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# Single Stage Bilobed Orbital Myxoma Excision with Levatorplasty: A Case Report

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**Abstract:** ***Orbital myxomas are extremely rare benign tumors. Myxomas are usually found in the heart and are formed by stellate or spindle cells in a myxoid stroma containing mucopolysaccharides. We describe a case of 69-year-old female patient who presented with left orbital extraconal swelling with proptosis and restricted ocular movement. The MRI of the brain and orbit showed a well- defined lobulated extraconal mass. Single stage Complete surgical excision and blepharoplasty was done and histopathological diagnosis of an orbital myxoma was made.***

**Keywords:** orbital swelling, orbital tumors, soft tissue tumor, orbital myxoma, myxoma, intraconal tumor, orbital mesenchymal tumors, upper lid tumors.

## 1. Introduction

MYXOMA are benign, locally infiltrative with low malignant potential usually involving the heart but are exceedingly rare in orbit. Histologically it's a benign stromal tumor of mesenchymal origin, predominantly seen in women in their 30s and 40s. The diagnosis of myxoma requires precise histological corroboration, and because of its recurrence potential complete surgical excision is advisable.

## 2. Case Report

A 69-year-old female complained of swelling in the left orbit associated with pain and restricted eye movements for the last 8 months, with no past relevant medical history and no extra orbital manifestation. External ocular examination revealed a diffuse swelling beneath the left upper eyelid, leading to the inferior displacement of the eyeball and marked proptosis. Swelling was firm, non -tender, non-compressible with ill-defined margin. Cough impulse was absent. Uncorrected visual acuity in both eyes was 6/24, with marked limitations in extraocular movements.

MRI of the brain and orbit showed a well-defined large lobulated extraconal mass measuring 30 x 15 x 46 mm in the left orbit, superiorly closely abutting the superior rectus muscle, causing compression in the left eyeball and displacing it antero- inferiorly, showing moderate heterogeneous enhancement.

Based on Clinical and Radiology findings differential diagnosis of Myxoma, schwannoma, lymphoma, lipoma, and fibroma was made.An echocardiography was also performed to rule out cardiac myxoma.

The patient underwent surgery for the excision of a Tumor with an upper blepharoplasty incision, and gross total excision of tumor mass was achieved andbilobed soft tissue tumor was excised from the levatorpalpebraesuperioris muscle in the left orbit, measuring 5*4*1.2 cm with a connective tissue tail.

After the excision of the tumour, simultaneous levatorplasty was performed. Levatorpalpebraesuperioris aponeurosis was stretched due to chronic compression by the tumour, so afterexcision, double breasting of the levatoraponeurosis was done to prevent upper eyelid ptosis.

Histopathological examination revealed a cut-open grey friable white gelatinous tissue mass measuring 5*4*1.5 cm with a connective tissue tail measuring 1*0.8*0.3 cm. The tumor was composed of hypocellularmyxoid areas with intervening scanty spindle cells, a few of them showing intra-nuclear vacuoles and multinucleation. There was no mitosis, pleomorphism, or large atypical cells. The features were highly suggestive of myxoma.

In Immediate Post op period, visual acuity remains the same with improved extraocular movements and minimal edema. By7 days, during which edema and chemosis resolved with further improvements in extraocular movements.

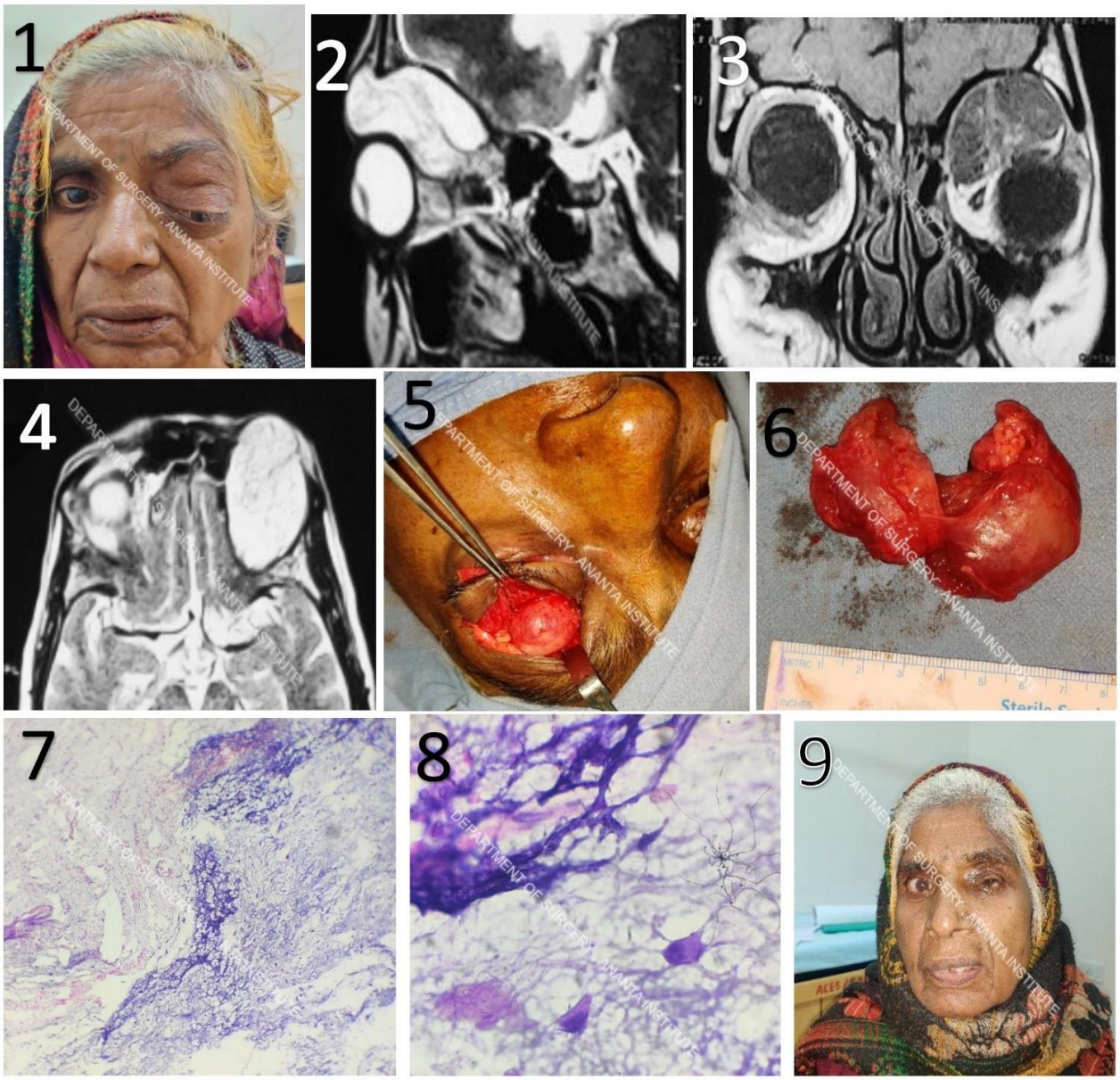


Fig 1, pre-op fig., showing left orbital swelling with eye lobe inferior displacement

Fig 2, 3, and 4: Radiological investigation (MRI) showing a bilobedextraconal soft tissue tumor Fig 5: Intraoperative picture of tumor after upper blepharoplasty incision
Fig 6: Picture of an excised soft tissue bilobed tumor

Fig 7 and 8 are histological slides showing characteristic features of myxoma at 10X and 100X respectively Fig 9 follow-up picture at 1 month

## 3. Discussion

Myxomas are rare, benign neoplasms of mesenchymal origin that usually develop in soft tissues like the heart, which is the commonest site for myxomas. Itis rarely also found at other sites such as skeletal muscle, eye, or skin. To the best of our knowledge there are only 30 cases previously reported of orbital myxoma.[2,4-6]

As the clinical manifestations are non-specific, it is difficult to diagnose the tumor without a biopsy and histopathological examination. Myxomas are sometimes inherited and are also associated with several rare syndromes, such as the *Carneys complex*, which is associated with eyelid lesions and cardiac myxomas. They can also be associated with fibrous dysplasia. Cases of orbital myxomaare very rare. Orbital myxoma can be confused with lymphangioma, conjunctival lymphoma, OSSN, and amelanotic melanoma.

In a case report by **Weisbrodet al 2020** Where they excised an expansile lesion involving bony superior and lateral orbit through left orbitozygomatic craniotomy and reconstruction of orbital roof and lateral orbital wall with a frontal bone auto graft which they reported as an intraosseous orbital myxoma .

Our patient showed characteristic findings of myxoma on MRI, which showed a well-defined bi-lobulated extraconal mass showing moderate heterogeneous enhancement.

Myxomas have very limited potential to turn malignant, but

they're often recurrent, so we went for wide local excision where we excised bilobed tumor tissue En- block with connective tissue tail through an upper blepharoplasty incision and after excision levatorplasty was performed in same stage to prevent ptosis of upper eyelid.

Biopsy of excised tissue was sent for histopathological examination which showed features suggestive of myxoma

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