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Unilateral ptosis caused by a metastatic tumor: a solely but deadly sign

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Clinical image:

We report a case of a 24-year-old man who presented to the emergency room complaining of subacute onset of non-traumatic tumefaction of the upper right eyelid over 15 days. He denied any associated symptoms especially headaches, diplopia, blurred vision, ocular pain or discharges. Four days later, the patient received systemic antibiotherapy for a presumed preseptal cellulitis with no amelioration.

Upon examination, the patient had a right gravity-related drooping of the upper eyelid which was edematous with bluish discoloration (figure 1 A). On palpation we noted a tender and painless infiltration of the eyelid. Visual acuity was 6/6 OU, Pupils were equal and reactive and ocular motility was full. Anterior segment examination and fund evaluation were unremarkable.

We ordered an orbital CT scan which showed nonspecific infiltration of upper soft tissues of upper right eyelid. The patient was scheduled for incisional biopsy and referred to an internal medical specialist for systemic evaluation of a suspected neoplasm. Clinical examination noted infiltration of soft tissues of the neck and cervico-thoracic CT-scan showed multiple mediastinal adenopathies (Figure 1 B). We retained the diagnosis of unilateral mechanical ptosis caused by a metastatic tumor but unfortunately the patient passed away two days after without performing any tissue biopsy.

This case illustrates the importance of a systemic evaluation of every patient showing with ptosis without associated ocular signs because vital prognosis could be engaged by the underlying cause. One should collaborate with other specialist to promptly classify the ptosis, identify the etiology and initiate a specific management.

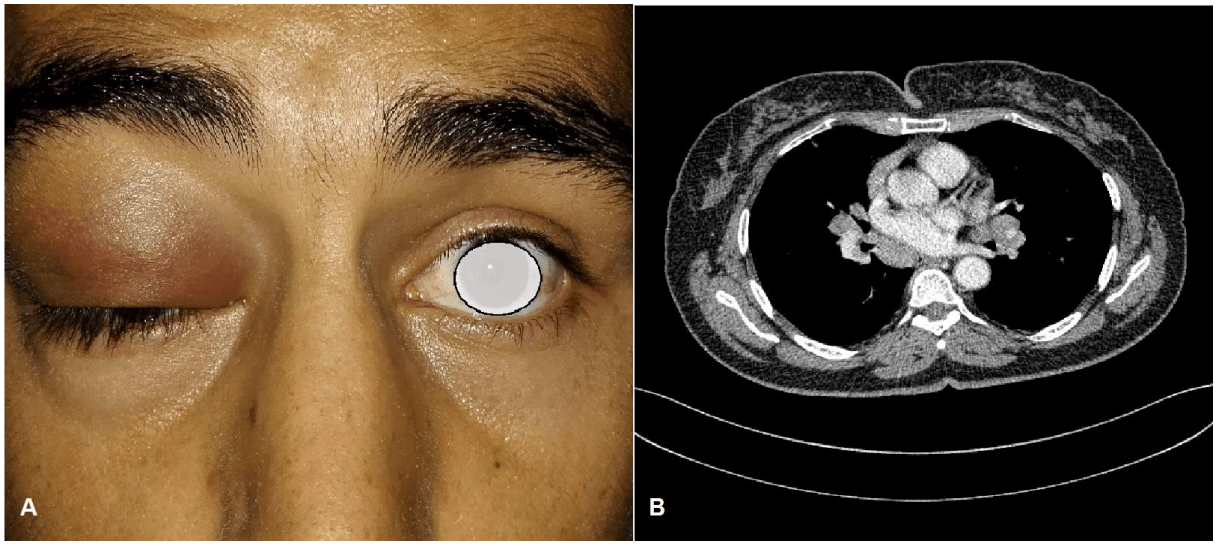

figure 1: upper eyelid ptosis, edema and bluish discoloration (A) with multiple mediastinal adenopathies (B)

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