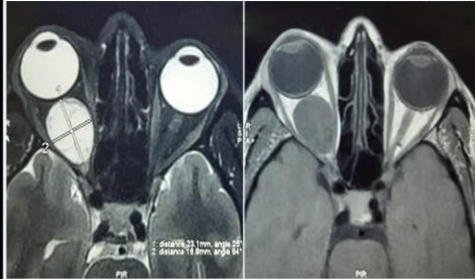


EYE - CONIC CASE

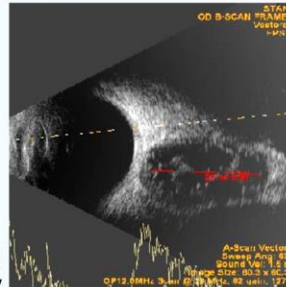
Glimpse of an enticing case scenario

APPROACH TO A CASE OF UNILATERAL PROPTOSIS - ORBITAL SCHWANNOMA

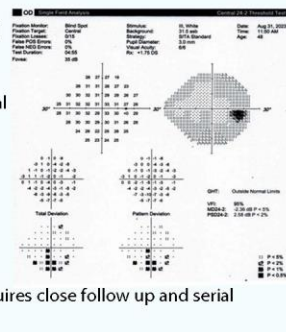
- Dr. Priyadarshni.S



A 48 years old female came with complaints of bulging of right eyeball noticed since 15 days associated with pain since 3 days. On examination, she had right sided axial proptosis measuring 22-95-16 in Hertles Exophthalmometer with mild superotemporal tenderness, limited retropulsion and no changes on Valsalva manoeuvre or posture. Her extra ocular movements were full and free. Best corrected visual acuity in Right eye was 6/6 and N6. Colour vision was normal. Intraocular pressure was 18 mmHg. On Slit lamp examination, anterior segment was



normal. Pupil was round, regular reacting to light. Fundus examination of right eye was within normal limits. Left eye was normal. B scan ultrasonography Right eye showing oval hypoechoic lesion of 23.14mm x 13.52 mm in the orbit with corresponding A Scan showing moderate to low spikes in declining pattern. Auto perimetry of right eye central 24 - 2 threshold test showing few inferior field defects. MRI orbit showed a well circumscribed oval intraconal lesion measuring 2.3 x 2 x 1.6 cm temporal to optic nerve displacing it superiorly extending posteriorly to apex (T1 - Hypo intense signal, T2 - Hyper intense signal) suggestive of Schwannoma. Clinical diagnosis of right orbital Schwannoma was made and patient was managed with right lateral orbitotomy with cryo-assisted mass excision biopsy. Orbital Schwannomas are rare peripheral nerve sheath tumours constituting 1% of orbital tumour appearing commonly in young middle-aged adults. It rarely undergoes malignant transformation. It arises mainly from intra orbital branches of cranial nerve V1. 40 to 60% of orbital Schwannomas occupy superior quadrant causing inferior proptosis. Mainstay of management is surgical excision with attempted maintenance of capsular integrity. This patient improved post operatively with UCVA 6/9 PH 6/6 near N6. Requires close follow up and serial imaging.



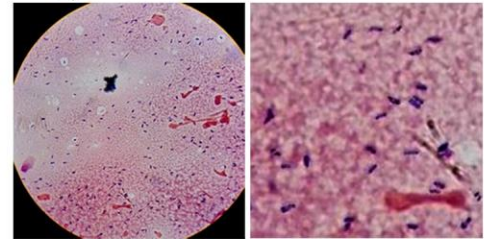
EYE - OPENER

Lets brush-up our basics

MICROBIOLOGY - GIEMSA STAIN

- Dr. Navaneetha

Giemsa stain is based on the use of Giemsa dye, a neutral blue dye consisting of acid dye - Eosin Y and basic dye - Methylene blue and Azure B. When stained with Giemsa stain, Microsporidium appears as round to oval shaped purple colored spores. This stain is not taken up by the cell wall, and only the cytoplasm gets stained. So the spores appear smaller than those in the other stains.



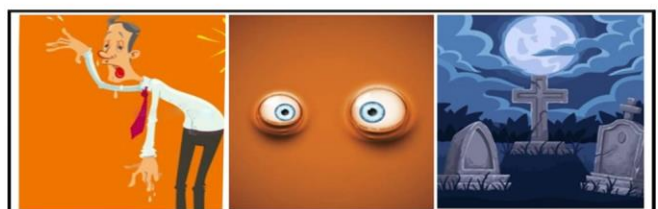
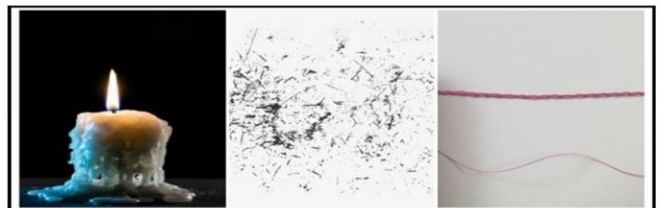
Microsporidium spores seen stained in purple with Giemsa stain in a patient with corneal microsporidiosis

EYE QUEST

To tease your brain a little

GUESS THE CLINICAL CONDITION

- Dr. Sara

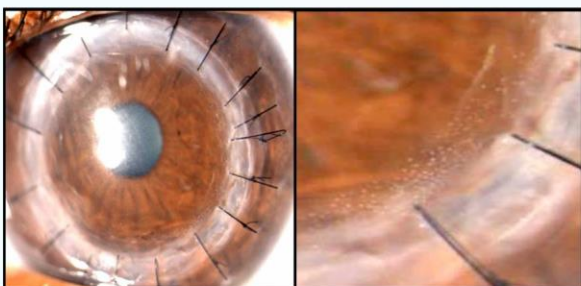


EYE - WORTHY SNAP

Captured clinical findings

KAYE DOTS

- Dr. Mariam Jameela



A Clinical picture of a 31 years old female, Left eye showing white punctate epithelial opacities located in the epithelium anterior to the suture line of a post penetrating keratoplasty corneal graft suggestive of **KAYE DOTS**. They result from an epithelial response to the area of tissue angulation and is not a sign of epithelial rejection.

EYE QUEST

September - Answers

1. Amslers
2. Unoprostone
3. Cornea
4. CAIRS
5. a) Mobius
b) Moorens
c) MIGS
6. Rhodopsin
7. Optic
8. Base In

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