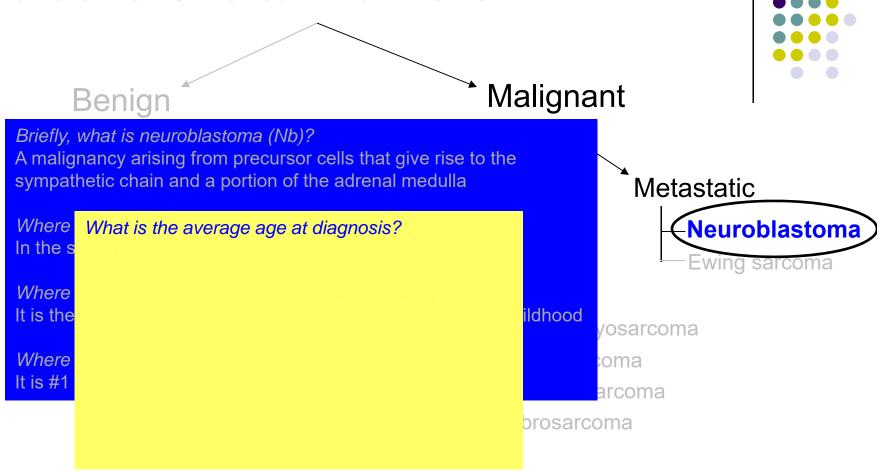
vosarcoma

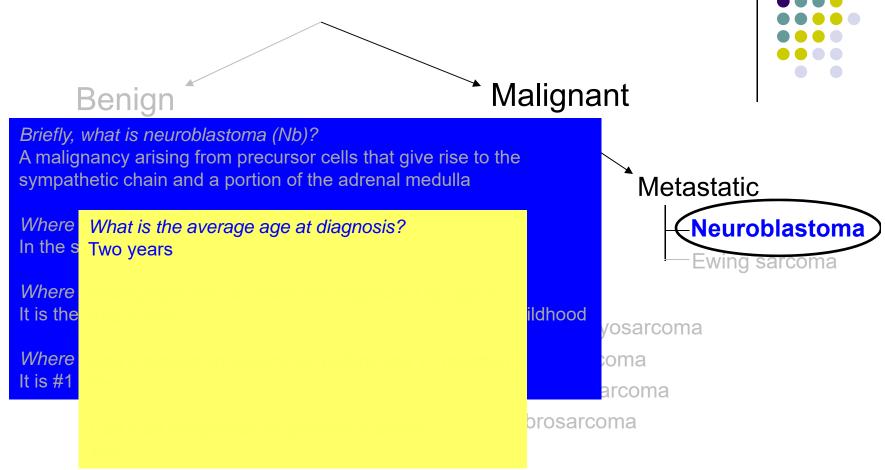
coma

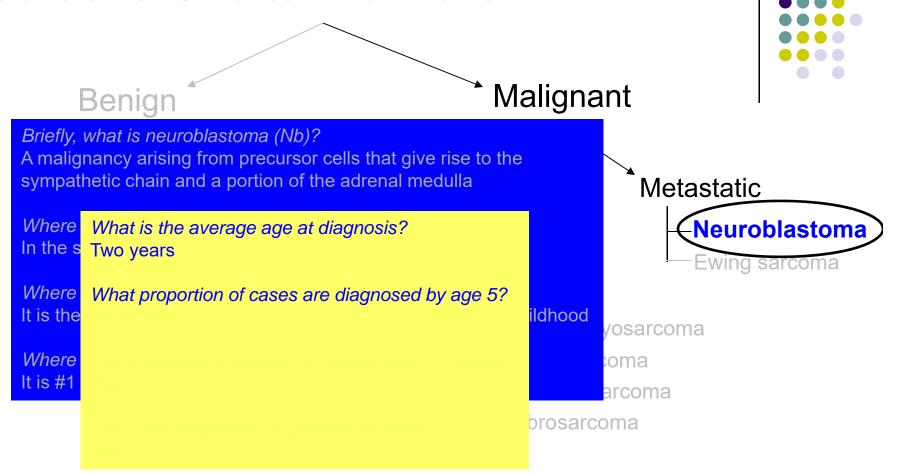
arcoma

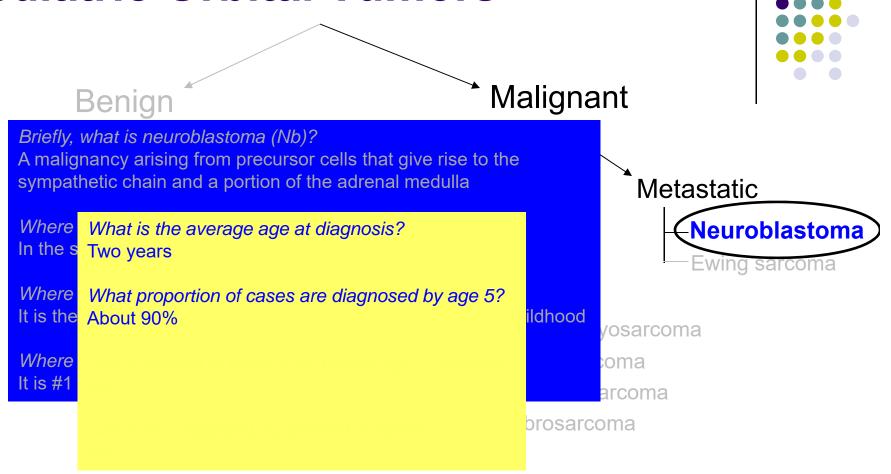
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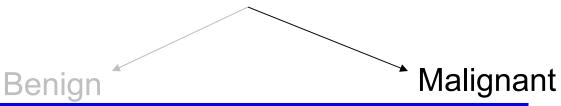
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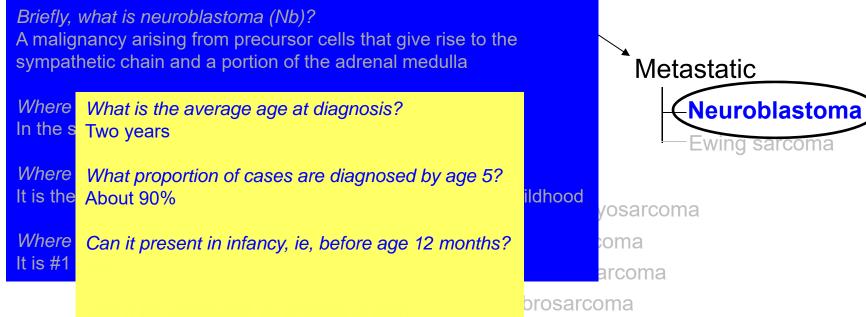


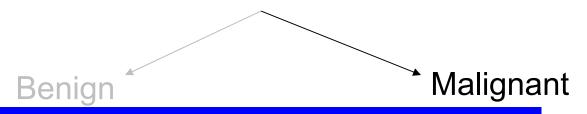














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Where What is the average age at diagnosis?

In the s Two years

Where What proportion of cases are diagnosed by age 5?

It is the About 90%

Where Can it present in infancy, ie, before age 12 months? It is #1 Yes

Metastatic

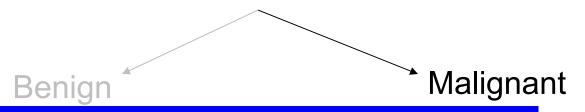
Neuroblastoma

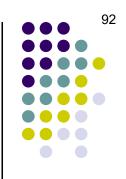
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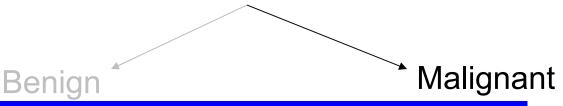
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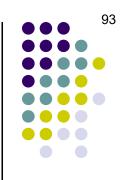
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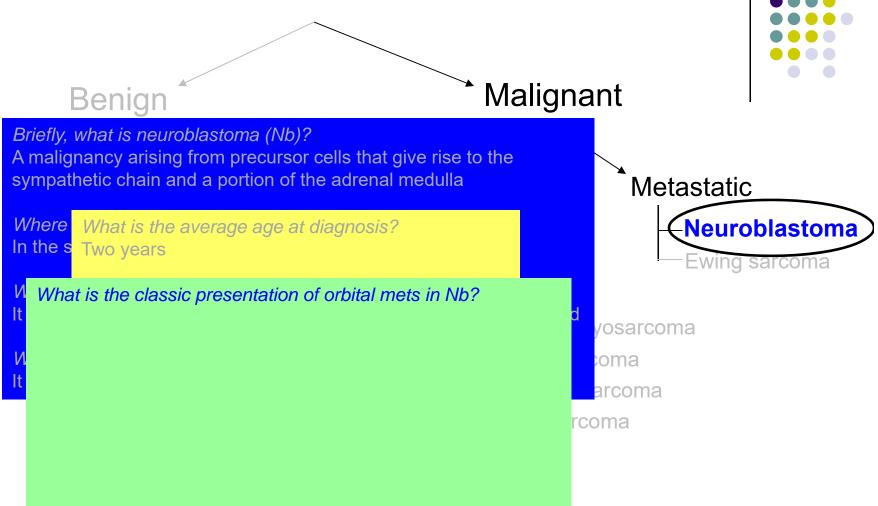
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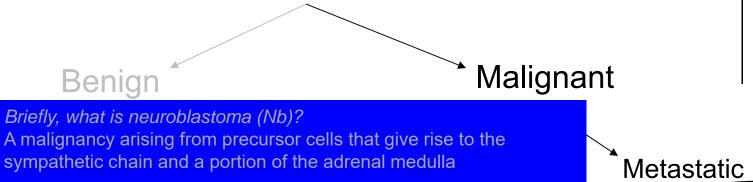
yosarcoma coma arcoma

orosarcoma



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What is the classic presentation of orbital mets in Nb?
Lid ecchymosis +/- proptosis ("An abrupt ecchymotic proptosis," the Orbit book calls it)

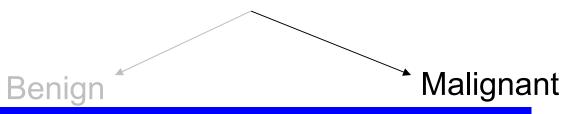
Metastatic

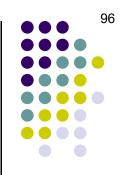
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Metastatic

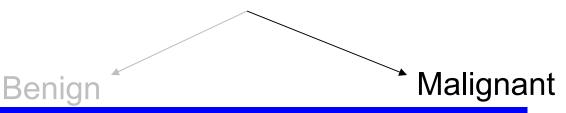
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osarcoma/

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Metastatic

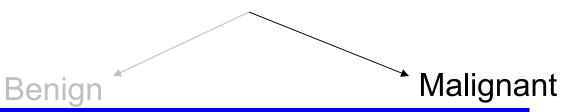
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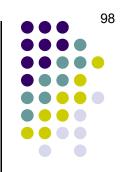
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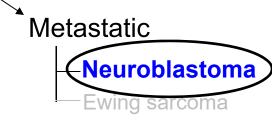
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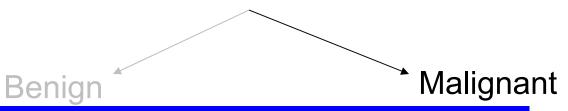
What critter-based description is used for the appearance of bilateral ecchymoses in Nb?



osarcoma/

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Lid ecchymosis +/- proptosis ("An abrupt ecchymotic proptosis," the *Orbit* book calls it)

Is the lid ecchymoses unilateral, or bilateral? It can be either

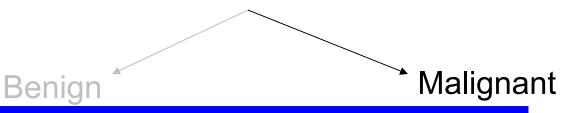
What critter-based description is used for the appearance of bilateral ecchymoses in Nb? 'Raccoon eyes'

Metastatic **Neuroblastoma** Ewing sarcoma

osarcoma/

coma

arcoma





Briefly, what is neuroblastoma (Nb)?

A malignancy arising from precursor cells that give rise to the sympathetic chain and a portion of the adrenal medulla

Where In the Second Two years

What is the classic presentation of orbital mets in Nb?
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With regard to Nb, what is the other ocular manifestation of note? (It's paraneoplastic, not metastatic.)

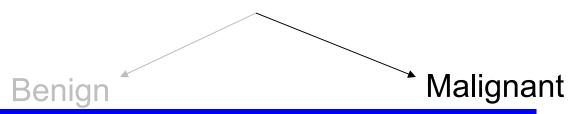
Metastatic

Neuroblastoma

Ewing sarcoma

yosarcoma coma

arcoma





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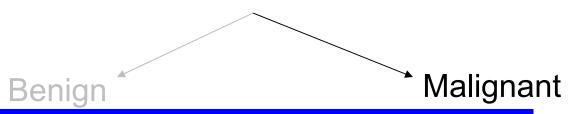
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In two words, what sort of condition is opsoclonus?

Metastatic

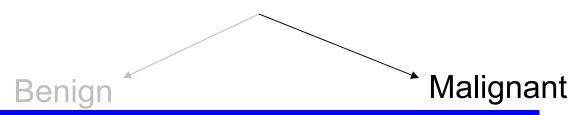
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With regard to Nb, what is the other ocular manifestation of note? (It's paraneoplastic, not metastatic.)
Opsoclonus

In two words, what sort of condition is opsoclonus? It is a saccadic intrusion

Metastatic

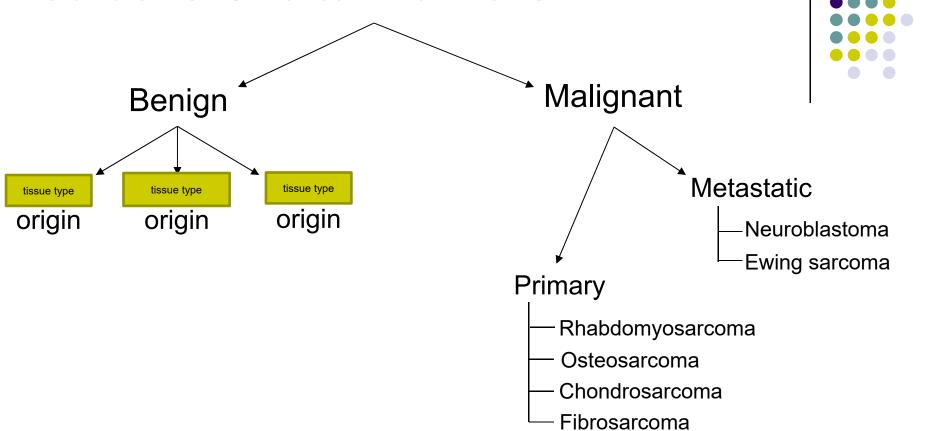
Neuroblastoma

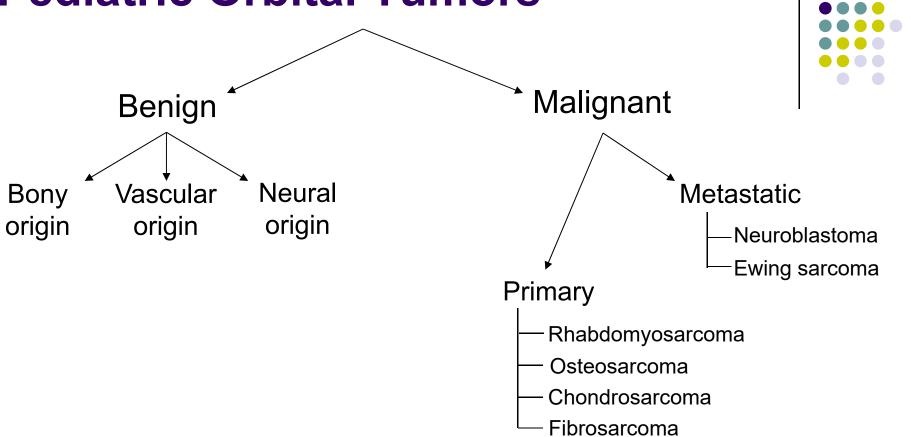
Ewing sarcoma

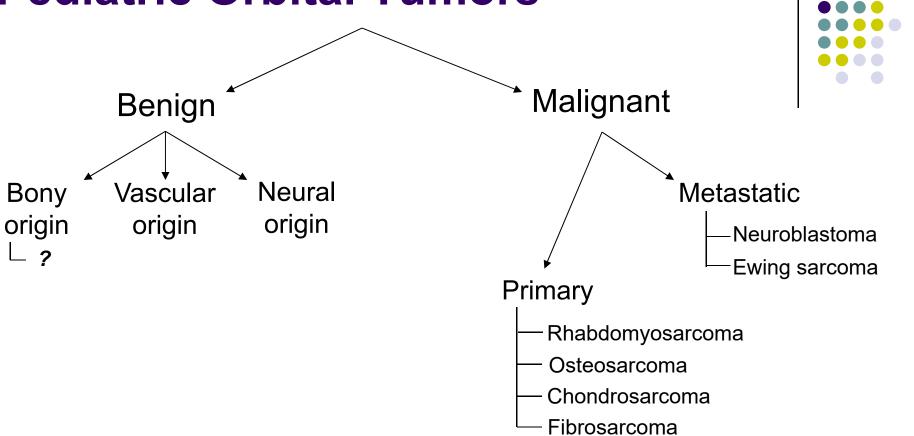
yosarcoma

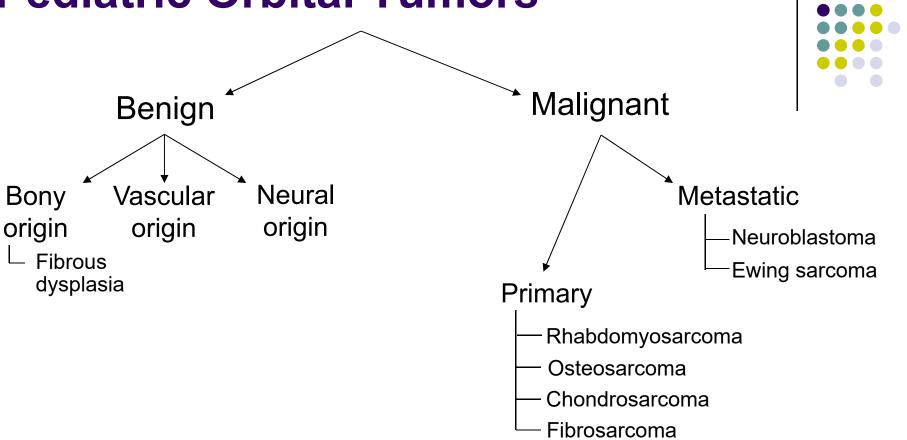
coma

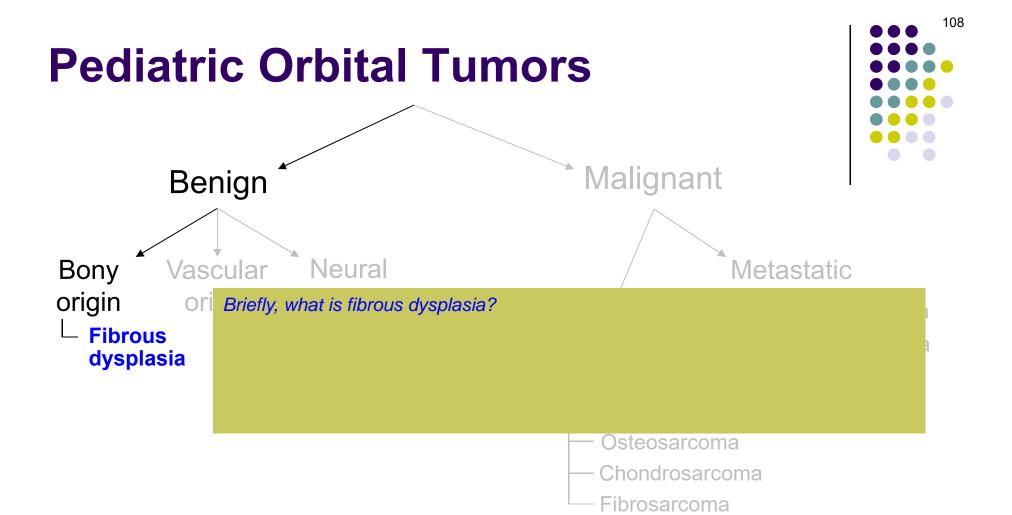
arcoma

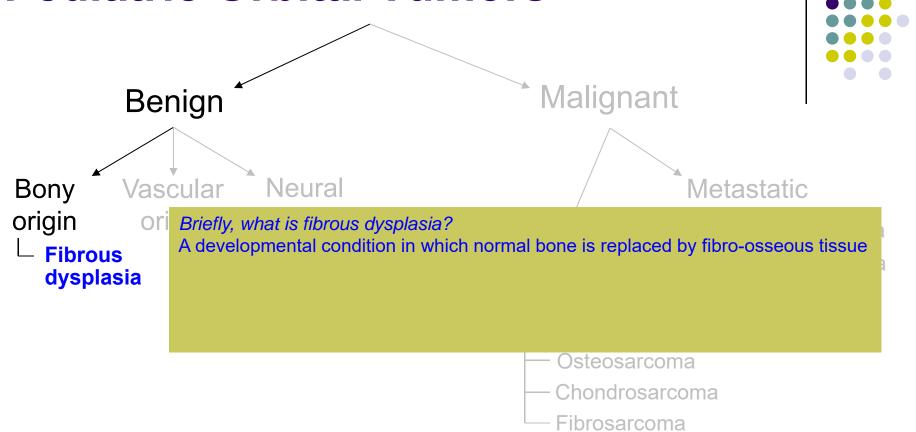


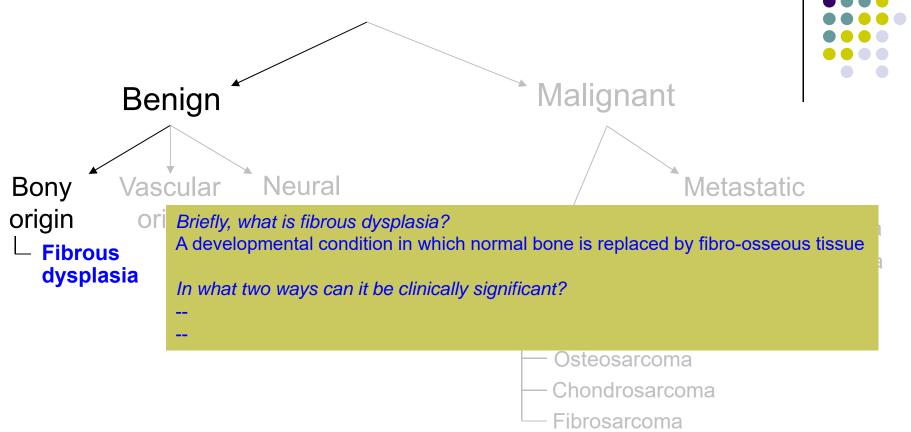


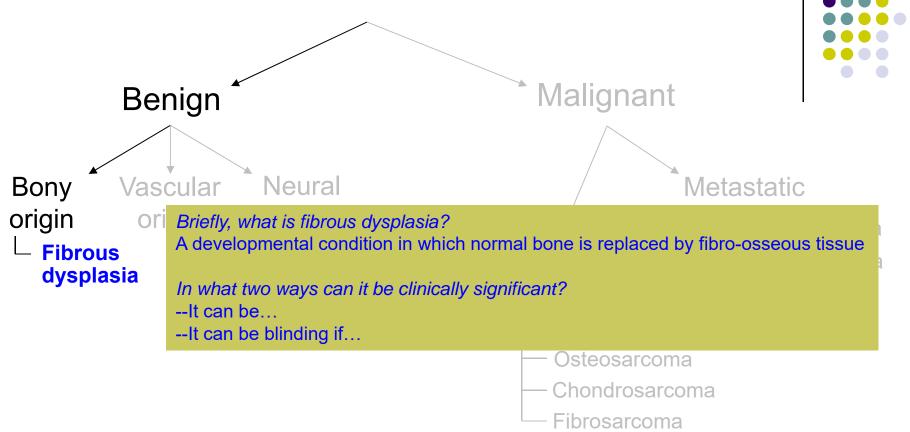


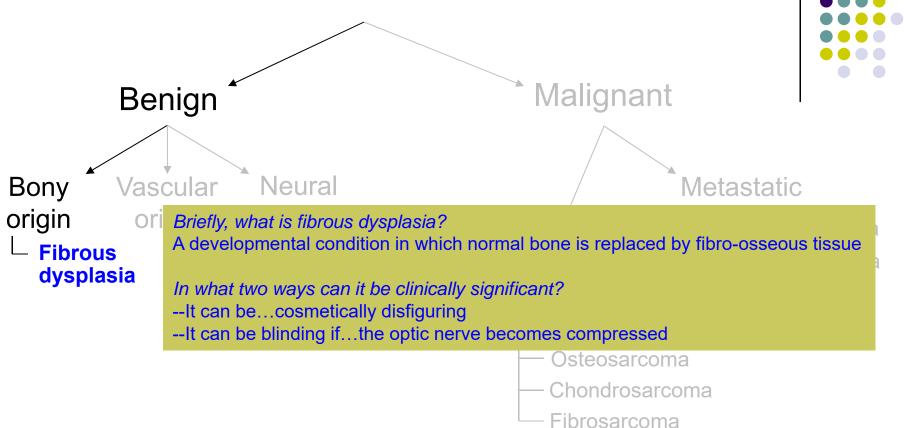


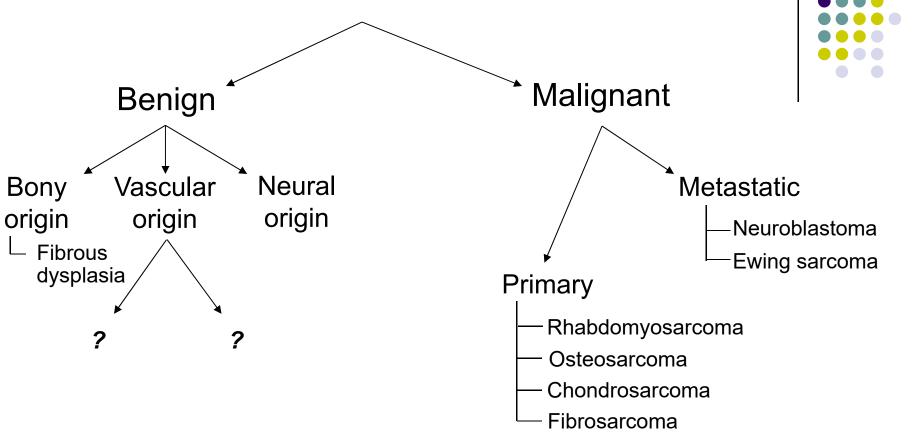


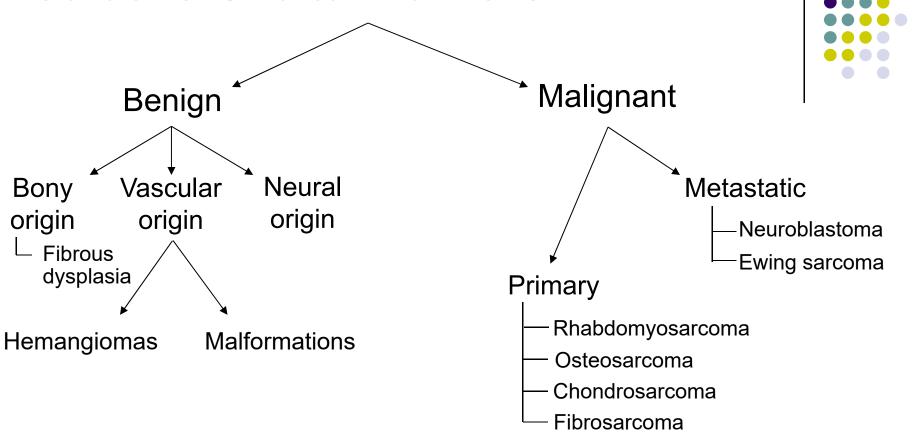


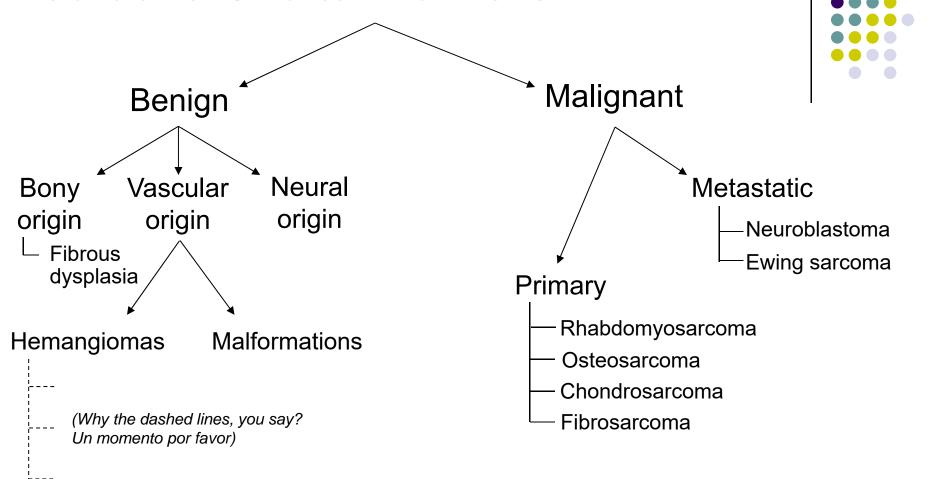




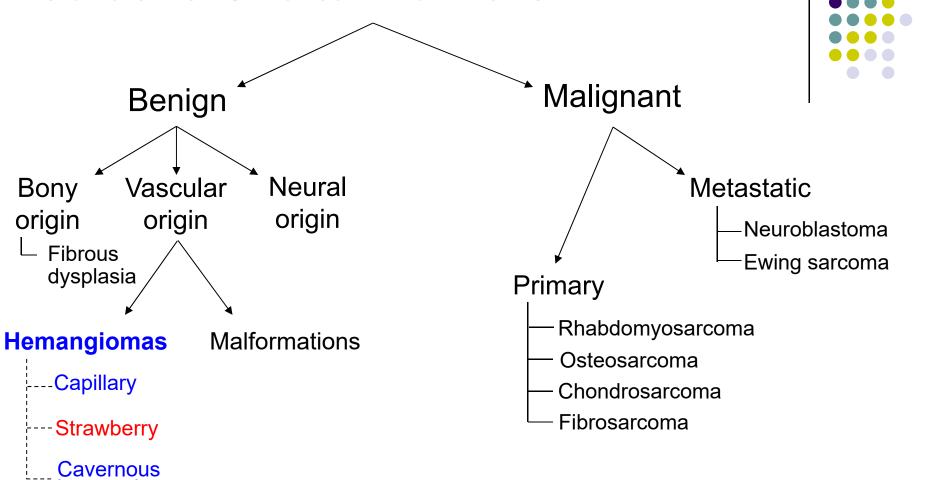


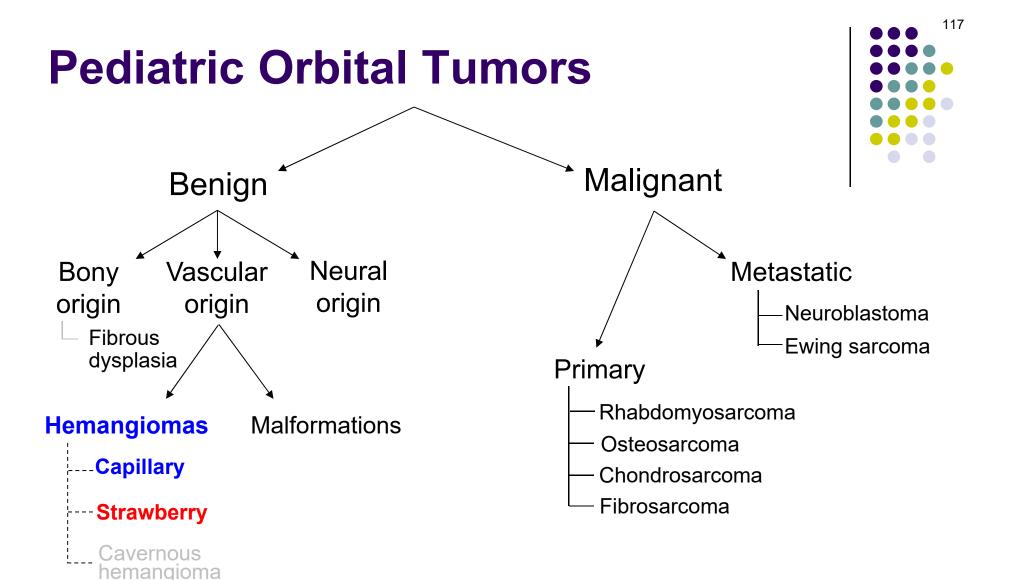




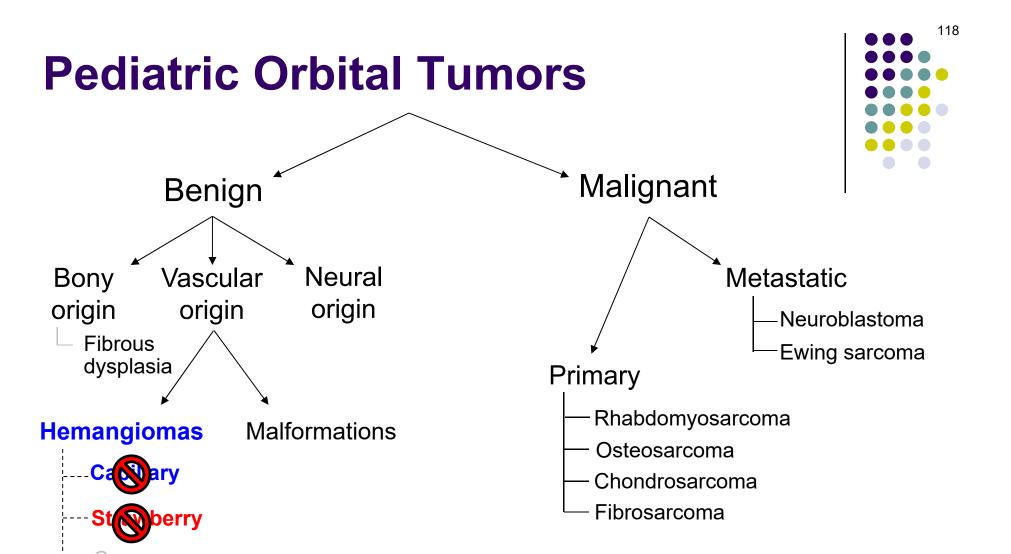


hemangioma

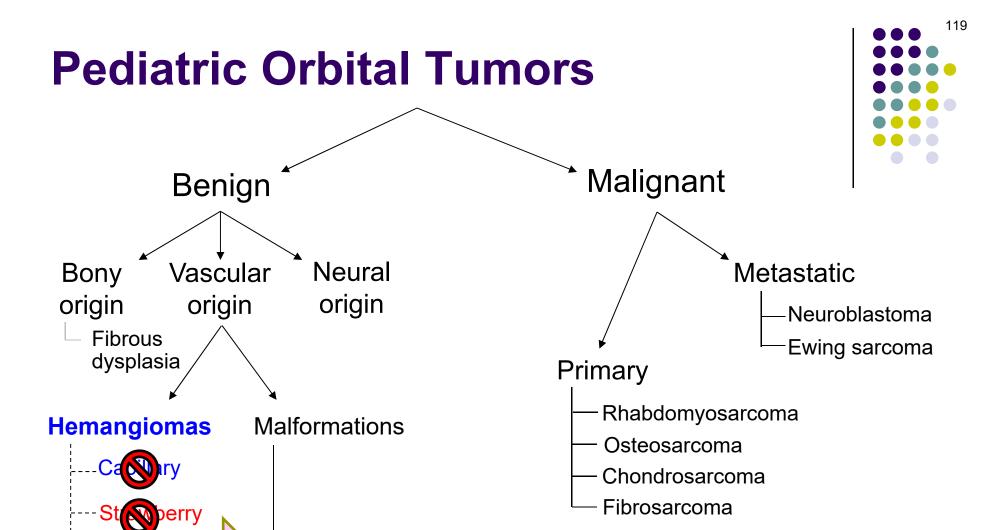




Re the terms capillary hemangioma and strawberry hemangioma:



Re the terms *capillary hemangioma* and *strawberry hemangioma*: The 2018-19 edition of the BCSC *Peds* book indicates they are outdated, and such lesions should be referred to simply as 'hemangiomas.' However, it also acknowledges that these terms persist in the ophthalmic literature, so they will be included in this slide-set.



Re the terms *capillary hemangioma* and *strawberry hemangioma*: The 2018-19 edition of the BCSC *Peds* book indicates they are outdated, and such lesions should be referred to simply as 'hemangiomas.' However, it also acknowledges that these terms persist in the ophthalmic literature, so they will be included in this slide-set. **Also per the** *Peds* **book, and despite its name, the** *cavernous* **hemangioma** is classified as a 'vascular malformation,' not a hemangioma.

Cavernous hemangioma

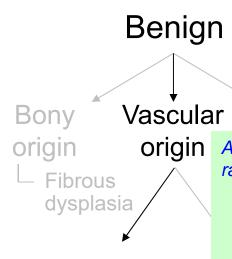
Cavernous

hemangioma

Neural



Metastatic



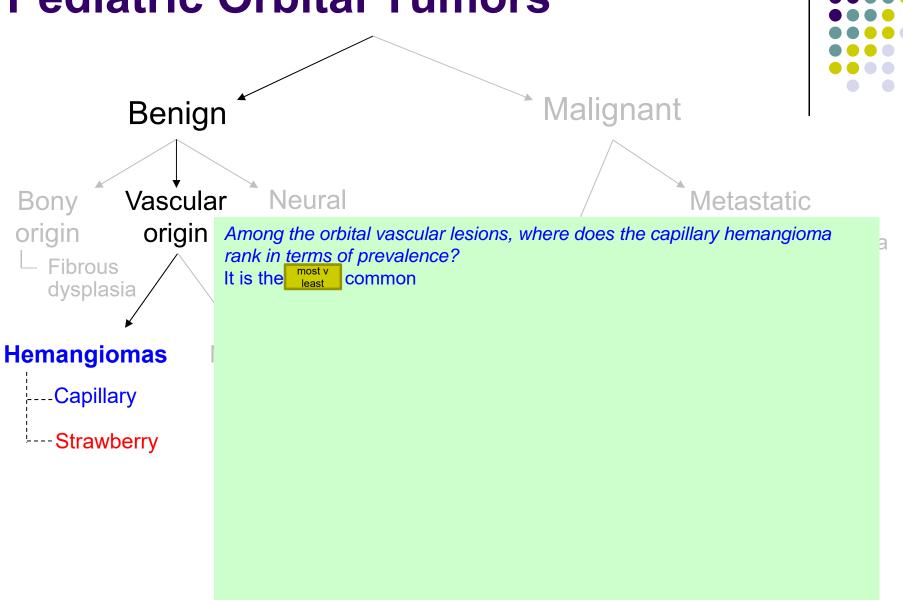
Among the orbital vascular lesions, where does the capillary hemangioma rank in terms of prevalence?

Malignant

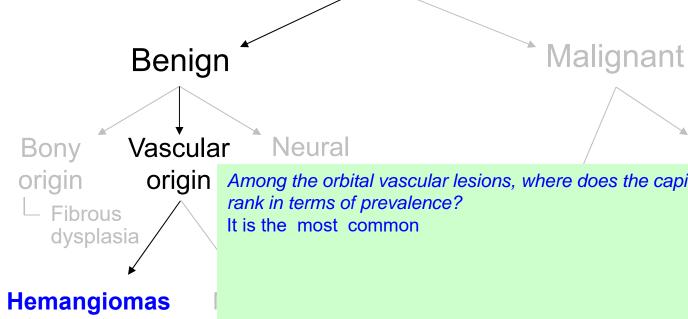
#### **Hemangiomas**

---Capillary

---Strawberry



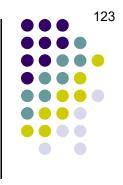


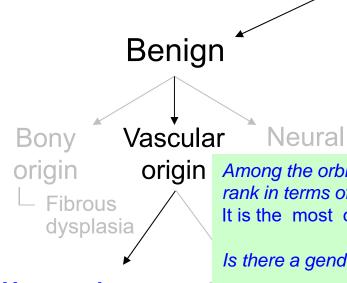


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-- Capillary

-- Strawberry





Among the orbital vascular lesions, where does the capillary hemangioma rank in terms of prevalence? It is the most common

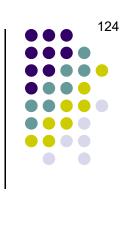
Malignant

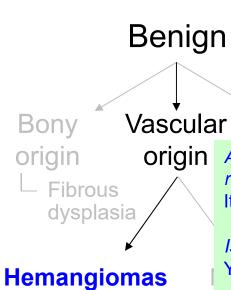
**Hemangiomas** 

-- Capillary

-- Strawberry

Is there a gender predilection?





-- Capillary

-- Strawberry

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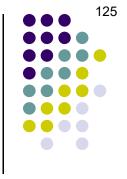
Malignant

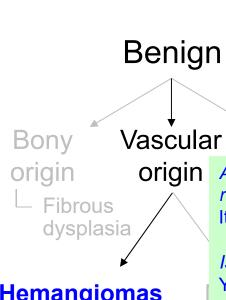
It is the most common

Neural

Is there a gender predilection?

Yes, it is more common in MVF





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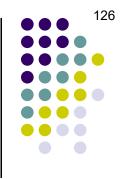
Neural

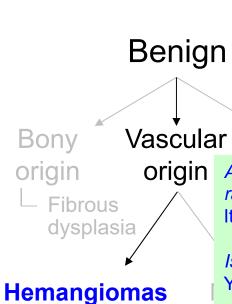
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-- Strawberry

Is there a gender predilection? Yes, it is more common in girls





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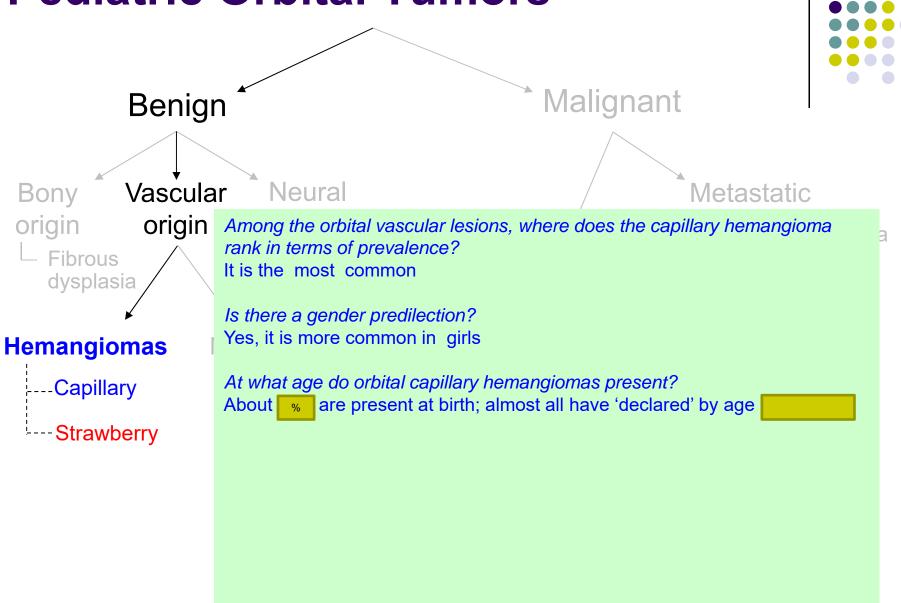
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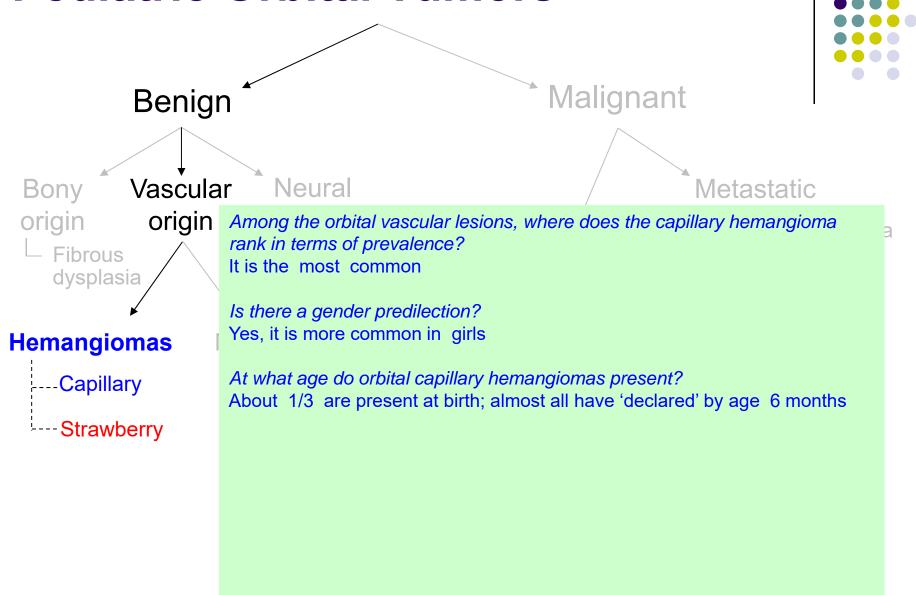
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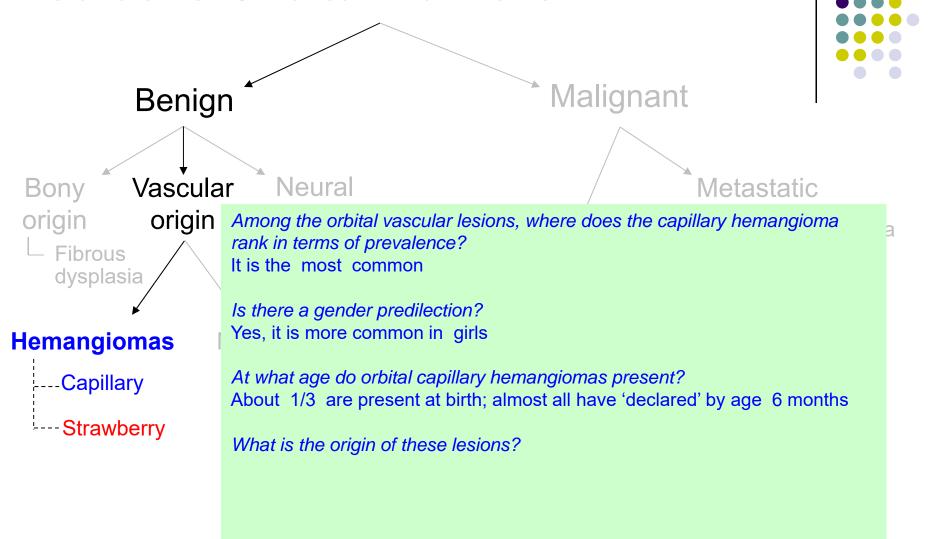
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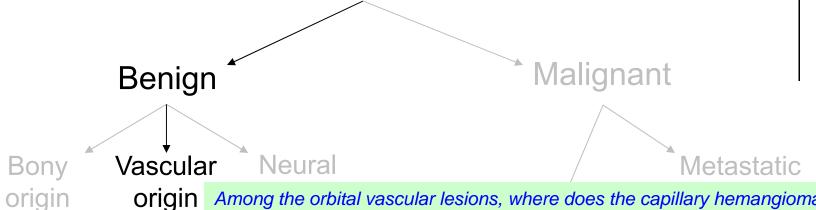
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**Hemangiomas** 

Fibrous

dysplasia

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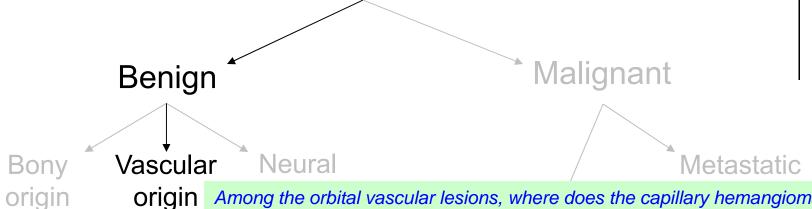
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About 1/3 are present at birth; almost all have 'declared' by age 6 months

What is the origin of these lesions?

It's not known for certain, but some experts believe they originate as nests of placental cells that 'metastasized' to the fetus



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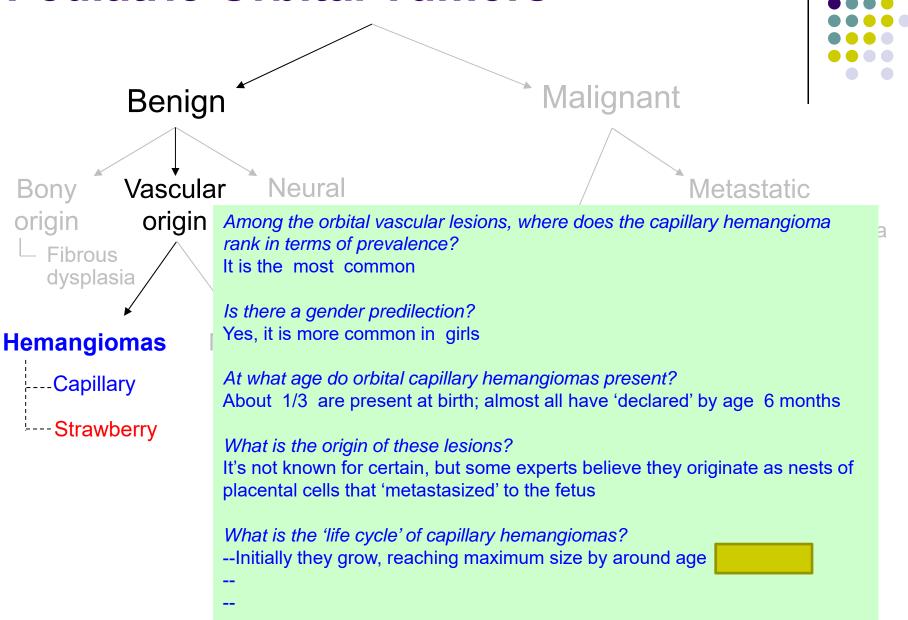
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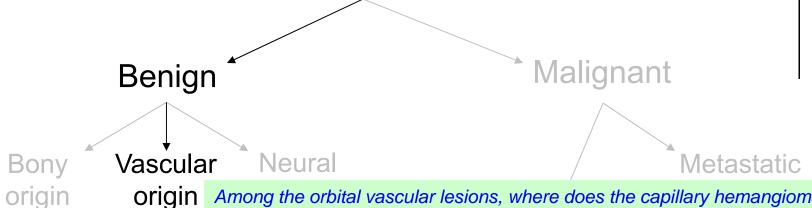
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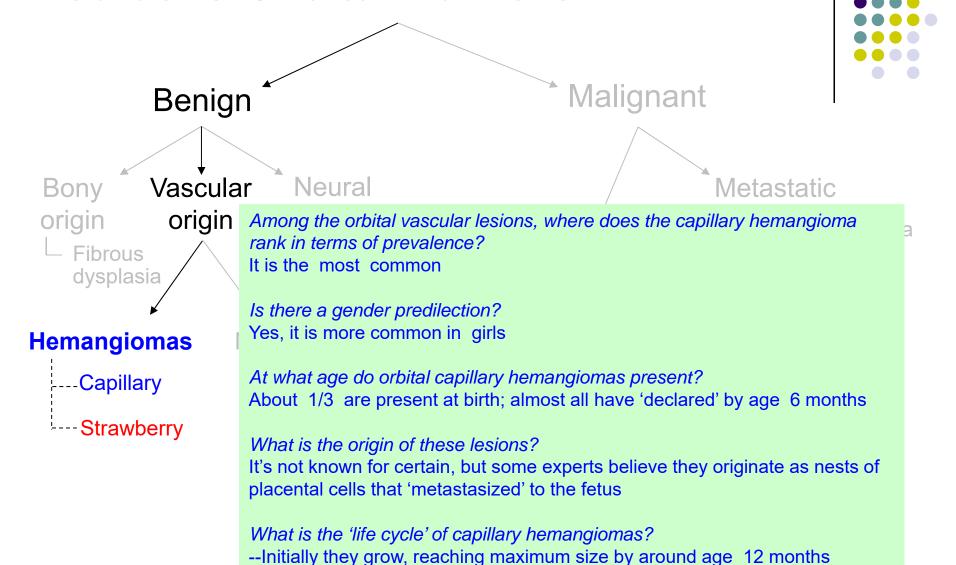
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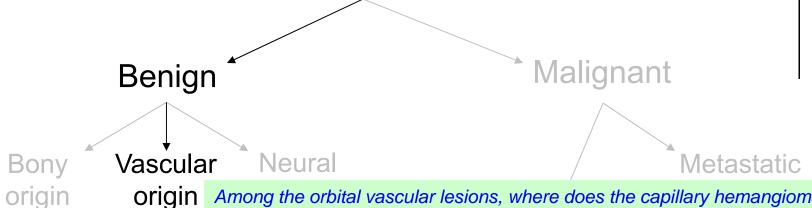
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--Initially they grow, reaching maximum size by around age 12 months

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--Then they involute beginning at about age



Hemangiomas

dysplasia

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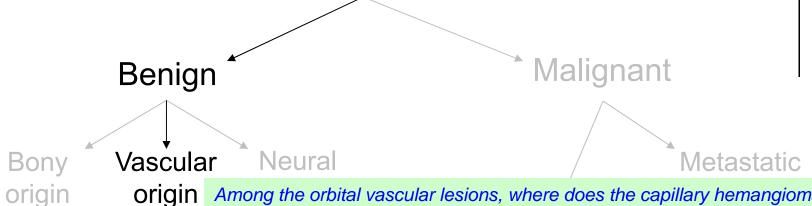
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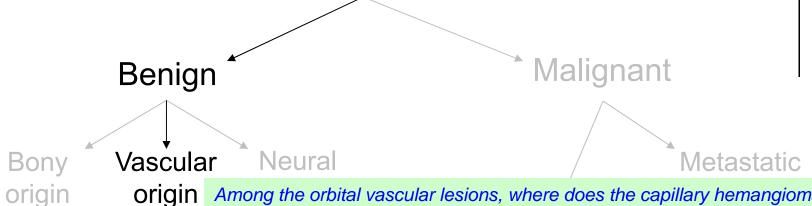
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- --75% will resolve by age



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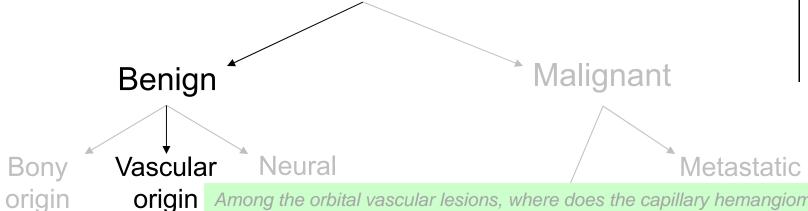
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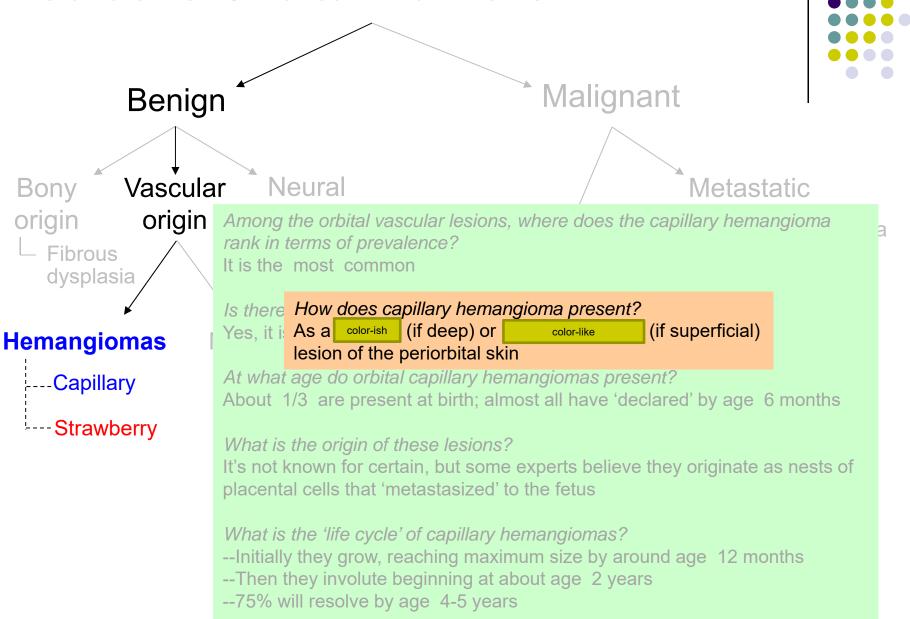
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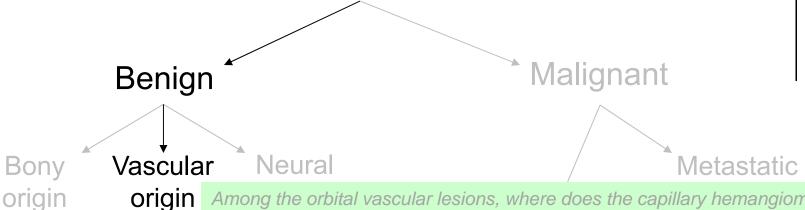
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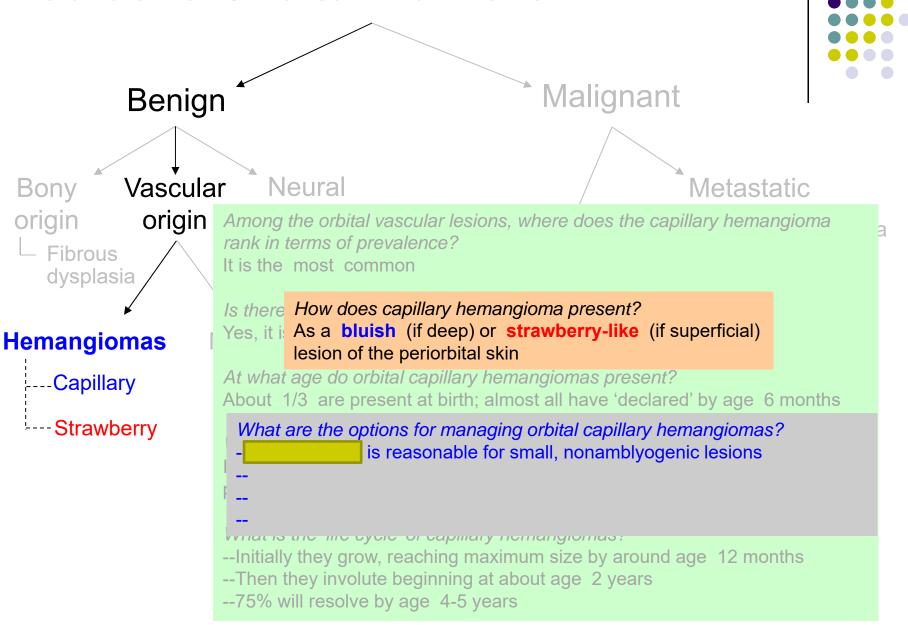
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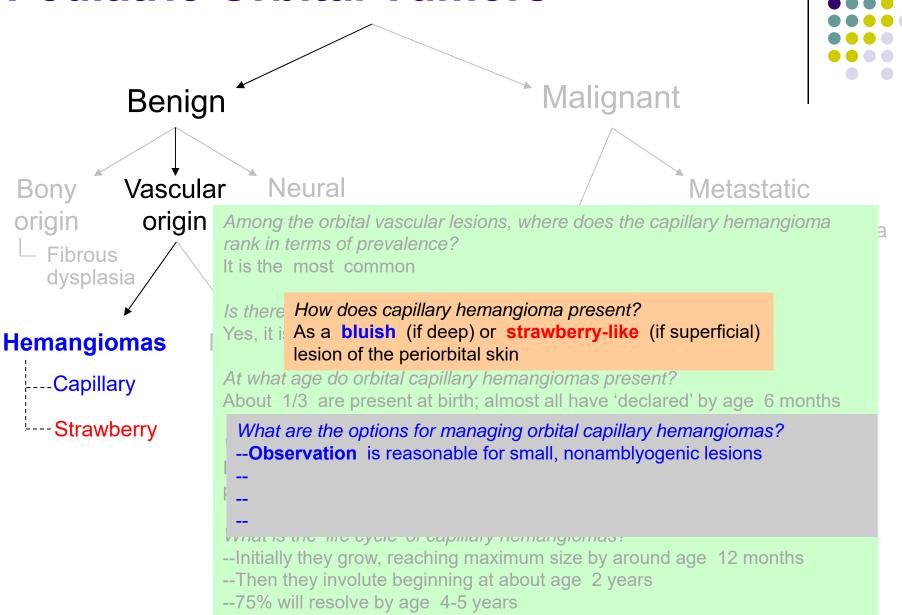
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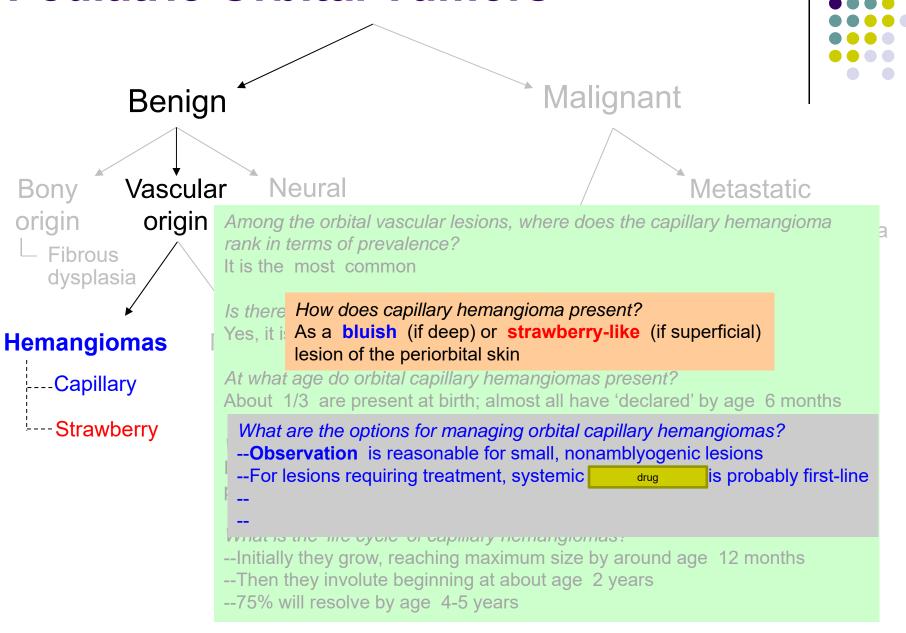
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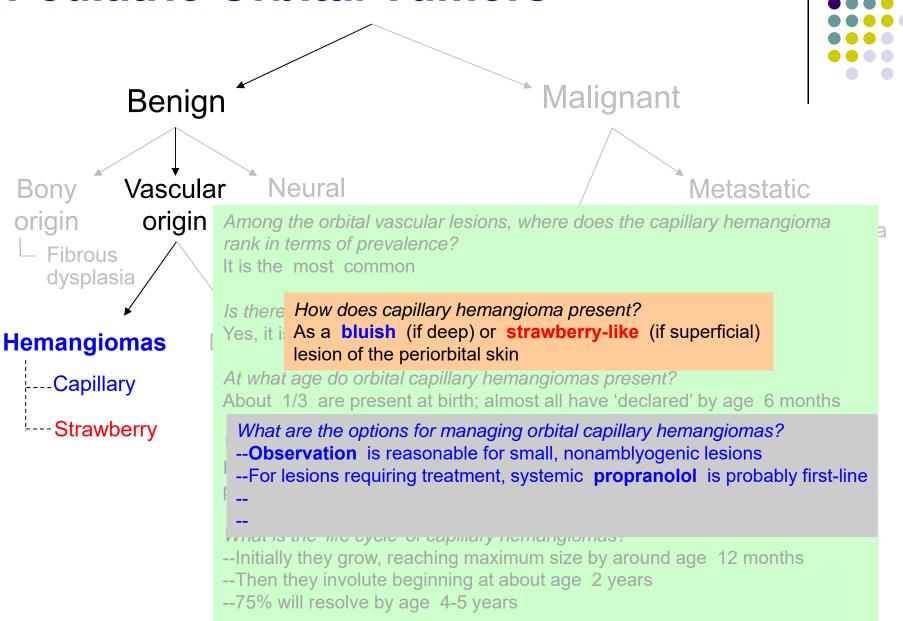
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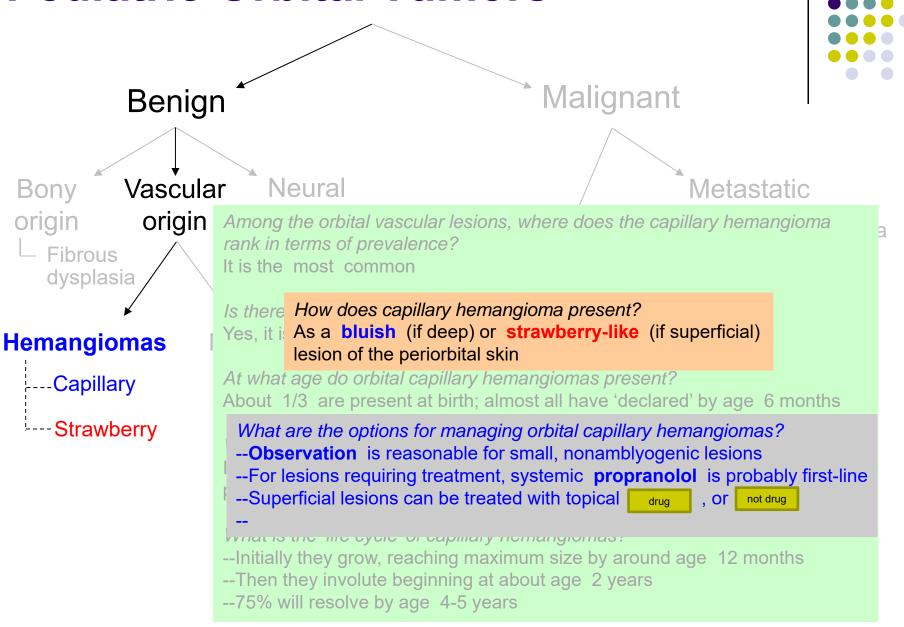
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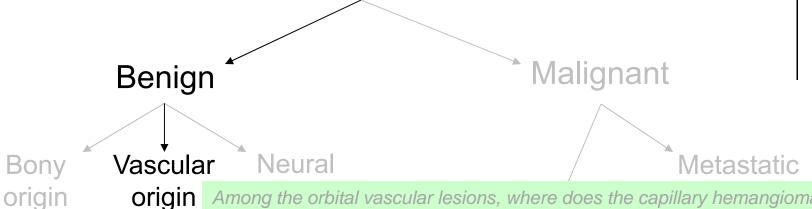












Hemangiomas

Fibrous

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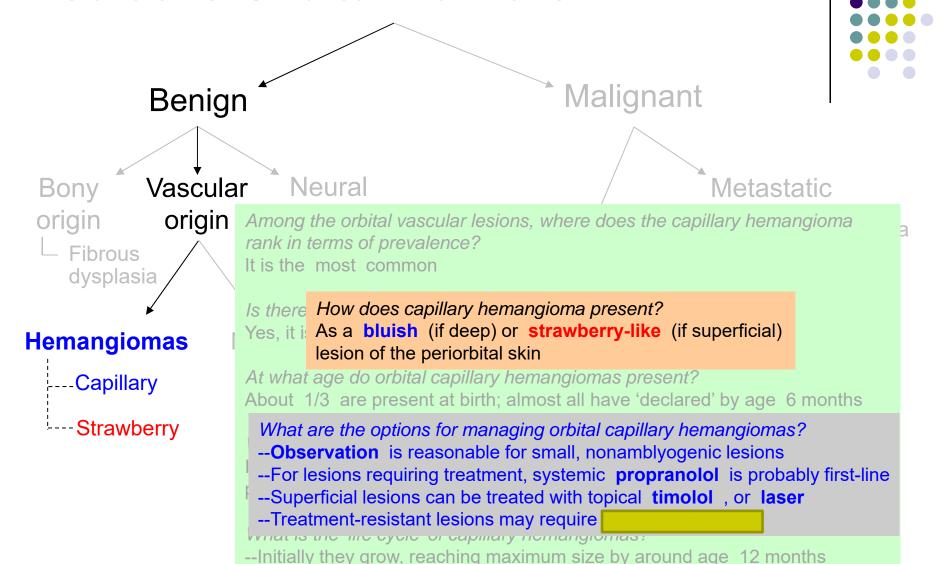
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What are the options for managing orbital capillary hemangiomas?

- --Observation is reasonable for small, nonamblyogenic lesions
- --For lesions requiring treatment, systemic **propranolol** is probably first-line
- --Superficial lesions can be treated with topical **timolol**, or **laser**

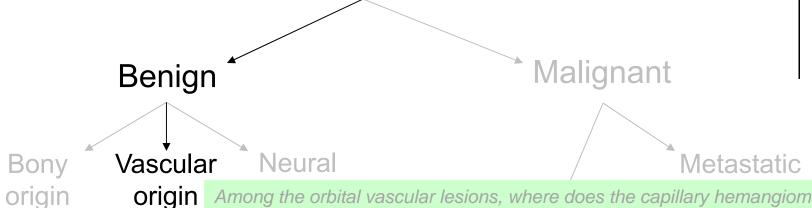
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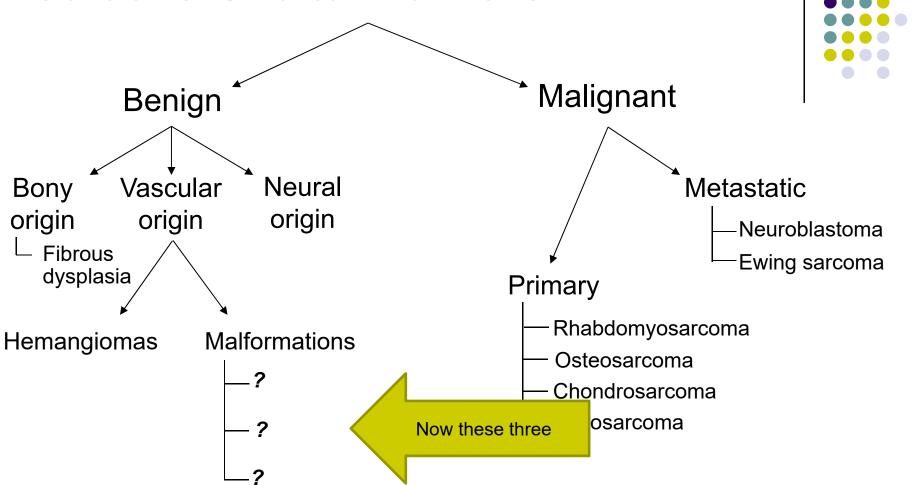
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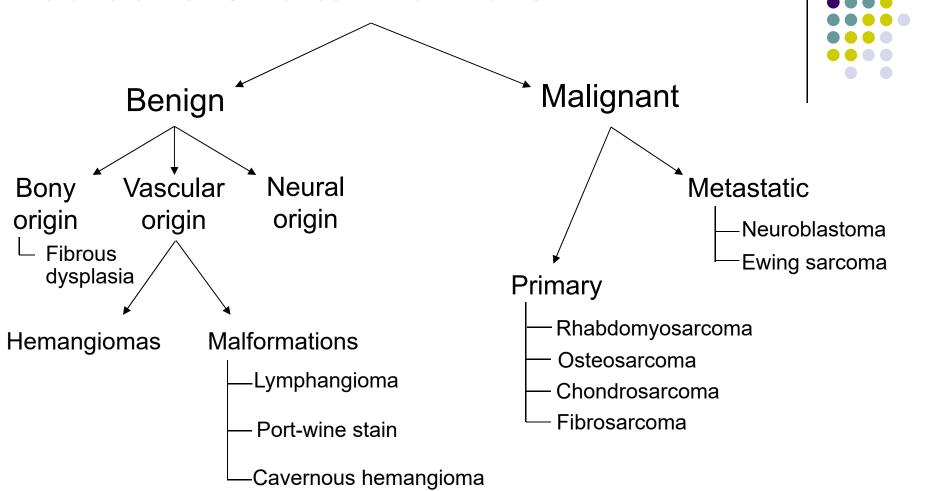
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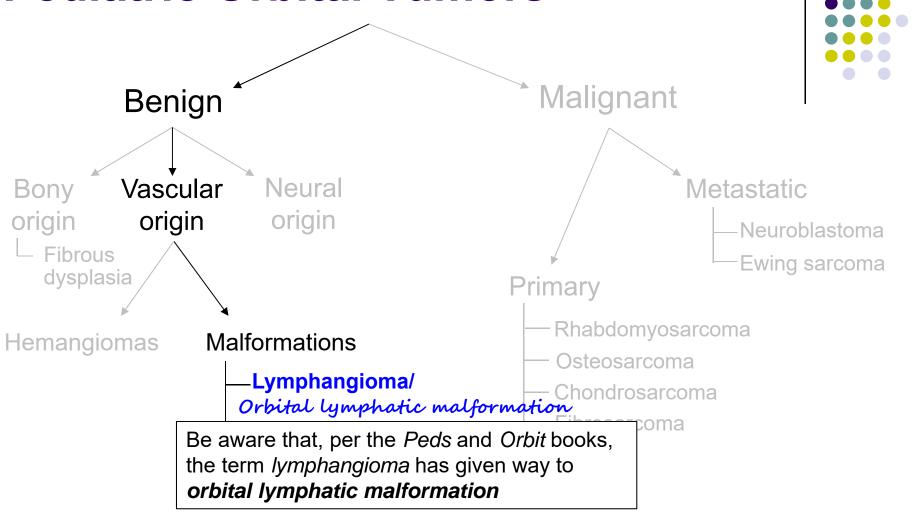
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- --Superficial lesions can be treated with topical timolol, or laser
- -- Treatment-resistant lesions may require surgical excision

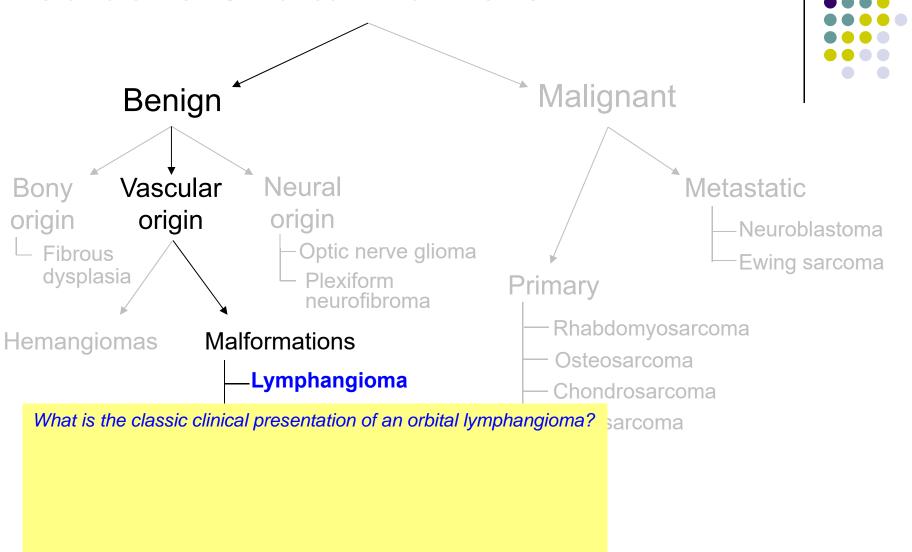
vinacio ino ino oyolo ol capillary nomangiomas:

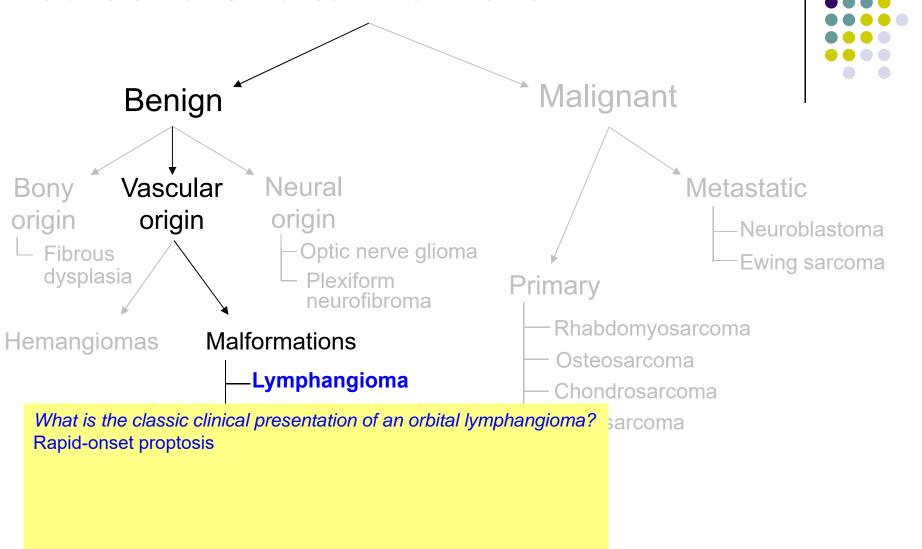
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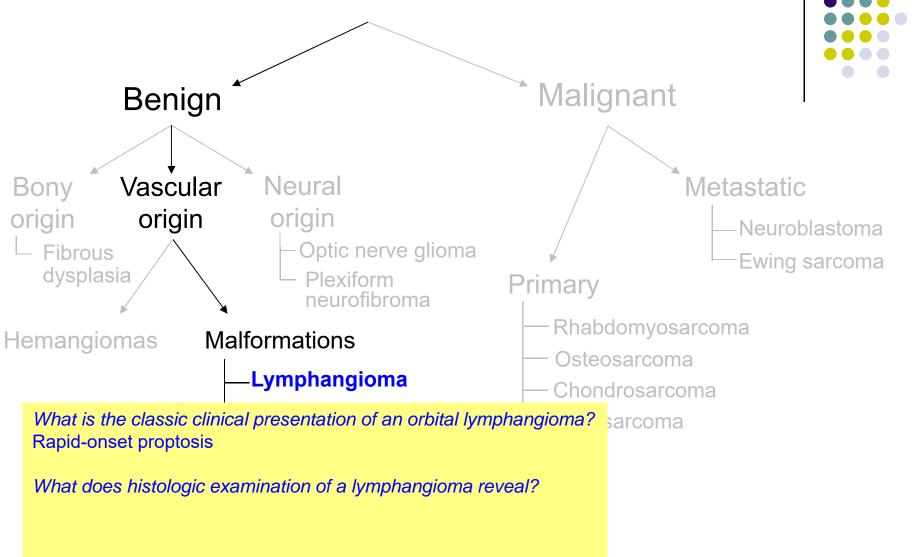


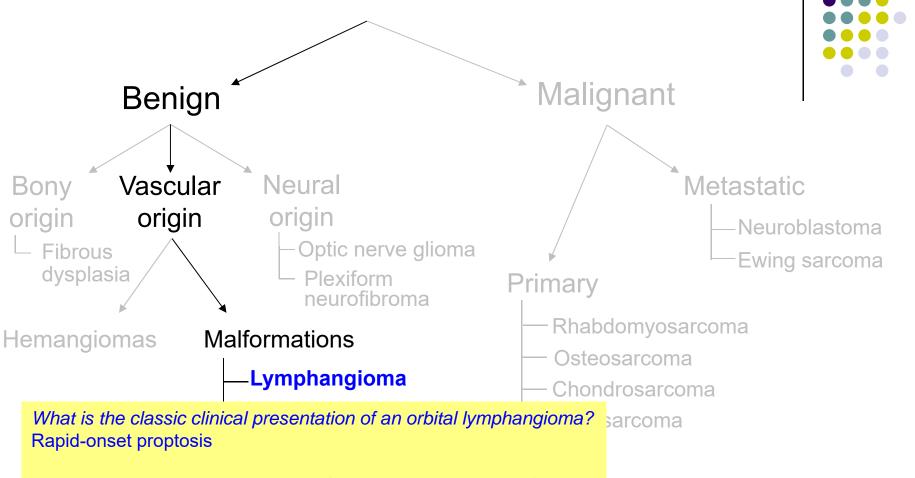






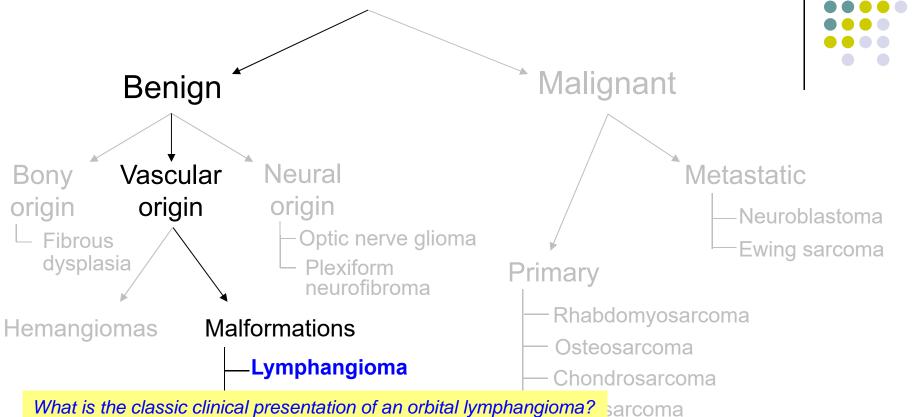






What does histologic examination of a lymphangioma reveal? Lymphatic-type endothelial cells lining lymph-filled spaces





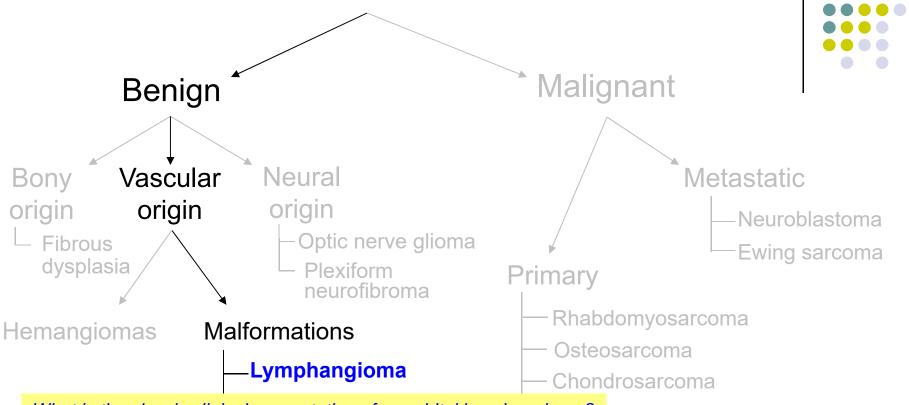
What is the classic clinical presentation of an orbital lymphangioma? Rapid-onset proptosis

What does histologic examination of a lymphangioma reveal? Lymphatic-type endothelial cells lining lymph-filled spaces

Two distinct sorts of events can cause the rapid lesion enlargement that leads to rapid-onset proptosis. What are these events?

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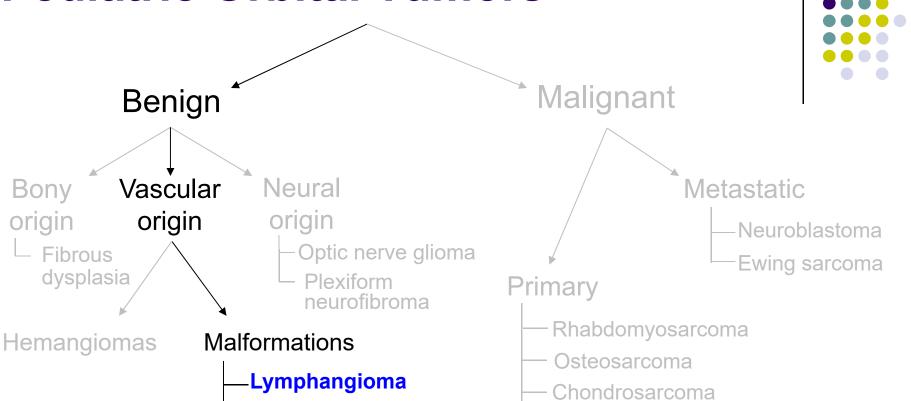


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Two distinct sorts of events can cause the rapid lesion enlargement that leads to rapid-onset proptosis. What are these events?

- --Lymphoid hyperplasia
- --Intralesional hemorrhage



What is the classic clinical presentation of an orbital lymphangioma? sarcoma Rapid-onset proptosis

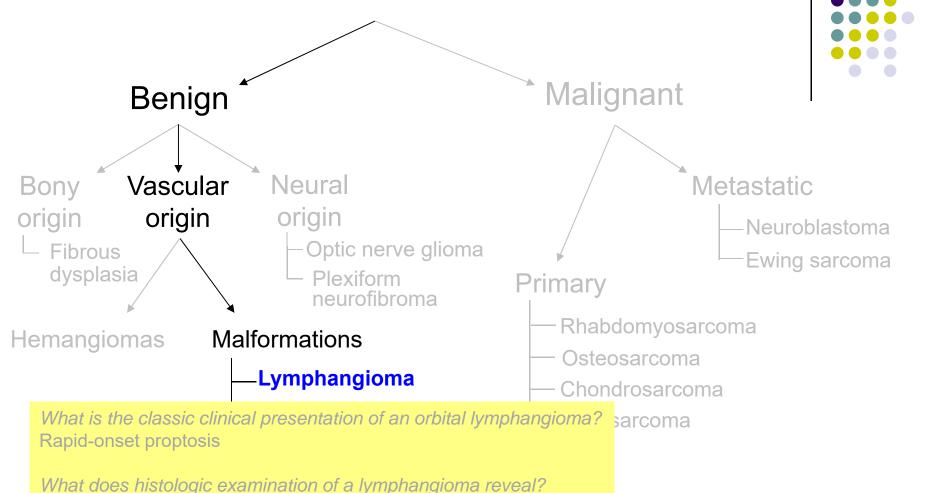
What does histologic examination of a lymphangioma reveal? Lymphatic-type endothelial cells lining lymph-filled spaces

What is the classic health event for precipitating lymphoid hyperplasia in these patients?

--Lymphoid hyperplasia

--Intralesional hemorrhage





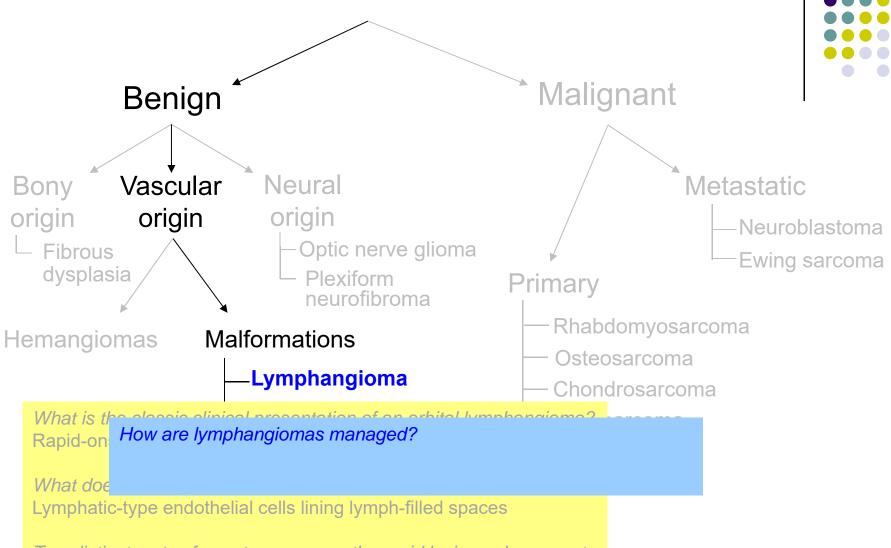
What is the classic health event for precipitating lymphoid hyperplasia in these patients? Upper respiratory tract infection

Lymphatic-type endothelial cells lining lymph-filled spaces

-- Lymphoid hyperplasia

--Intralesional hemorrhage

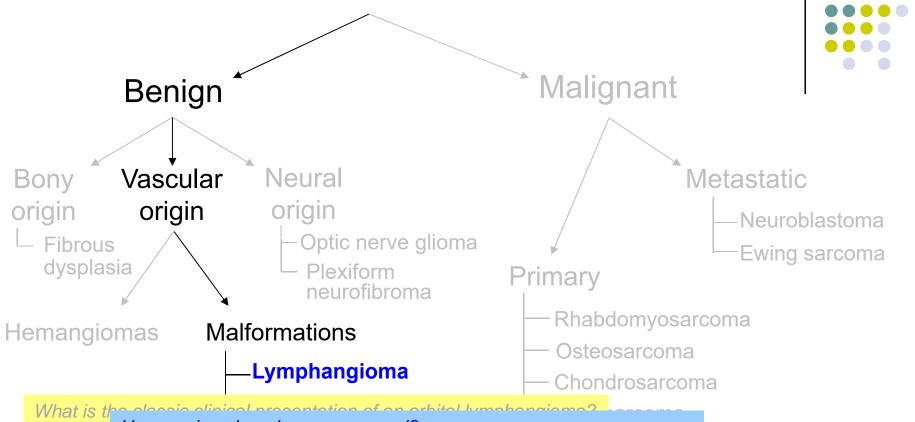




Two distinct sorts of events can cause the rapid lesion enlargement that leads to rapid-onset proptosis. What are these events?
--Lymphoid hyperplasia

--Intralesional hemorrhage





Rapid-on How are lymphangiomas managed?

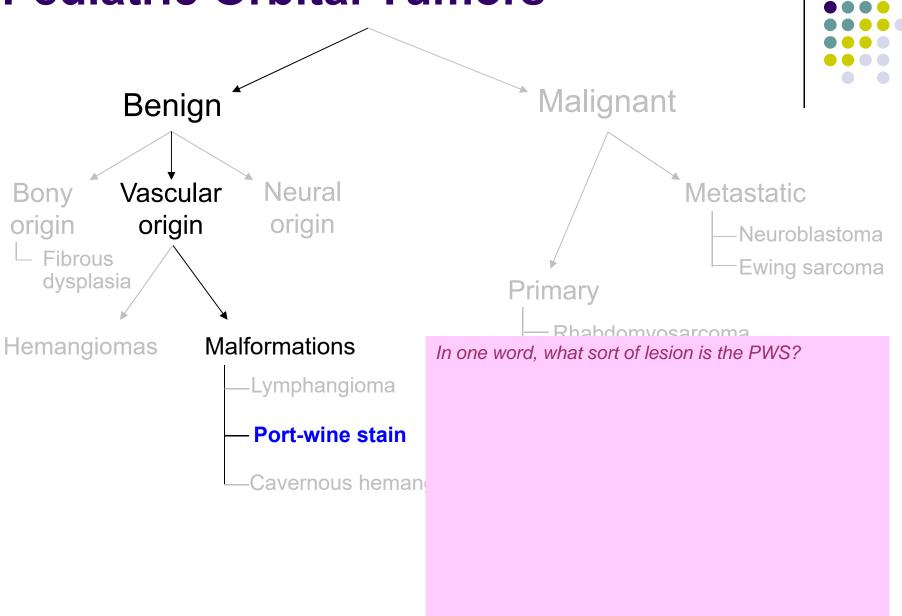
If threatening vision, *or* producing unacceptable cosmesis--resection.

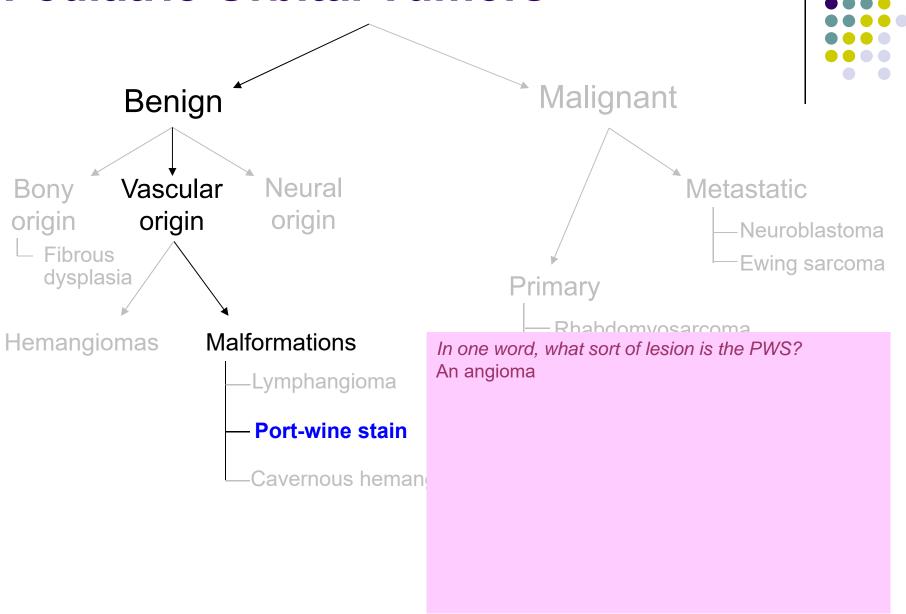
What doe Otherwise, conservatively.

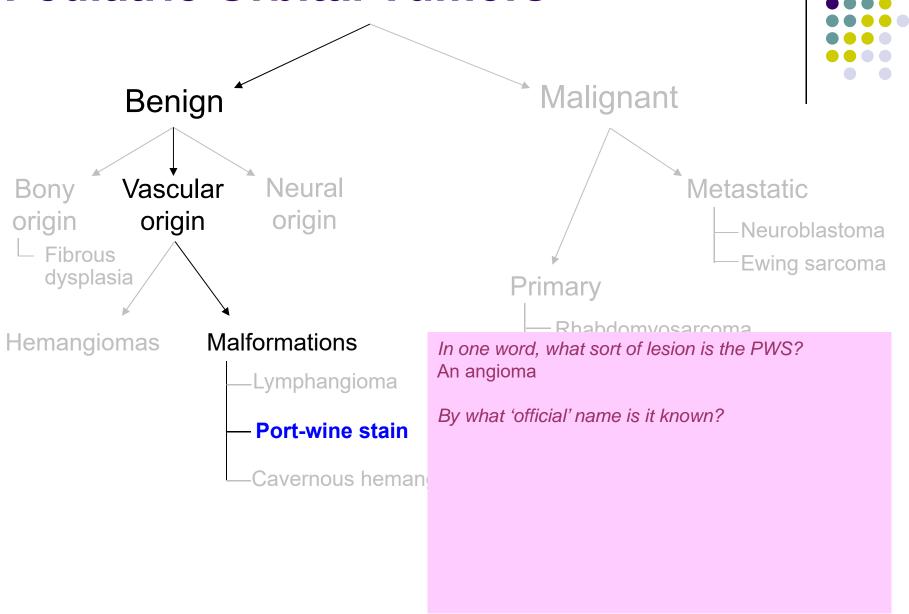
Lymphatic-type endothelial cells lining lymph-filled spaces

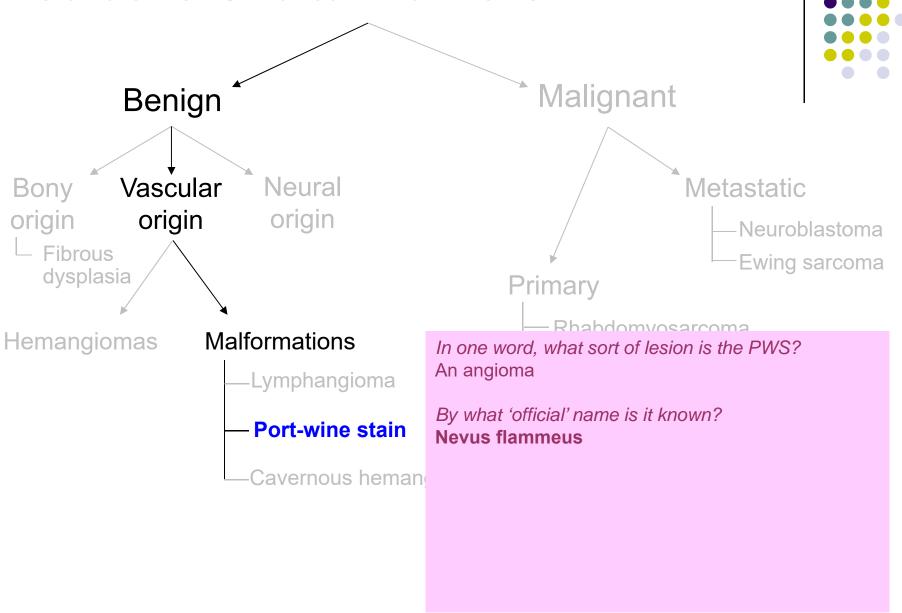
Two distinct sorts of events can cause the rapid lesion enlargement that leads to rapid-onset proptosis. What are these events?

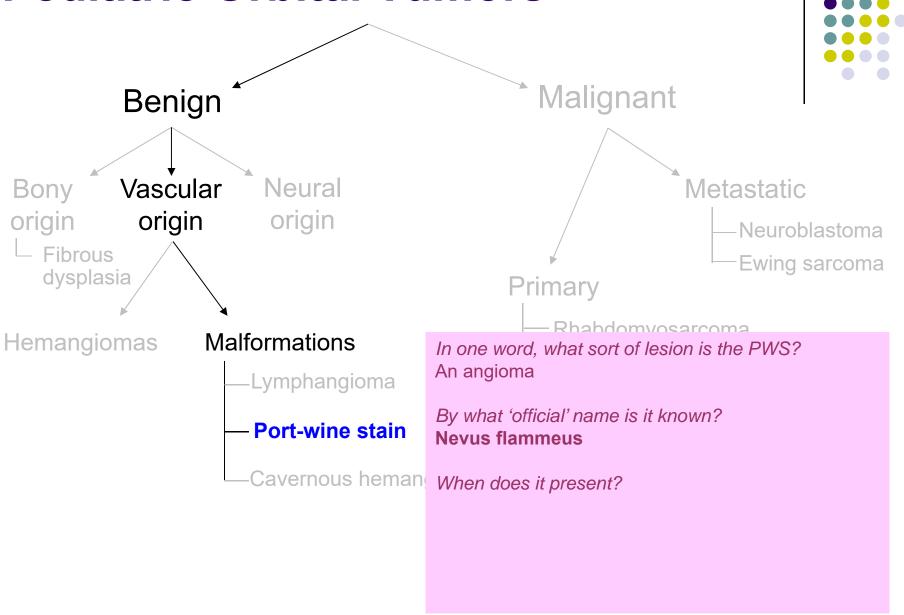
- --Lymphoid hyperplasia
- --Intralesional hemorrhage

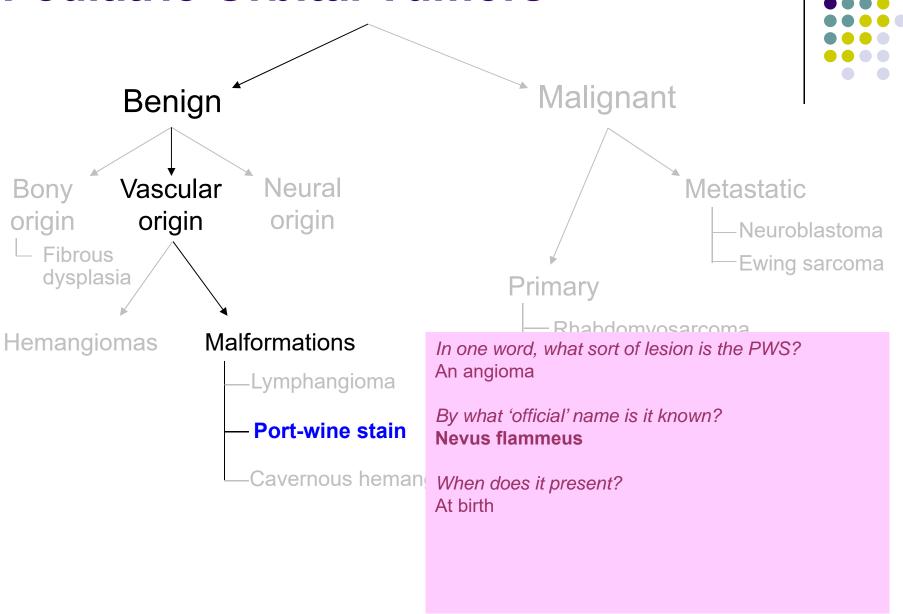


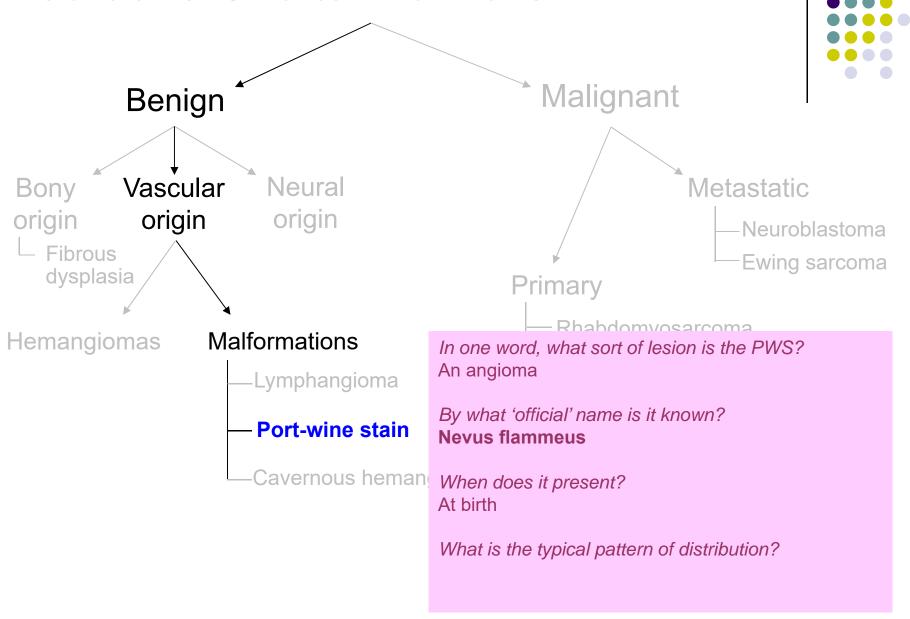


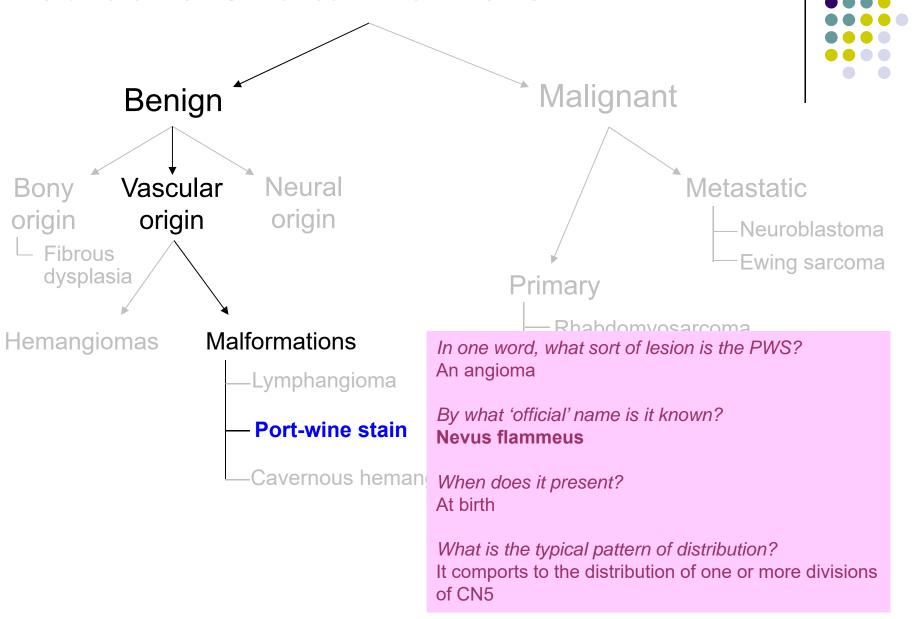


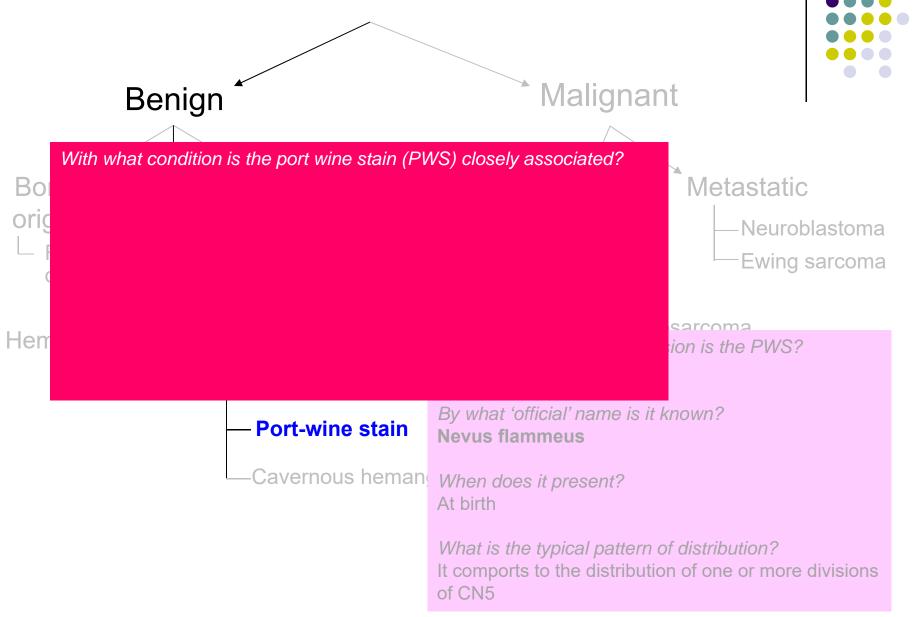


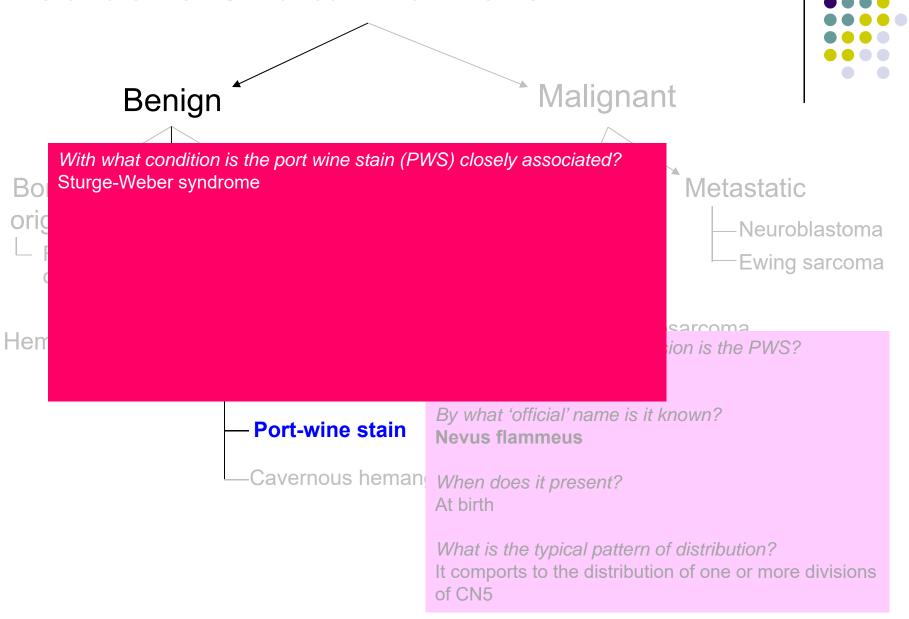


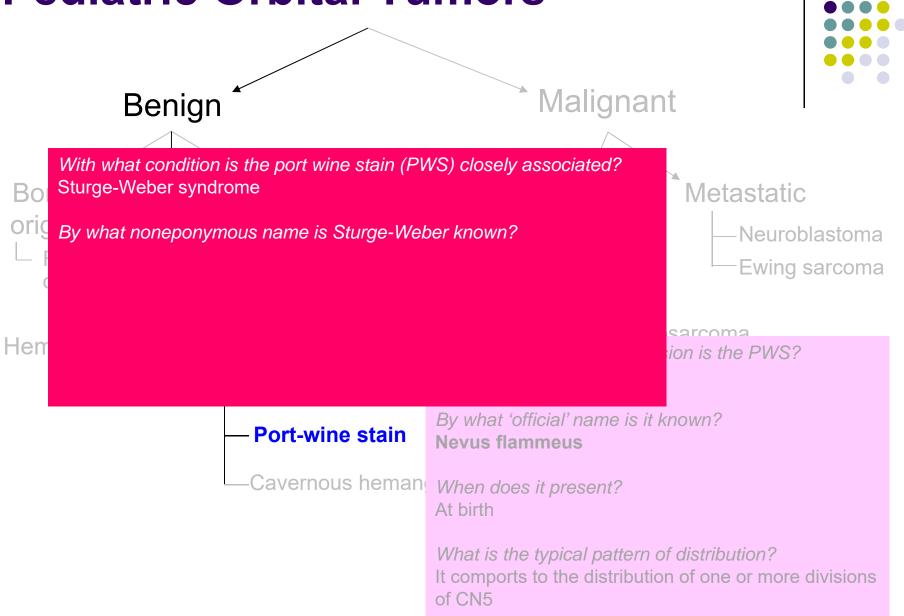


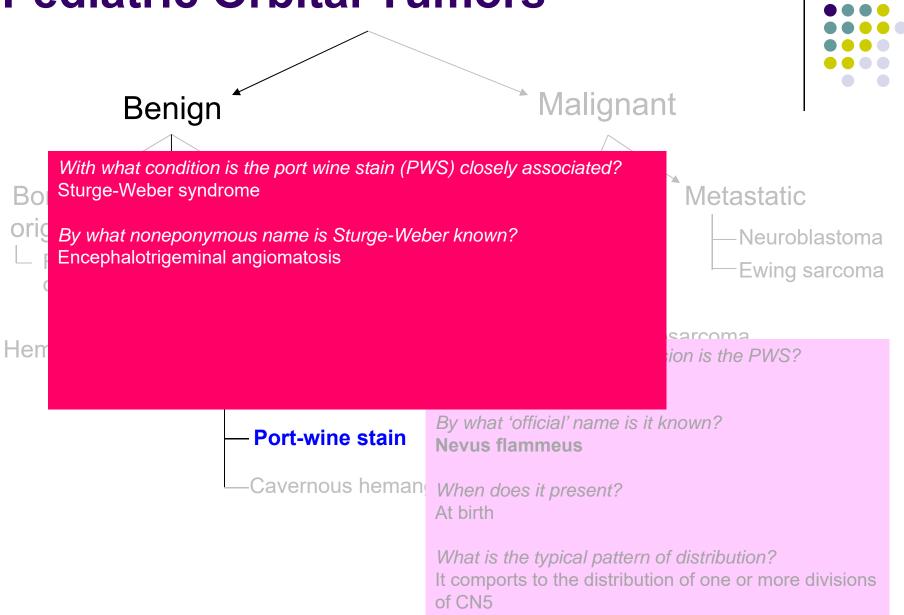


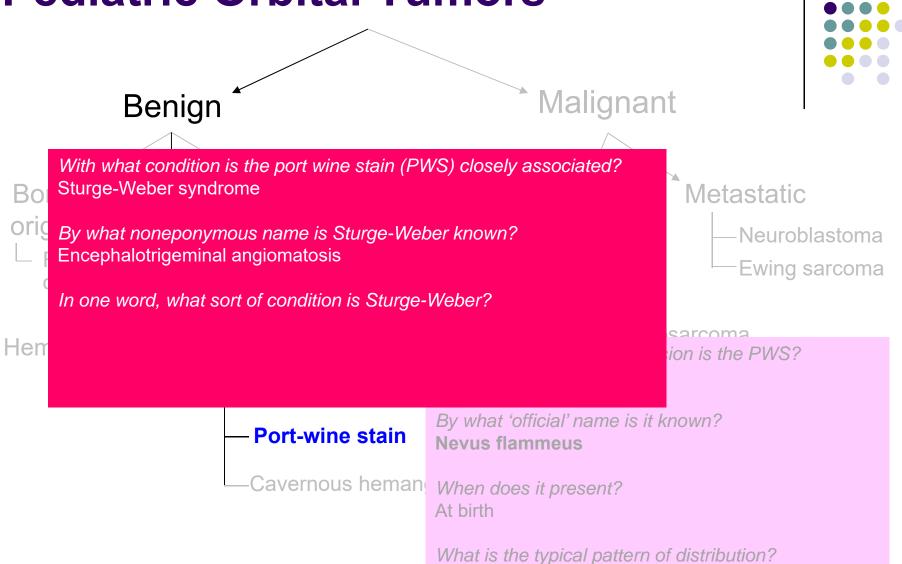






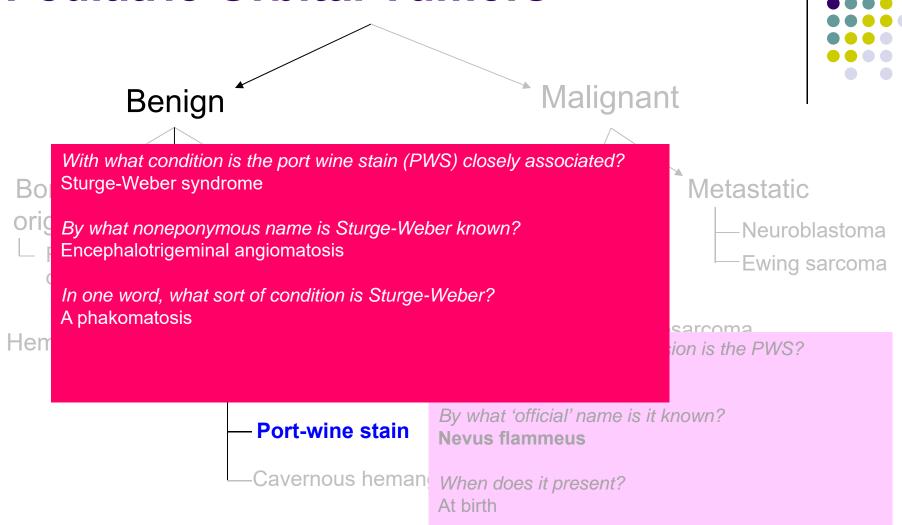






of CN5

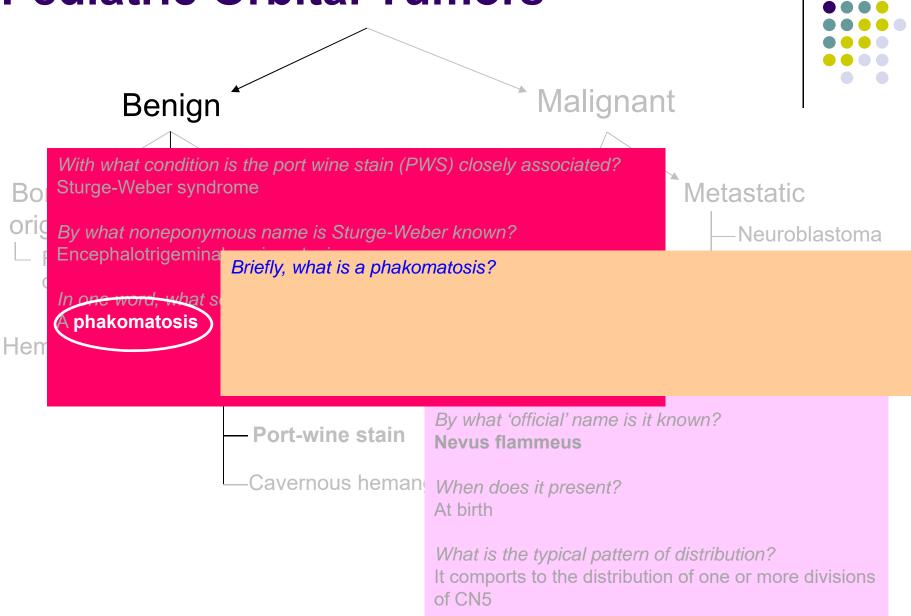
It comports to the distribution of one or more divisions

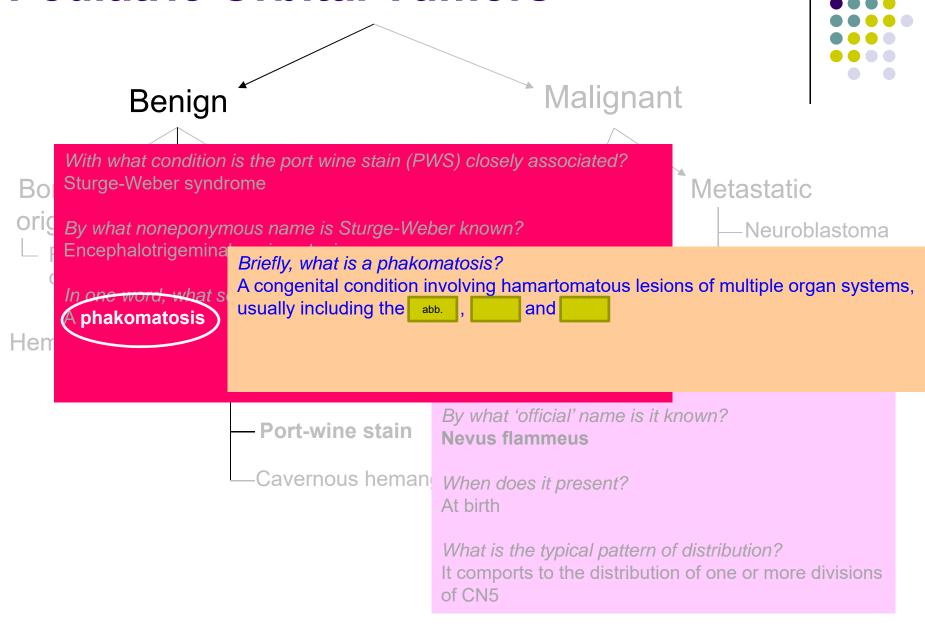


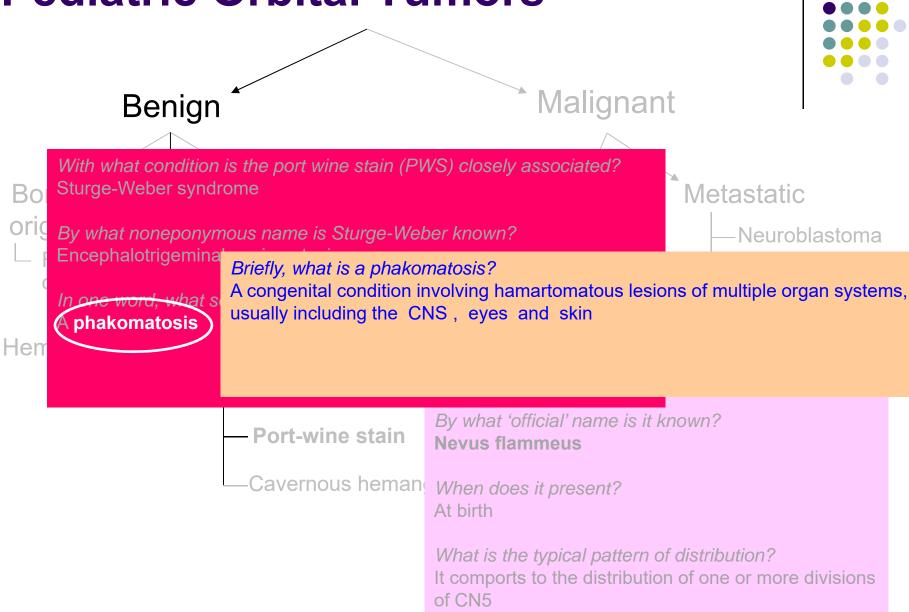
of CN5

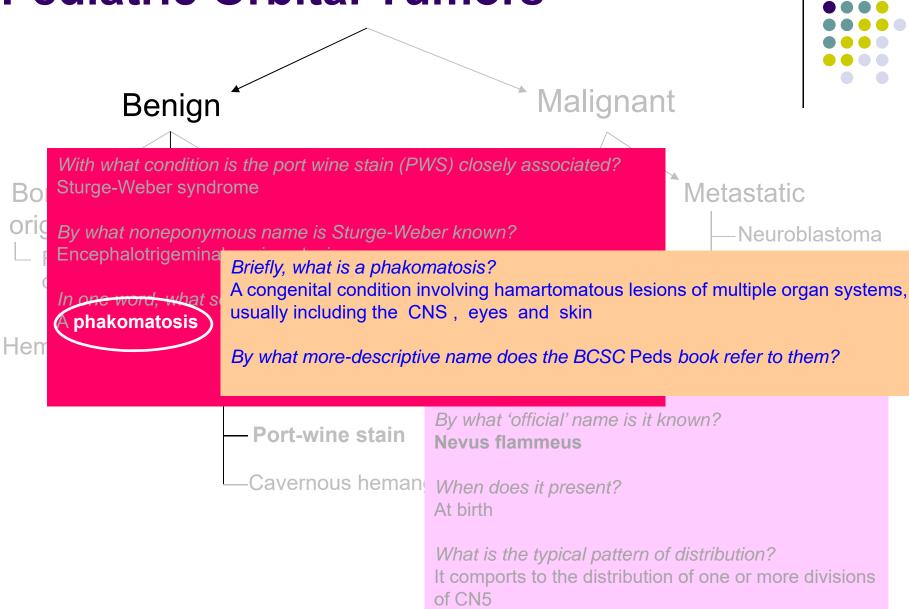
What is the typical pattern of distribution?

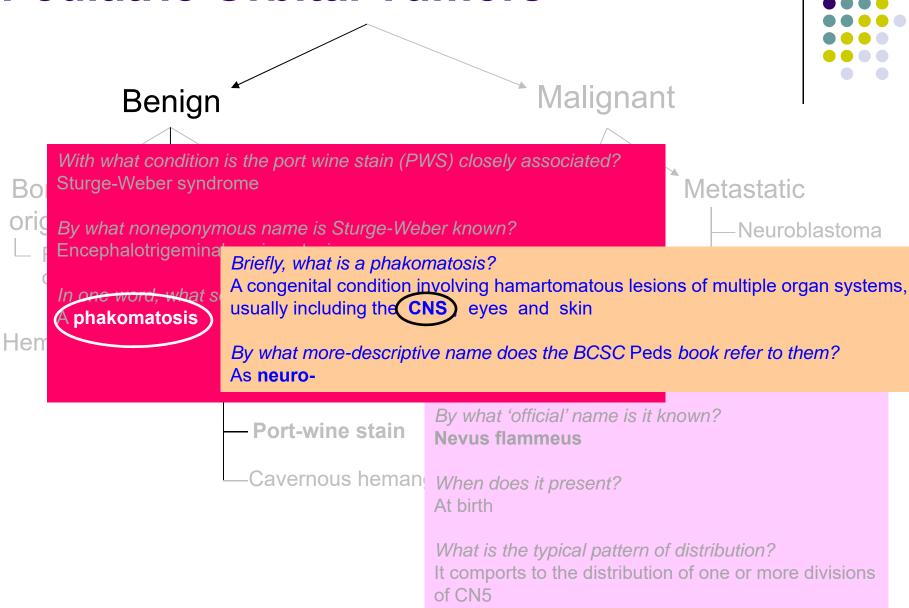
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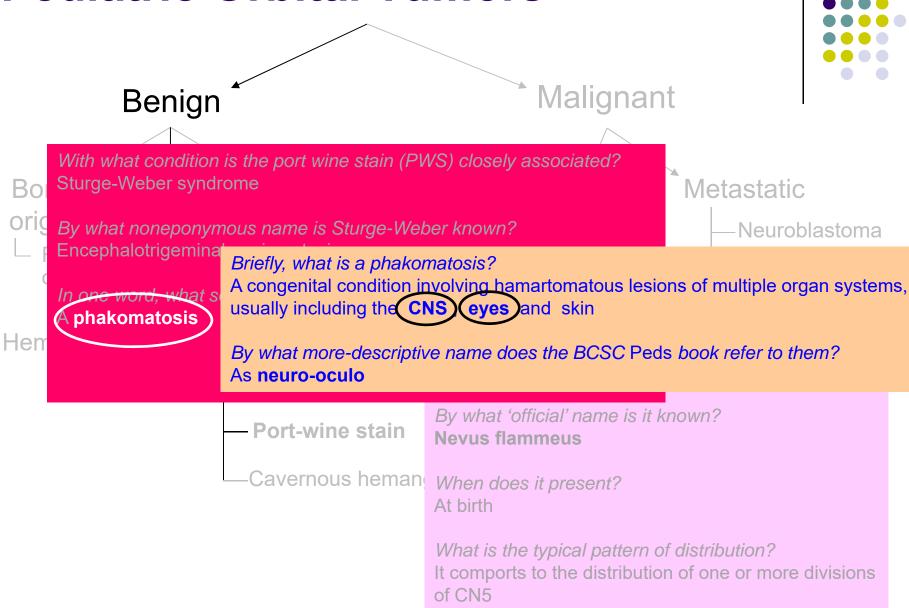


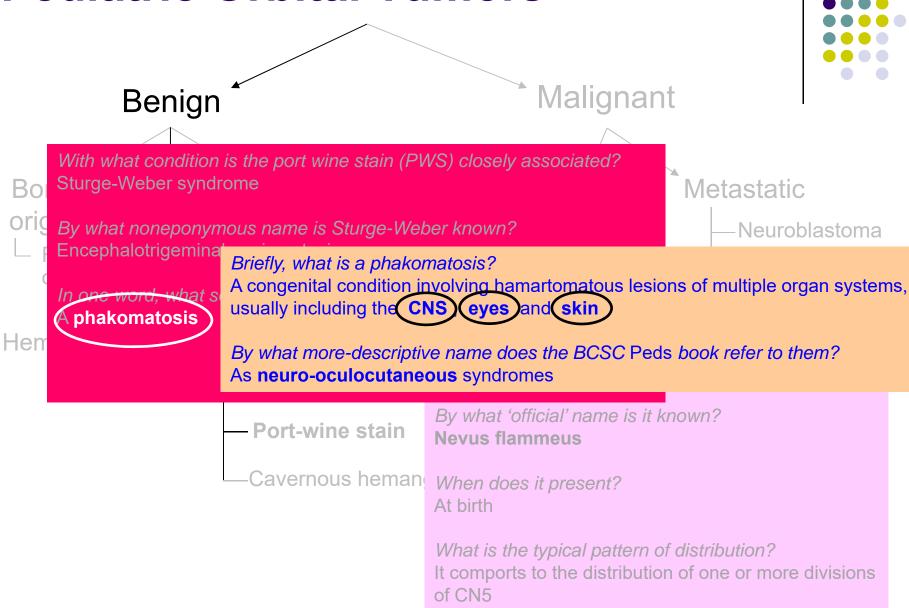


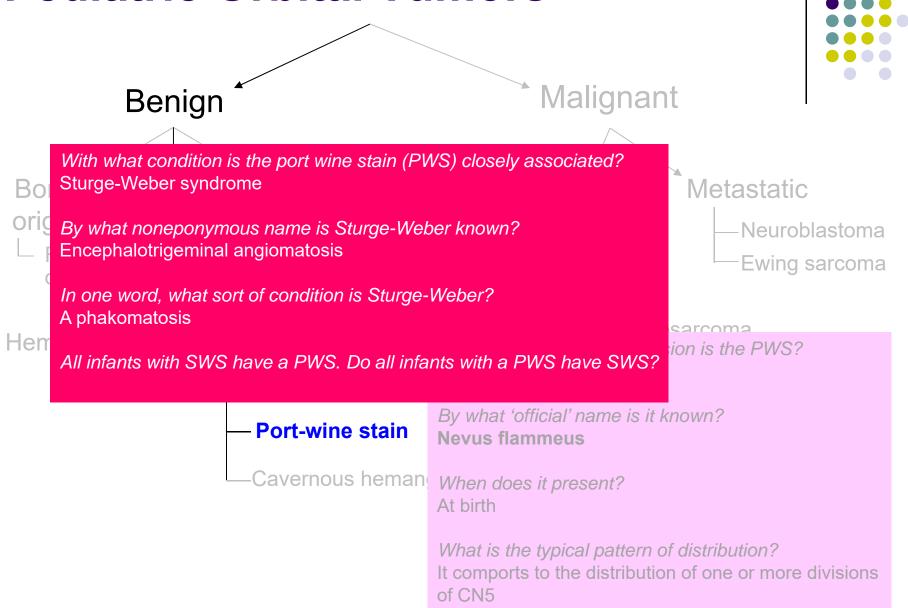












Benign

Hem



With what condition is the port wine stain (PWS) closely associated? Sturge-Weber syndrome

By what noneponymous name is Sturge-Weber known? Encephalotrigeminal angiomatosis

In one word, what sort of condition is Sturge-Weber? A phakomatosis

All infants with SWS have a PWS. Do all infants with a PWS have SWS? No, it can occur in non-SWS infants

Metastatic

Neuroblastoma

Ewing sarcoma

sarcoma

ion is the PWS?

**Port-wine stain** 

By what 'official' name is it known?

Malignant

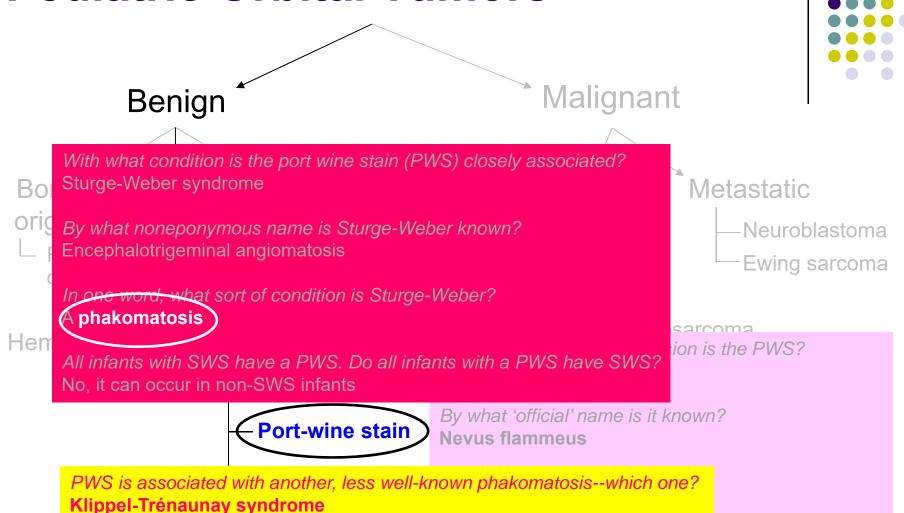
**Nevus flammeus** 

Cavernous heman When does it present? At birth

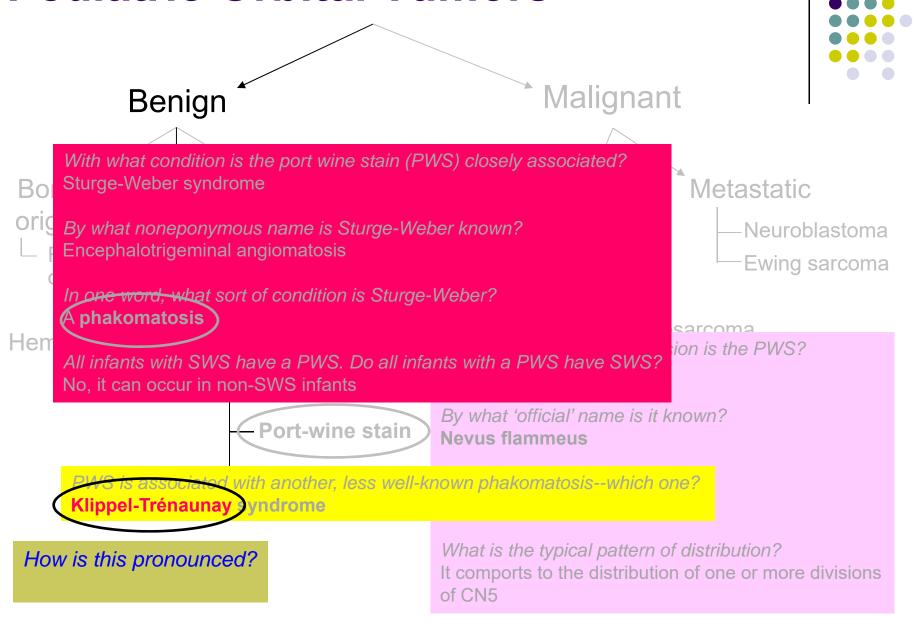
> What is the typical pattern of distribution? It comports to the distribution of one or more divisions of CN5

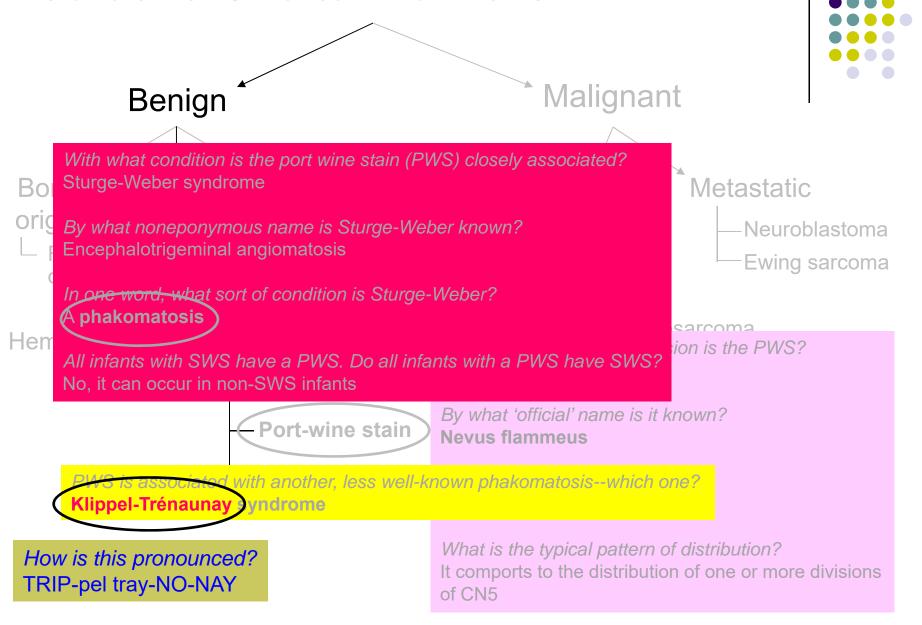


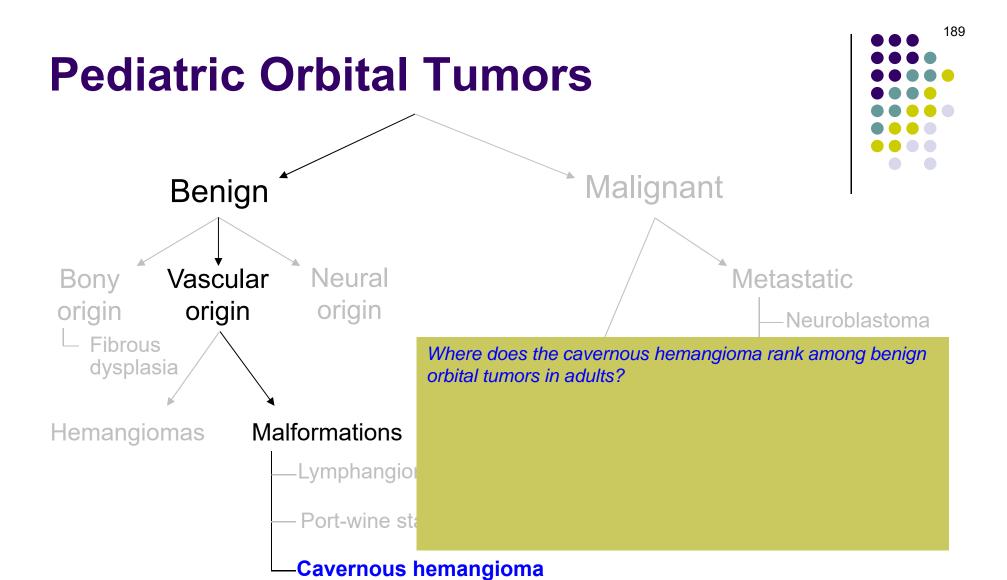
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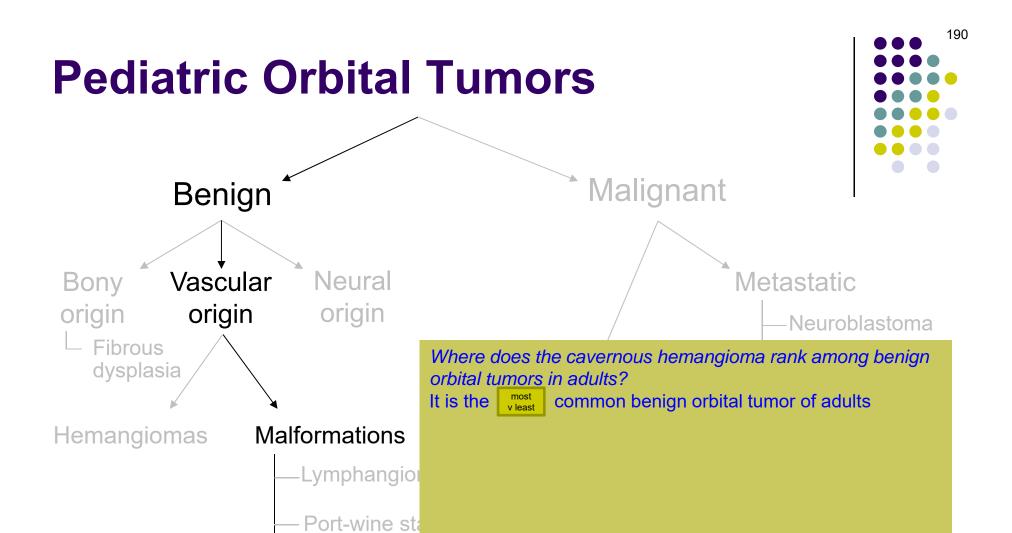


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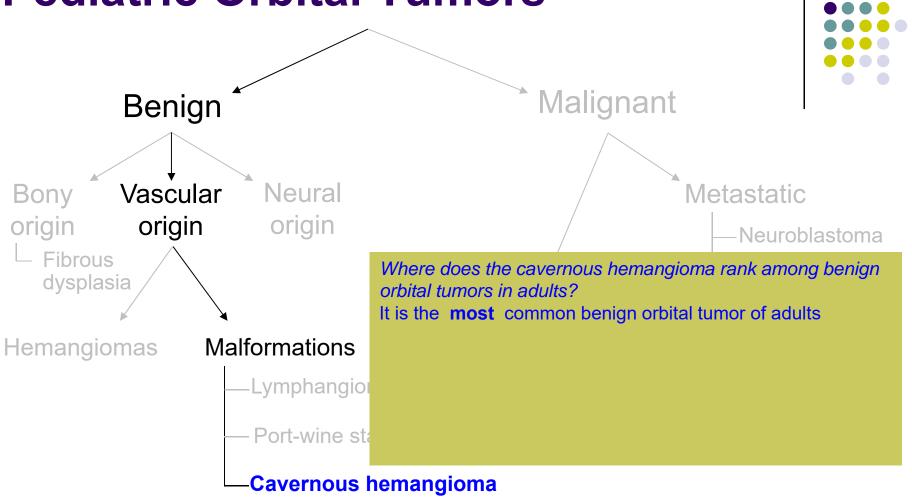


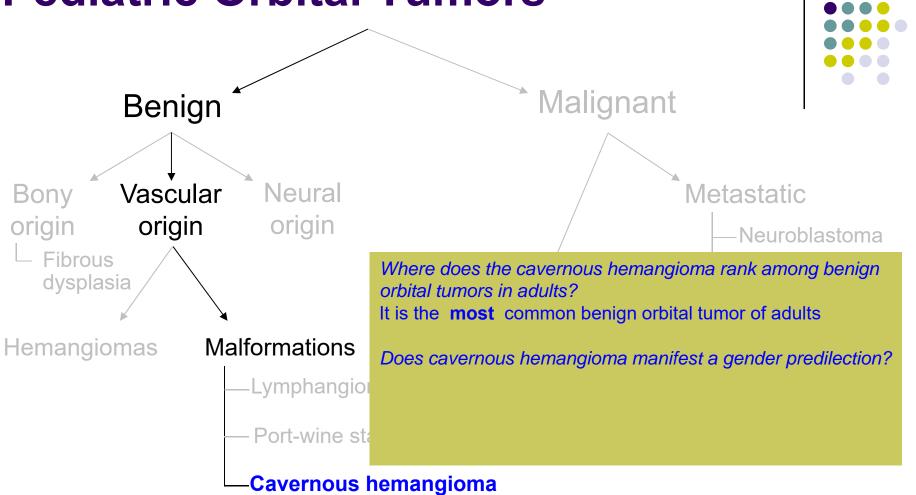


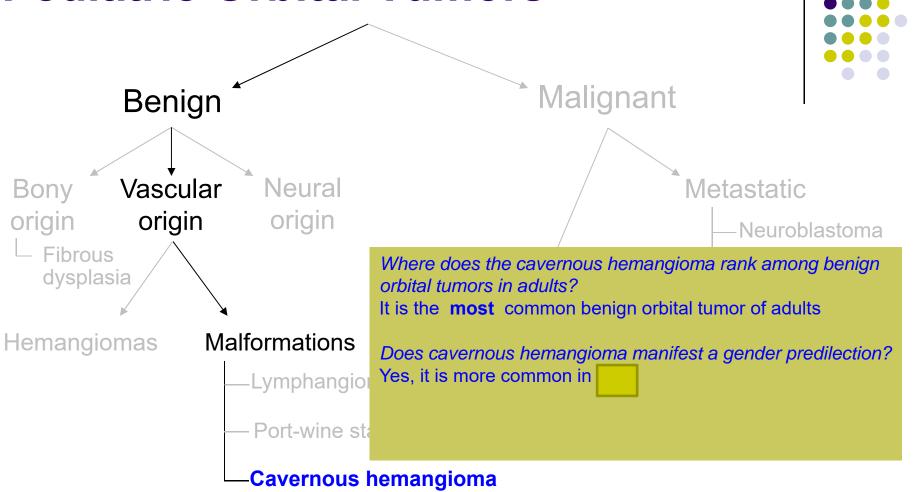


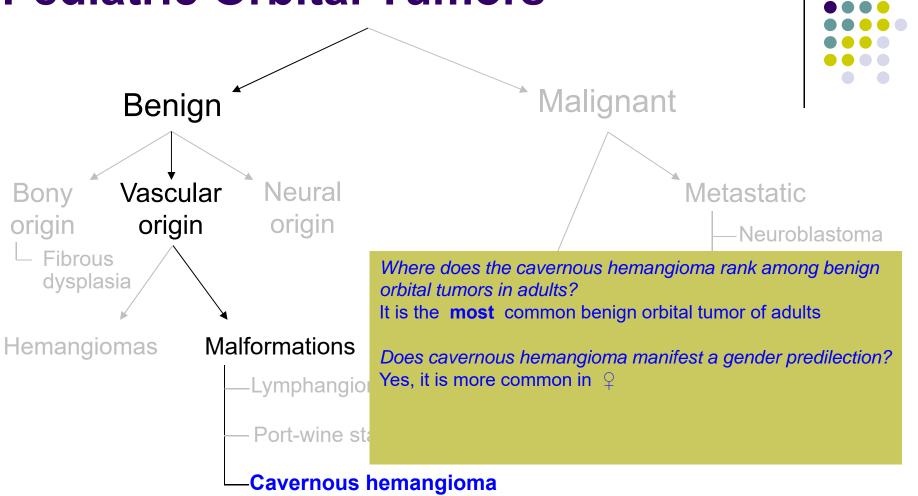


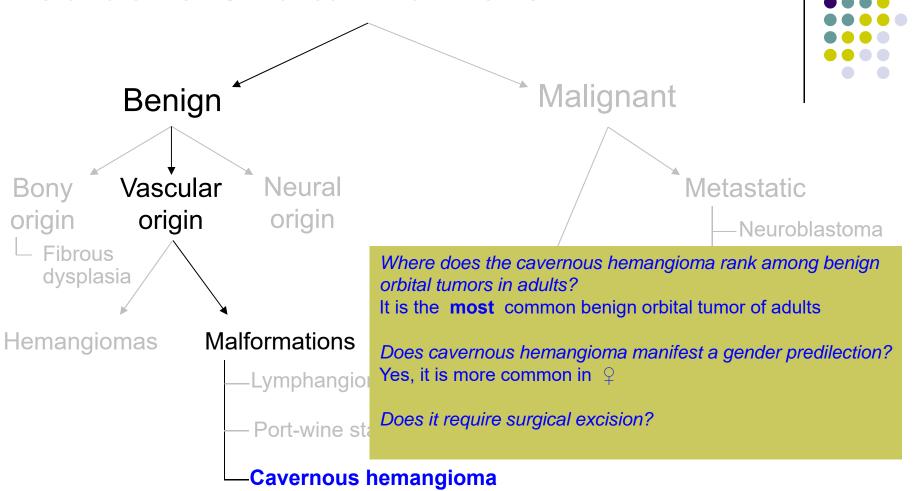
-Cavernous hemangioma

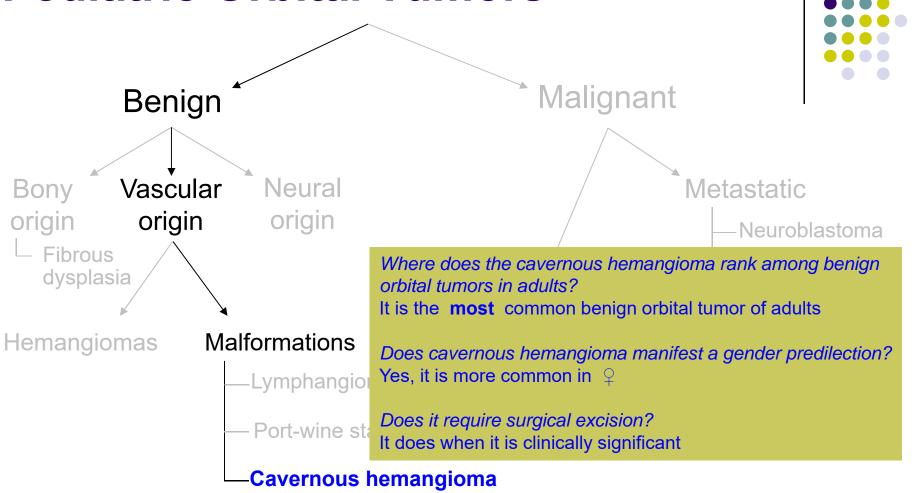


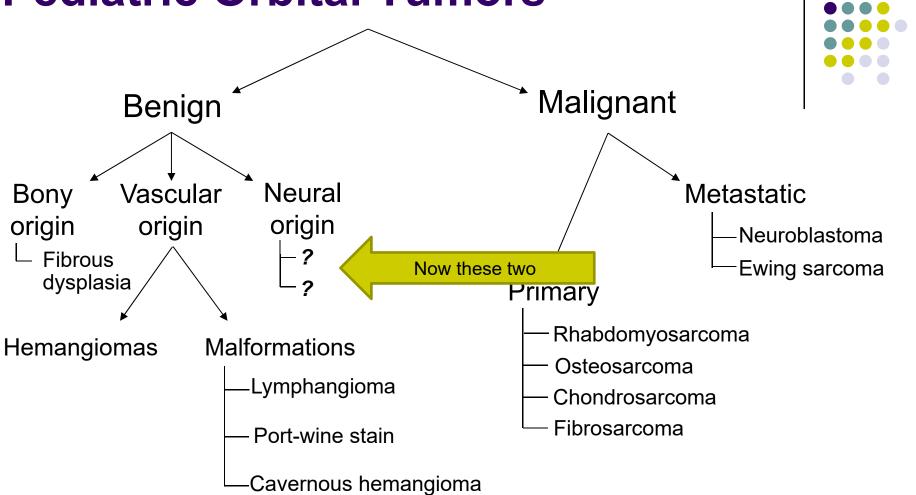


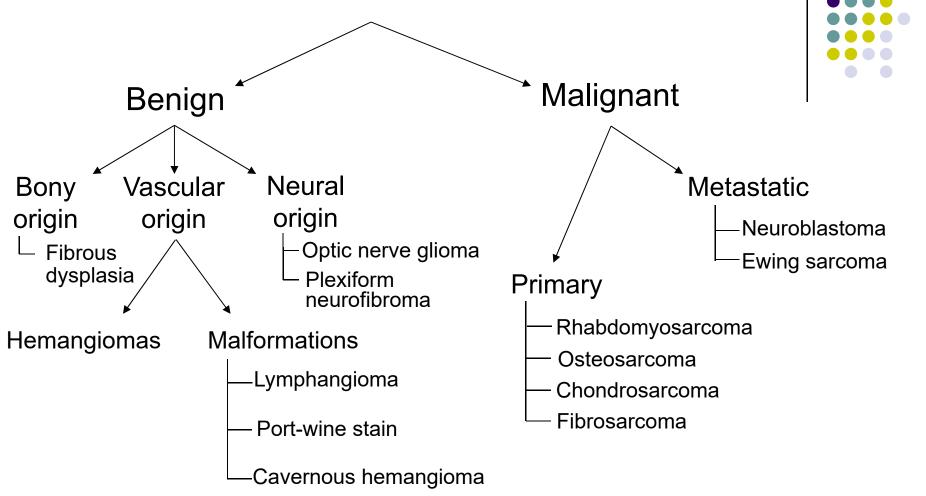


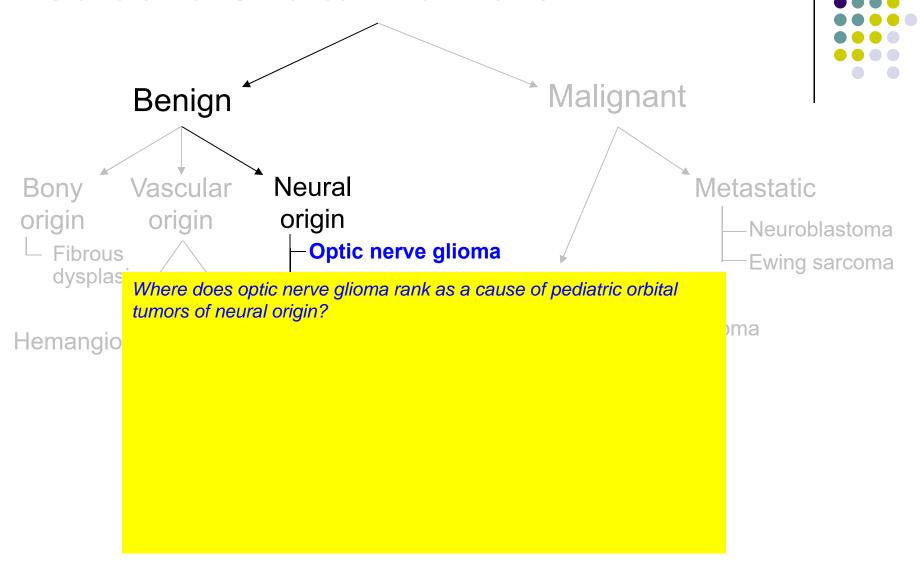


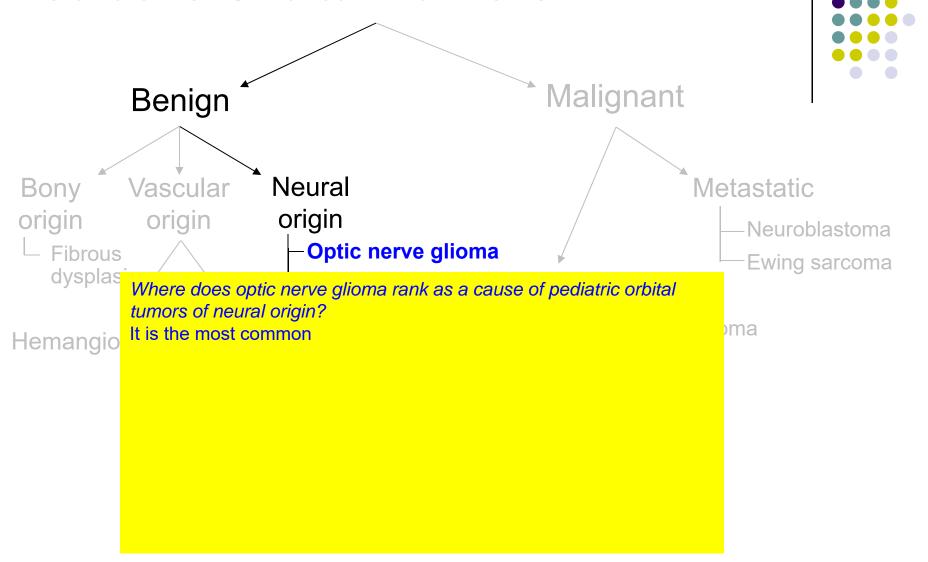


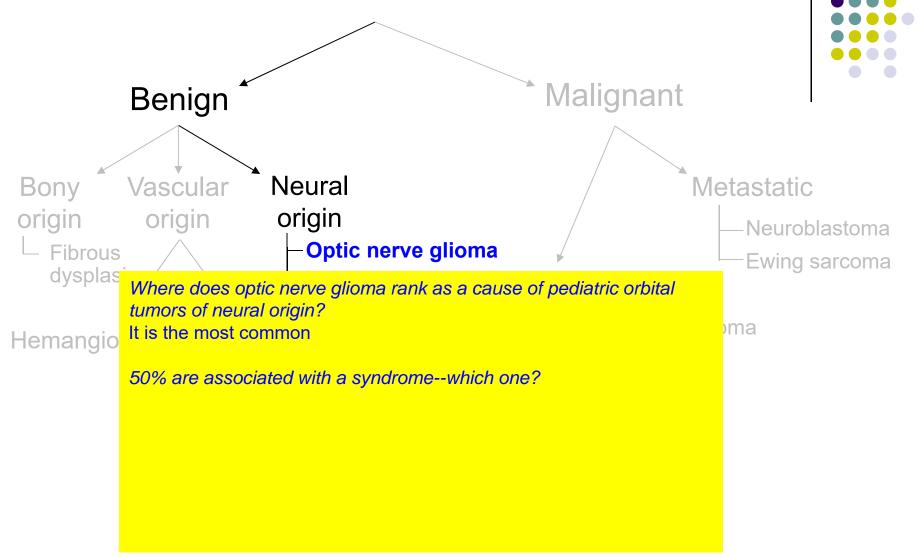


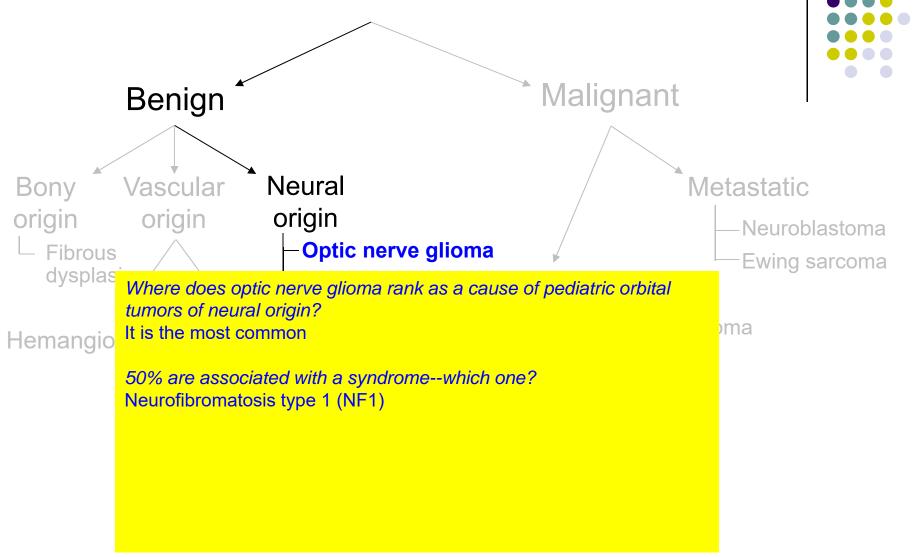


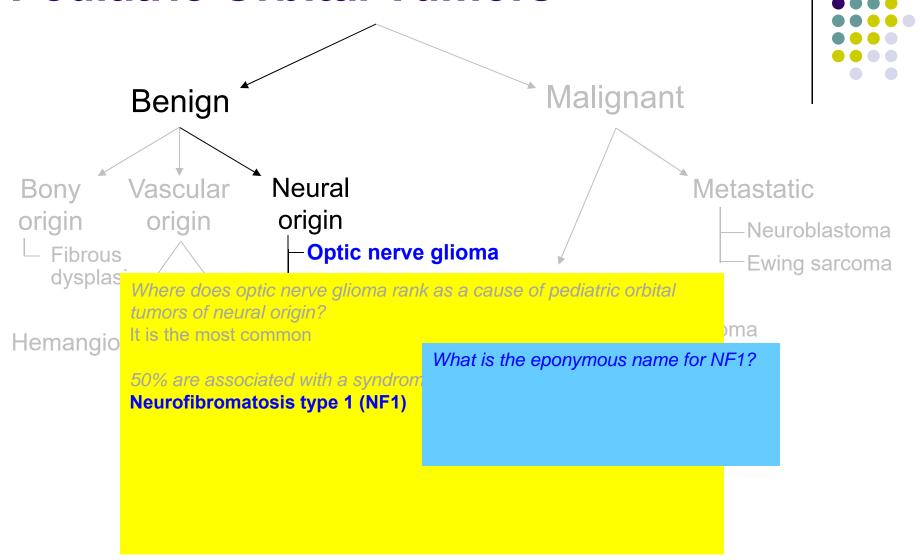


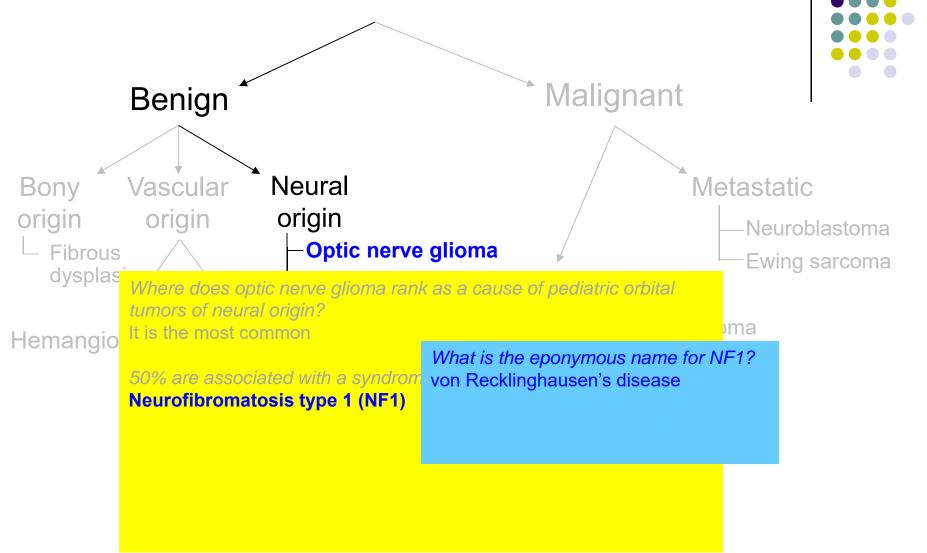


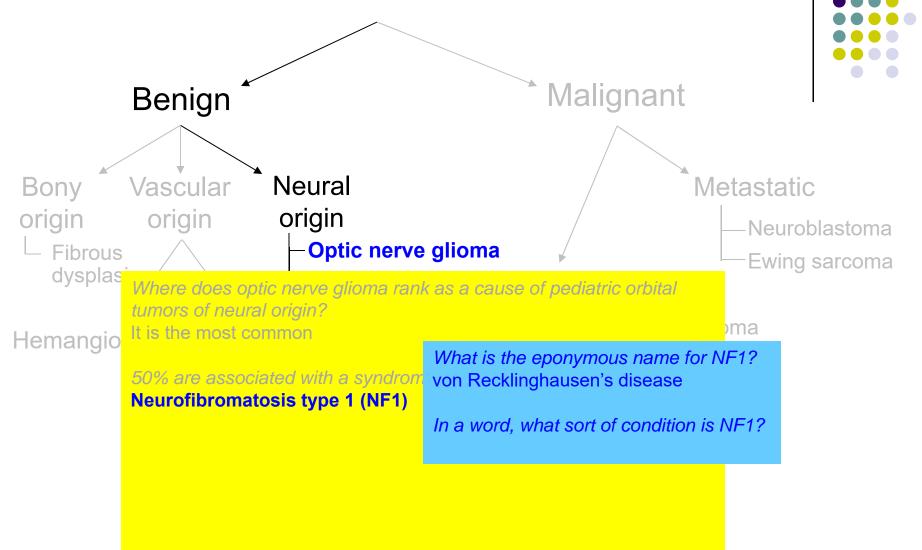


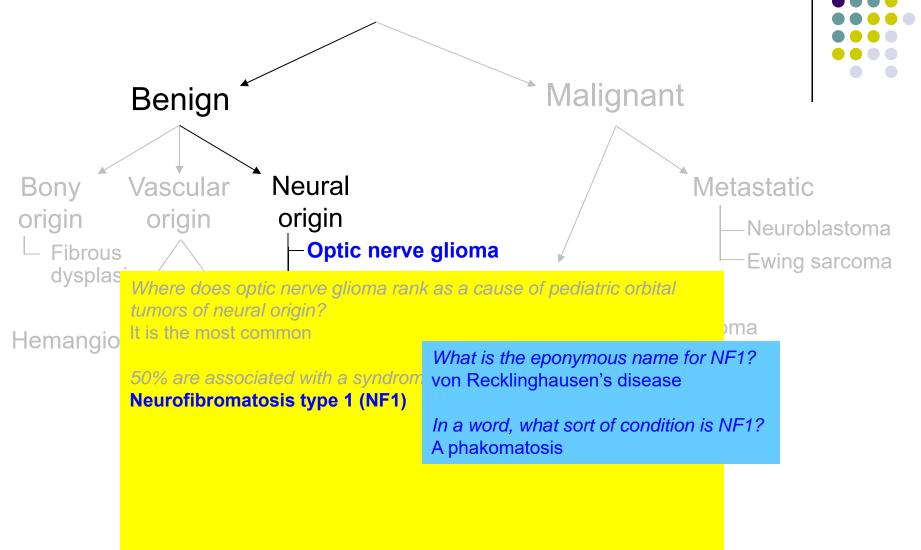


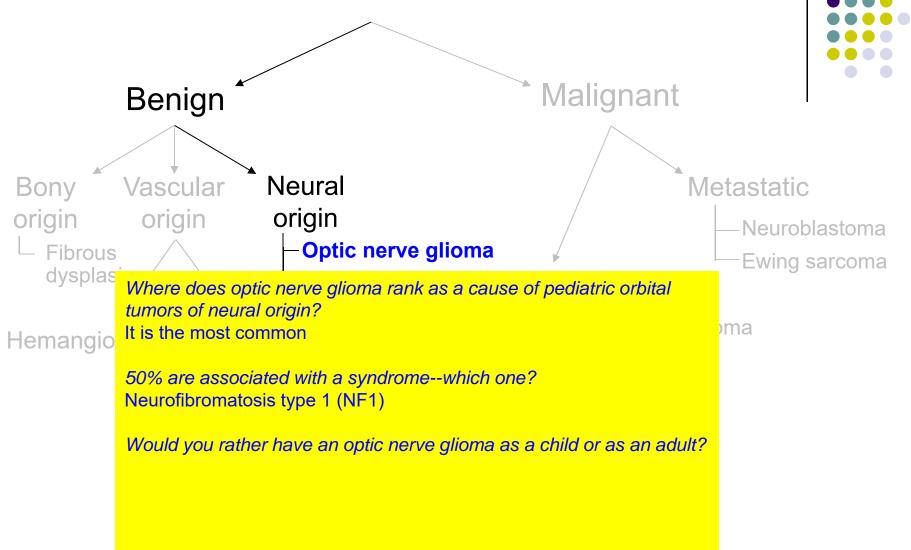


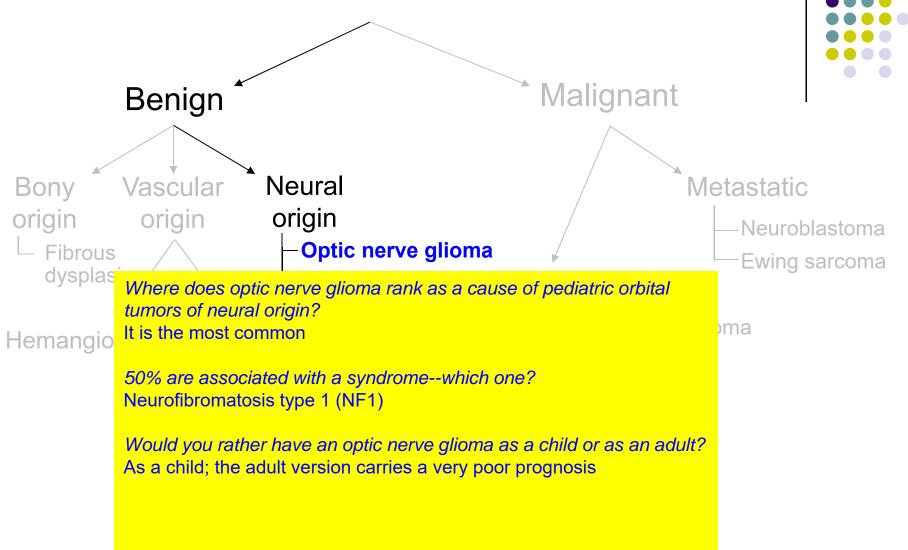


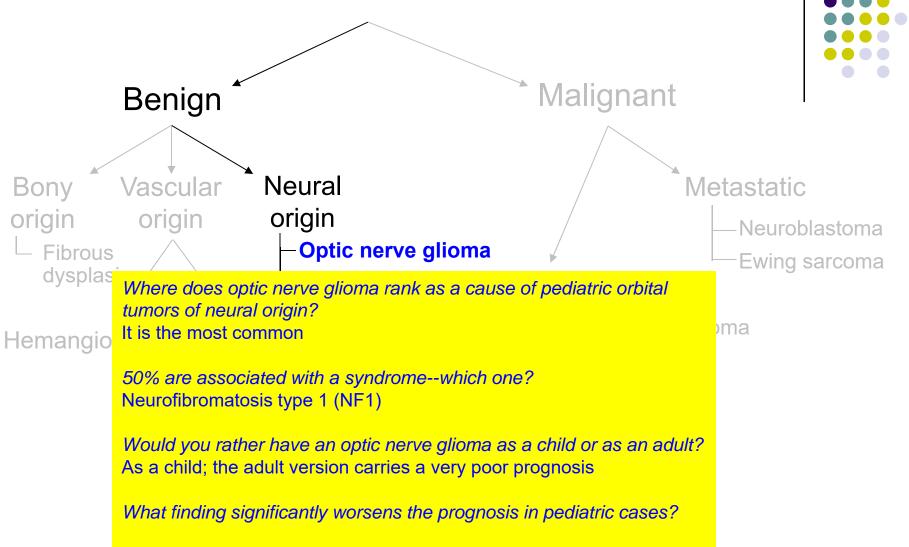


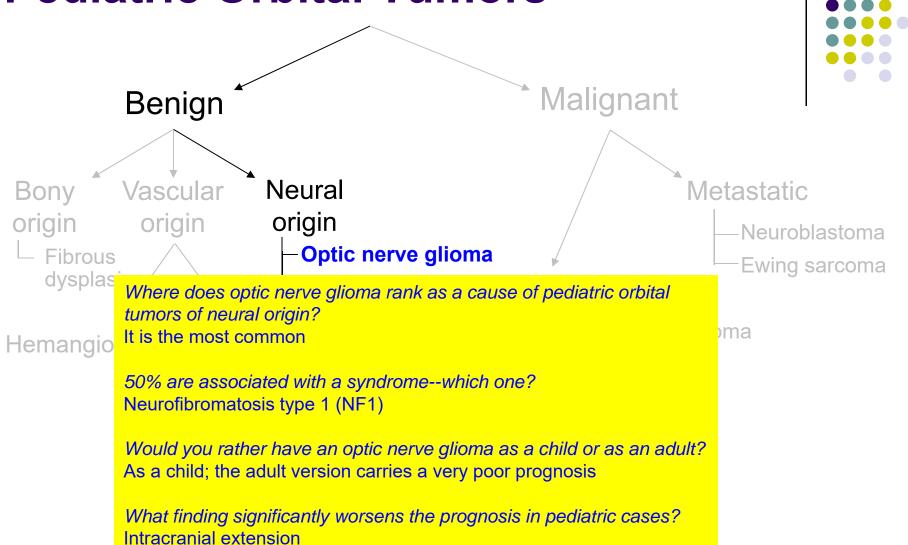


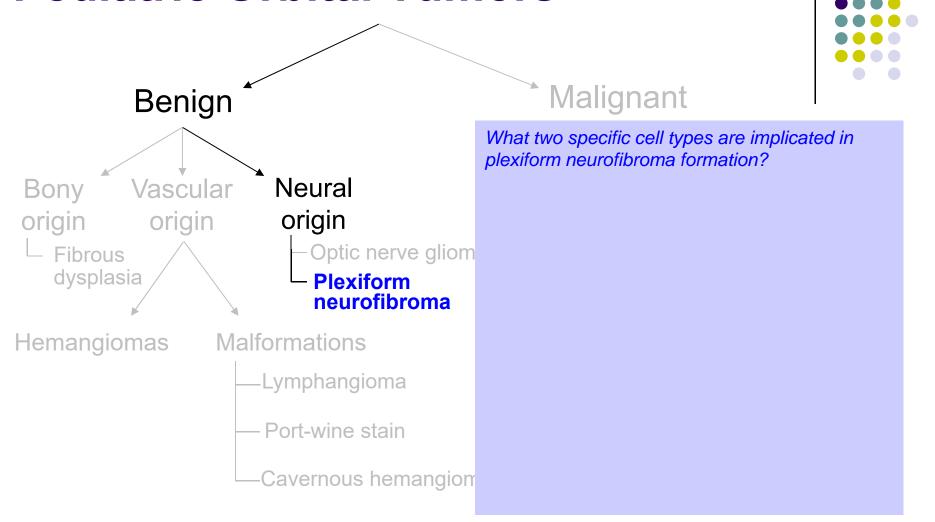


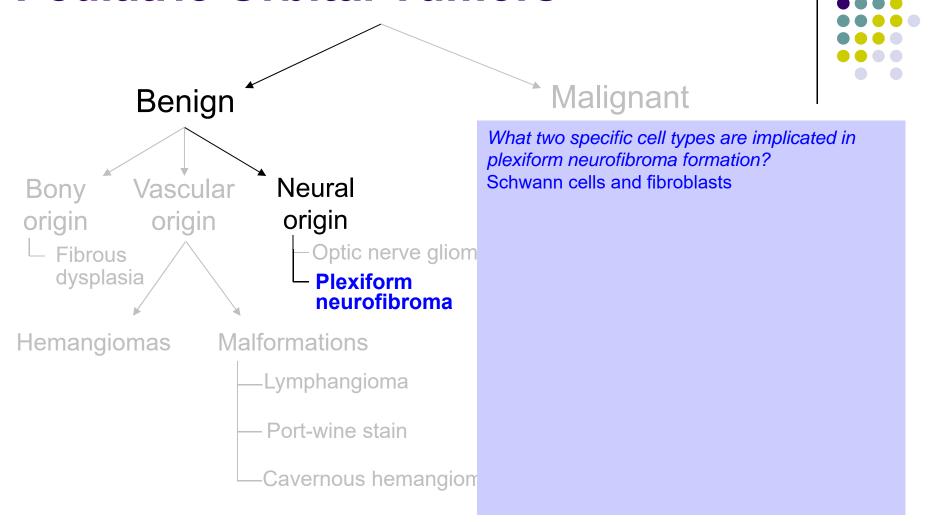


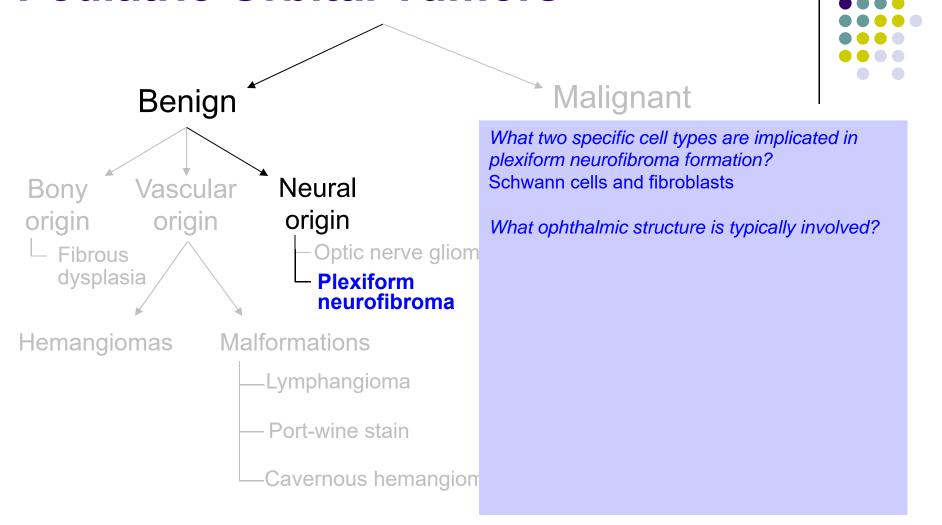


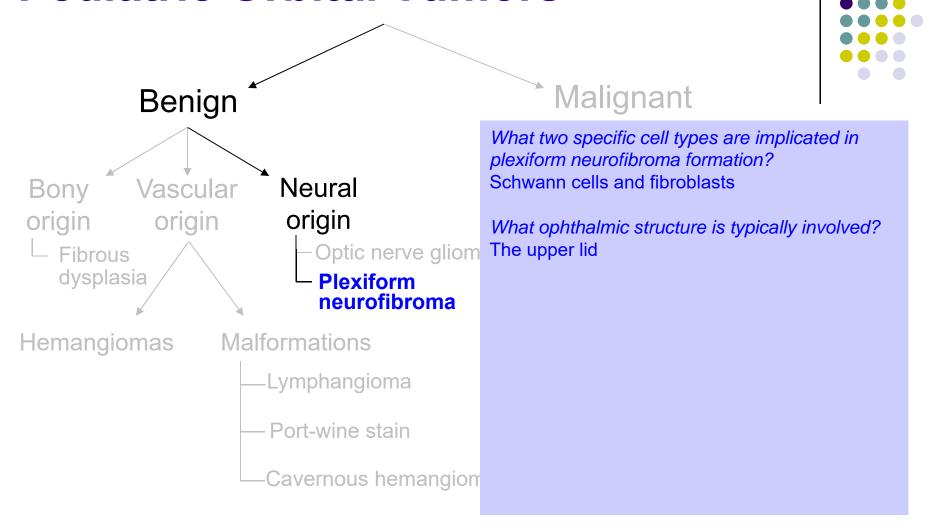


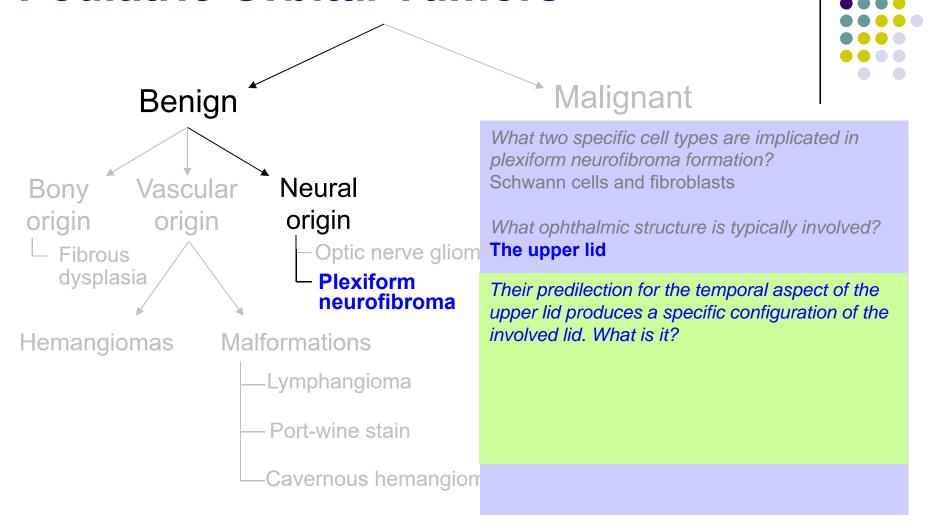


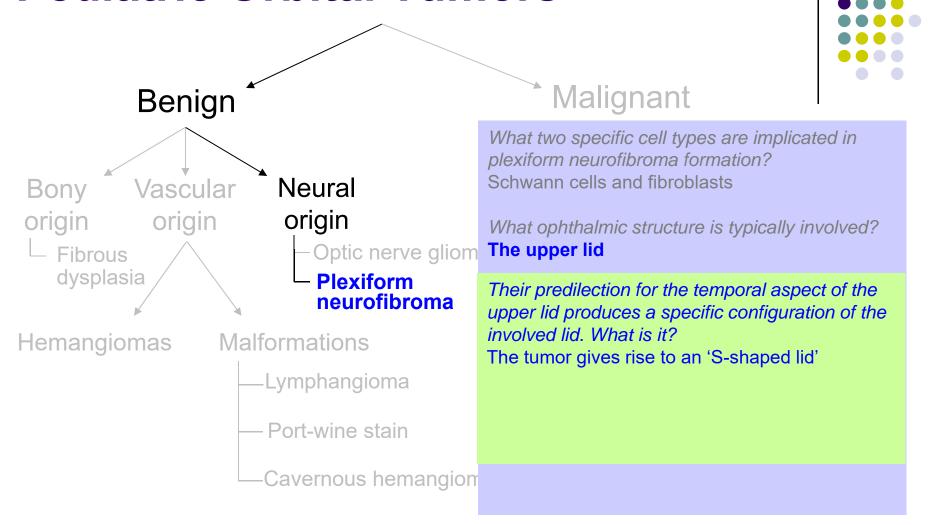


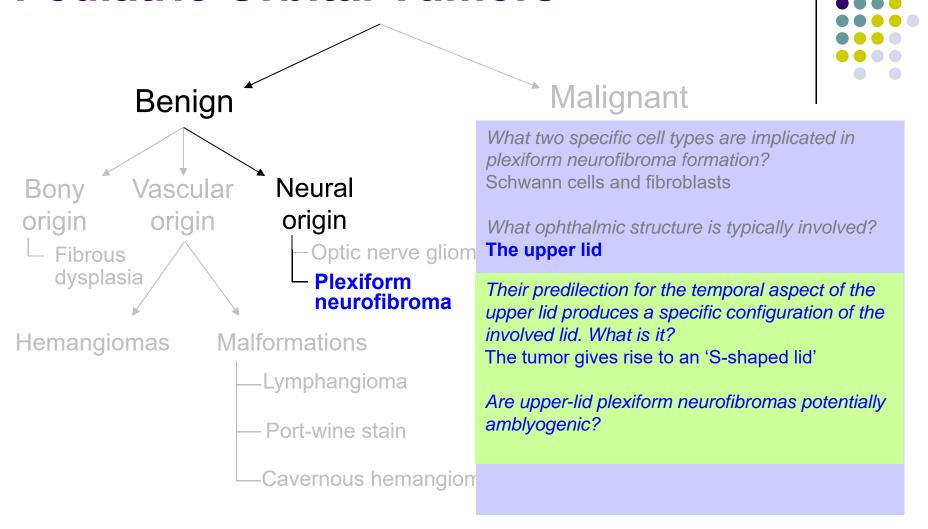


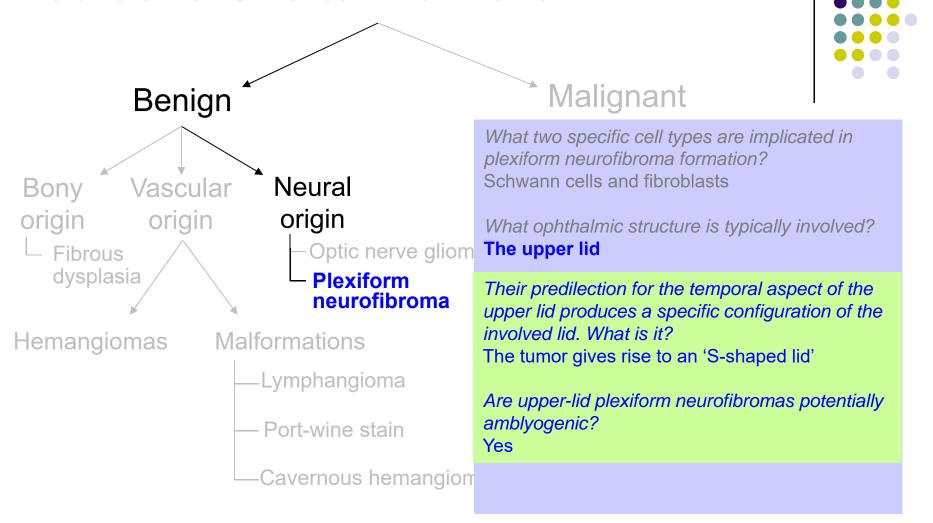


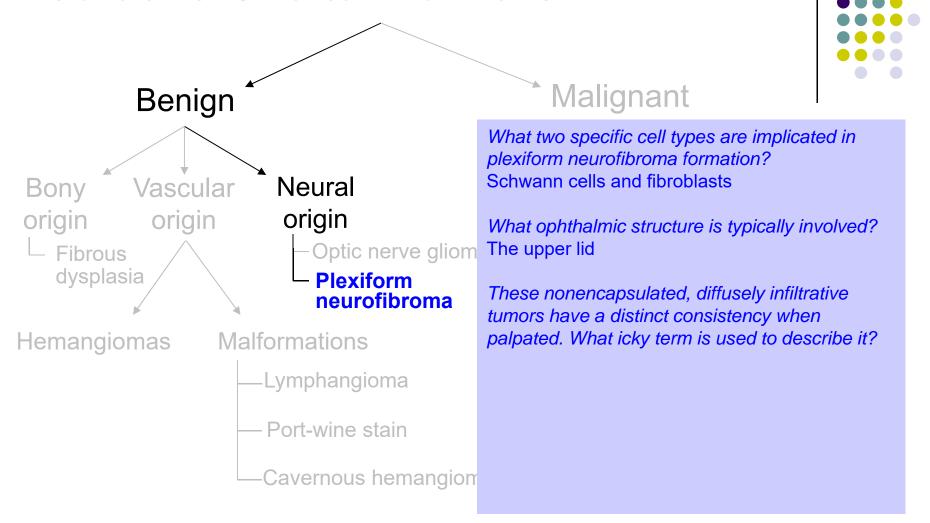


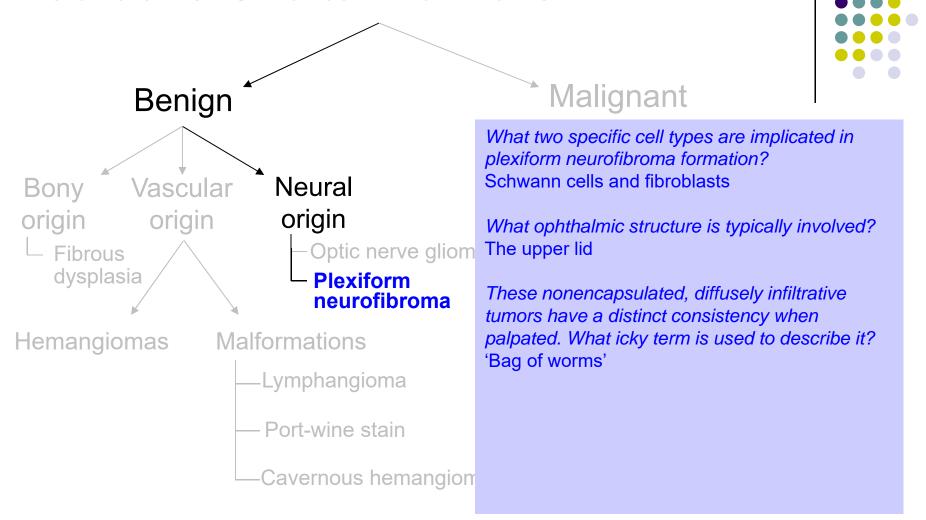


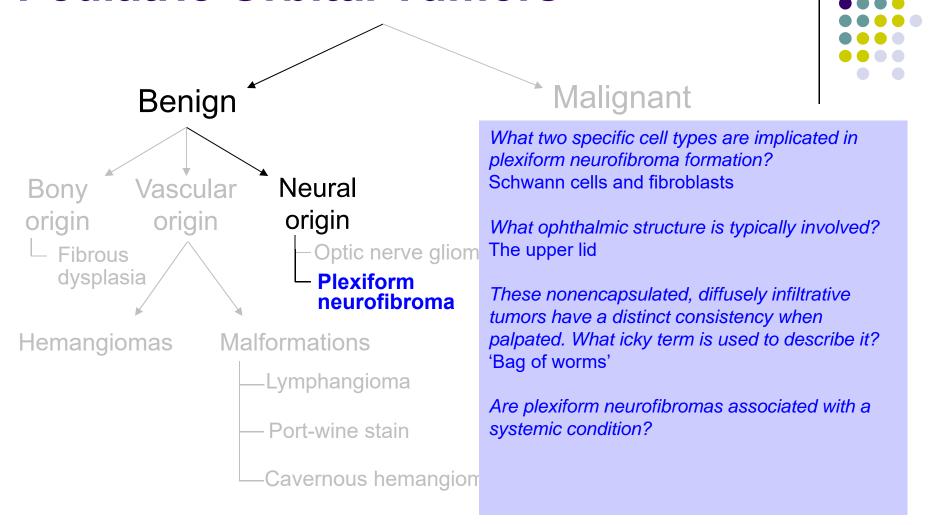


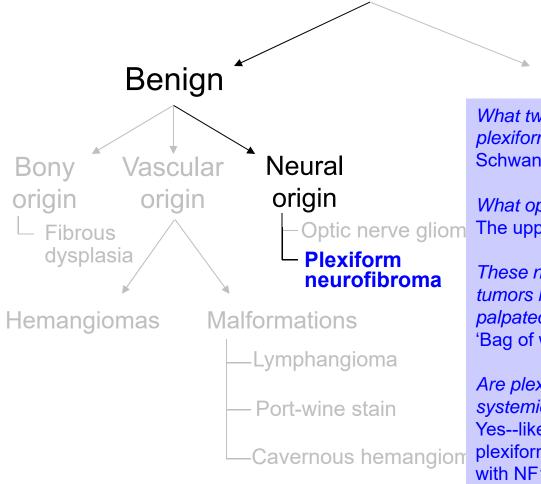














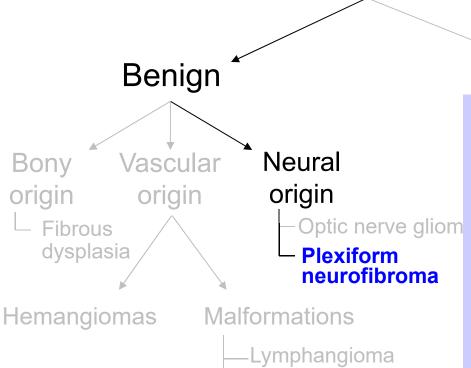
What two specific cell types are implicated in plexiform neurofibroma formation?
Schwann cells and fibroblasts

What ophthalmic structure is typically involved? The upper lid

These nonencapsulated, diffusely infiltrative tumors have a distinct consistency when palpated. What icky term is used to describe it? 'Bag of worms'

Are plexiform neurofibromas associated with a systemic condition?





Malignant

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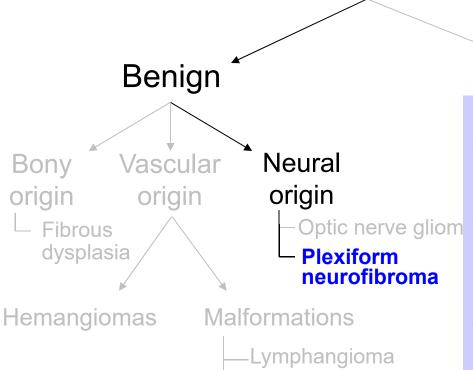
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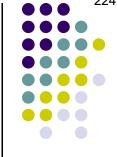
What proportion of NF1 pts develop plexiform neurofibromas?

plexiform neurofibromas associated with a temic condition?





What proportion of NF1 pts develop plexiform neurofibromas? About 1/3



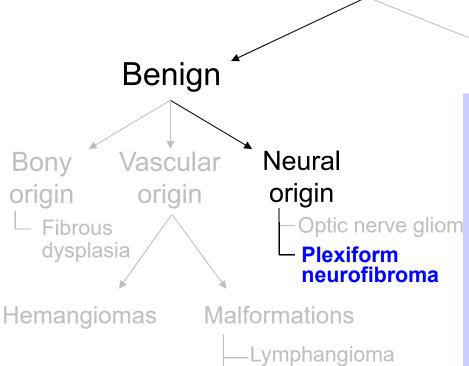
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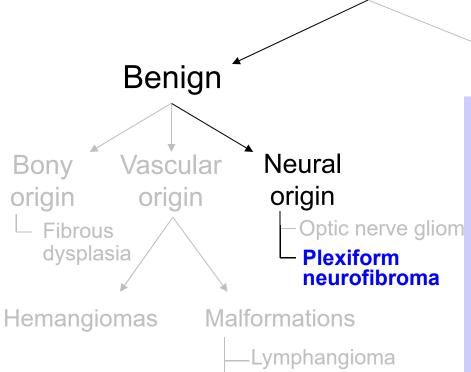
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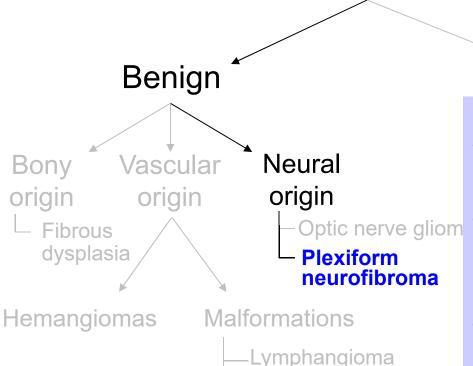
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--like their cousin the optic nerve glioma, of the neurofibromas are strongly associated NF1





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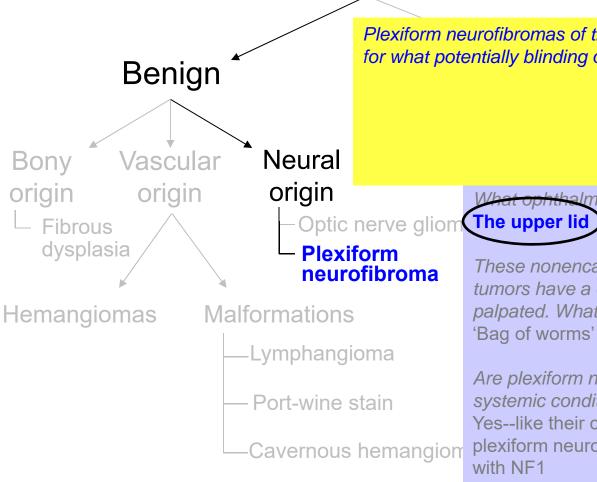
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tl;dr Not all NF1 pts get plexiform neuofibromas, but everyone with plexiform neurofibromas has NF1







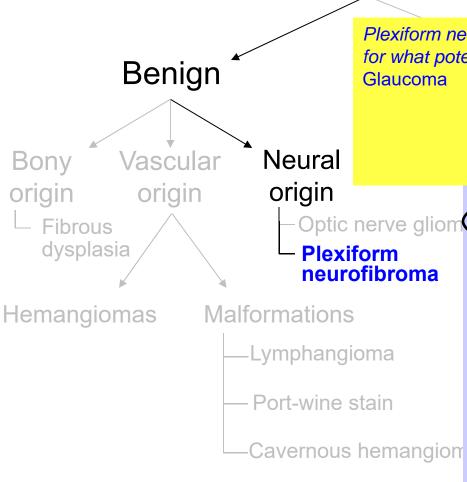
Plexiform neurofibromas of the upper lid are a strong risk factor for what potentially blinding ocular condition?

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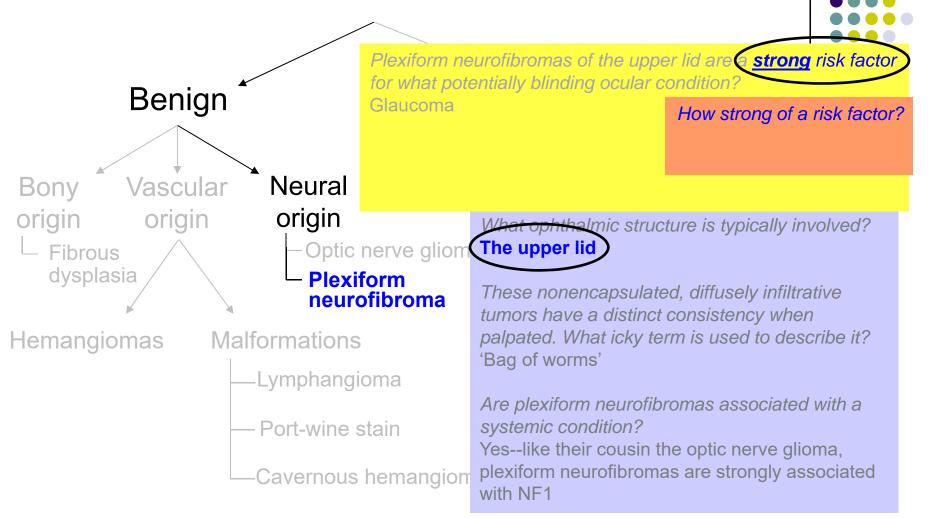


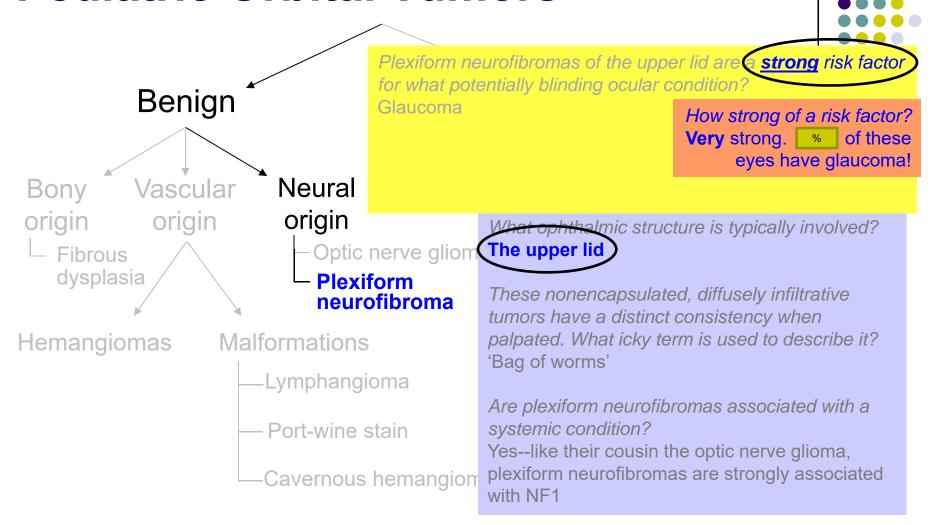
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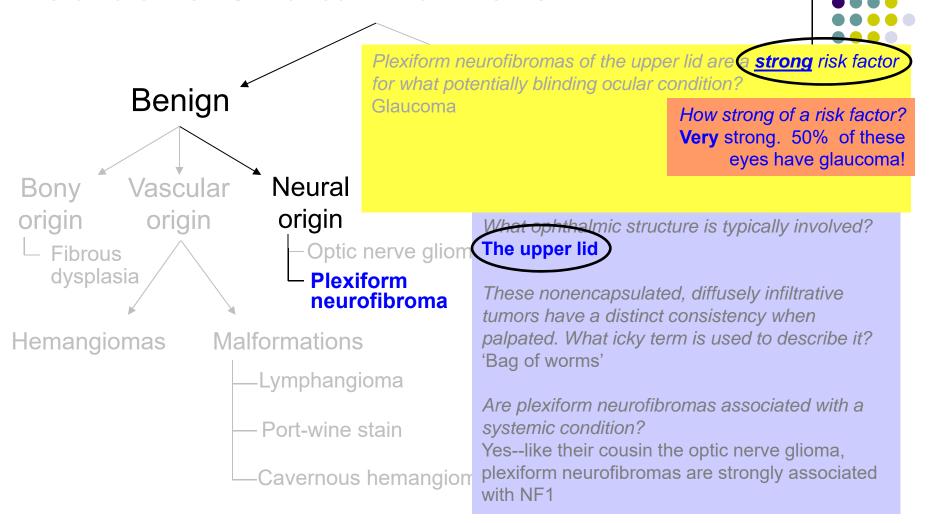
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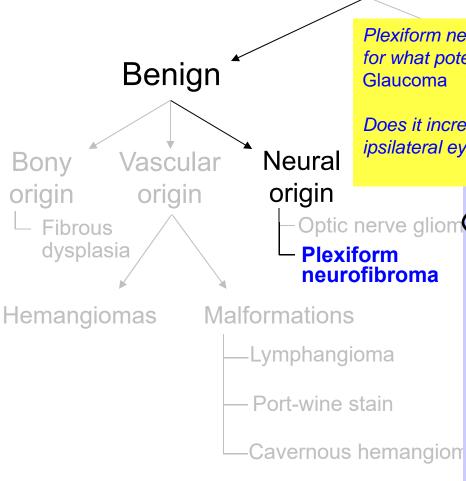
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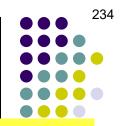
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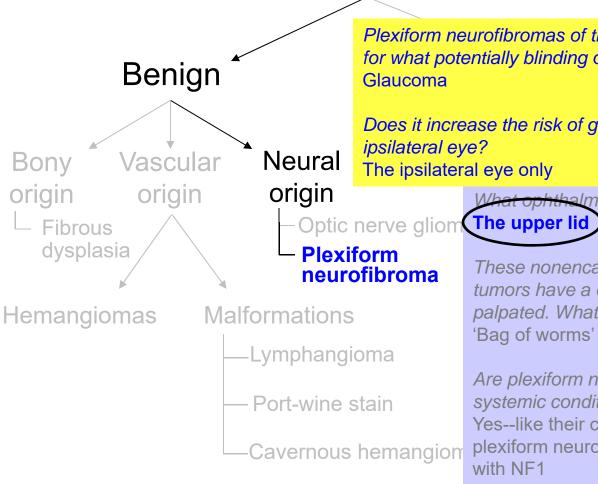
Does it increase the risk of glaucoma in both eyes, or just the ipsilateral eye?

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