

# UNILATERAL CHEMOSIS WITH SEVERE REACTIVE CHANGES MASQUERADING AS CONJUNCTIVAL NEOPLASM

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## WILLS EMERGENCY ROOM

- 47 year-old African-American M presents with 1 week of progressive left eye chemosis



### Past Ocular History

- Large Angle Alternating XT
- High myopia – wears glasses

### Past Medical History

- Autism, nonverbal at baseline
- Recent admission for COVID-associated pneumonia
- Recent diagnosis of OSA
- HTN
- No history of thyroid dyscrasia

### Past Surgical History

- Testicular surgery (age 13)

### Medications

- Amlodipine 10mg

### Social and Family History

- No alcohol, tobacco, or drug use
- Lives with mom in NJ

### Review of Systems

- No fevers/chills

# EXAM

**V**<sub>CC</sub> < 20/60  
20/60

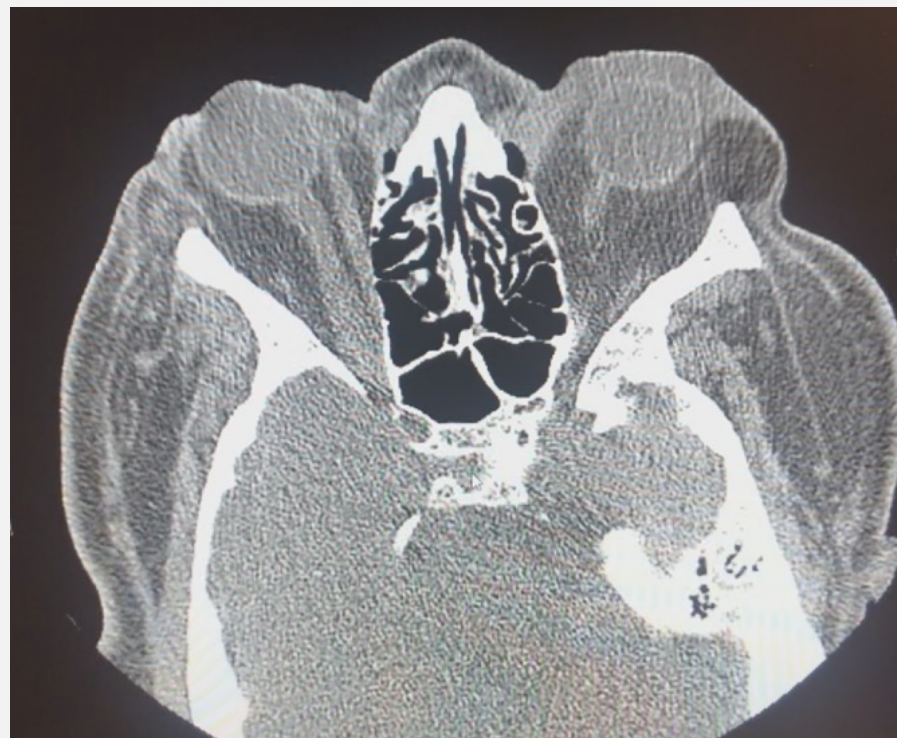
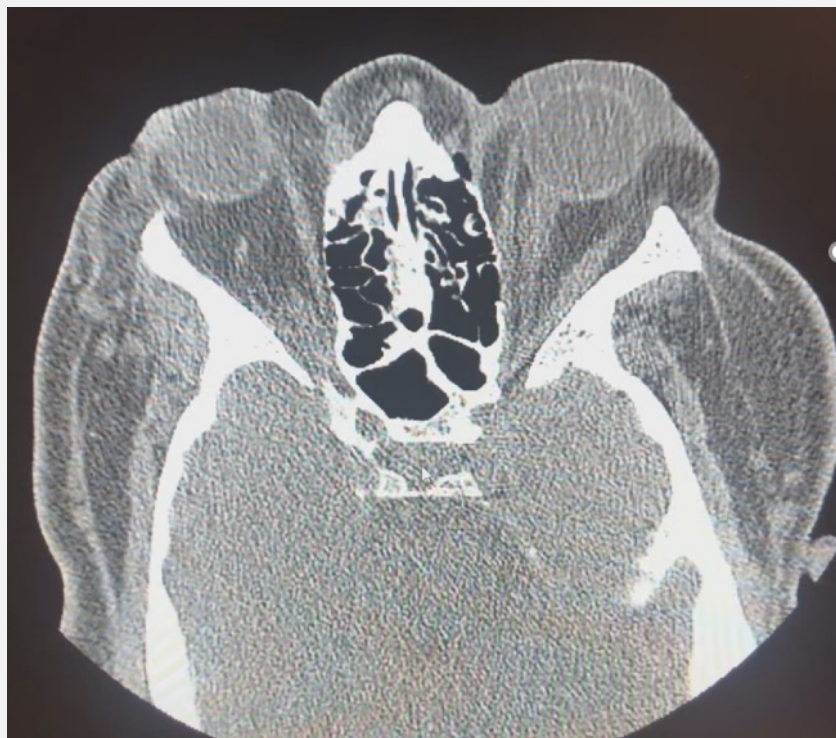
**P** < No afferent pupillary defect  
No afferent pupillary defect

**T** < 25  
Tonopen 25

**EOM** < Grossly Full  
Grossly Full

Prominent globes, floppy eyelids bilaterally.

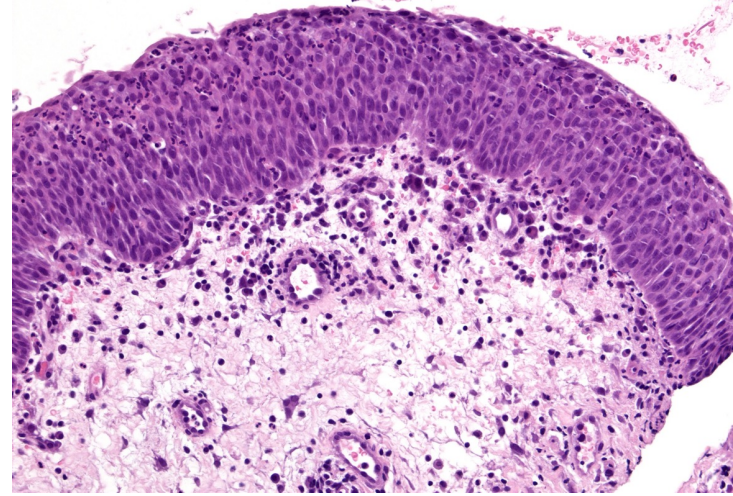
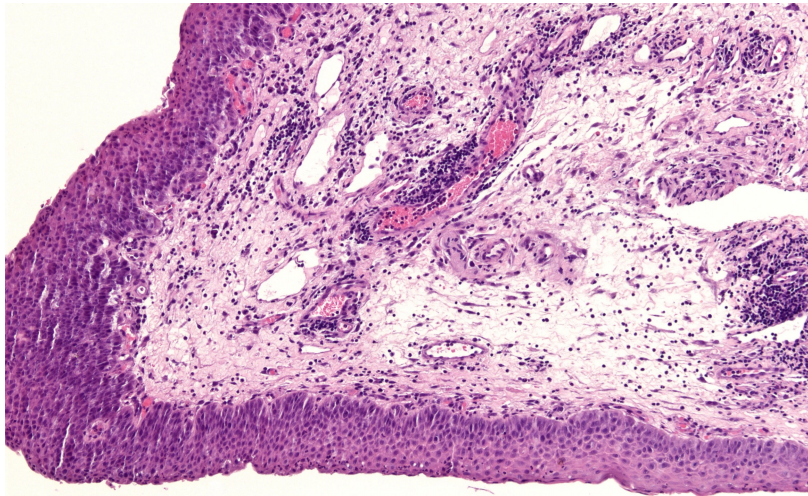
## CT ORBITS WITHOUT CONTRAST



## SURGICAL EXPLORATION

- Given significant exposure – operating room for drainage and biopsy of chemosis
- Lateral permanent tarsorrhaphy
- Medial temporary tarsorrhaphy





## CONJUNCTIVAL BIOPSY HISTOPATHOLOGY

→ Conjunctival intraepithelial neoplasia (CIN) with severe dysplasia

## STATUS POST INITIAL BIOPSY AND TARSORRHAPHY

Post-operative week 1



Post-operative week 2



→ Resolution of chemosis on  
topical corticosteroid drops

→ 1 month prior to presentation



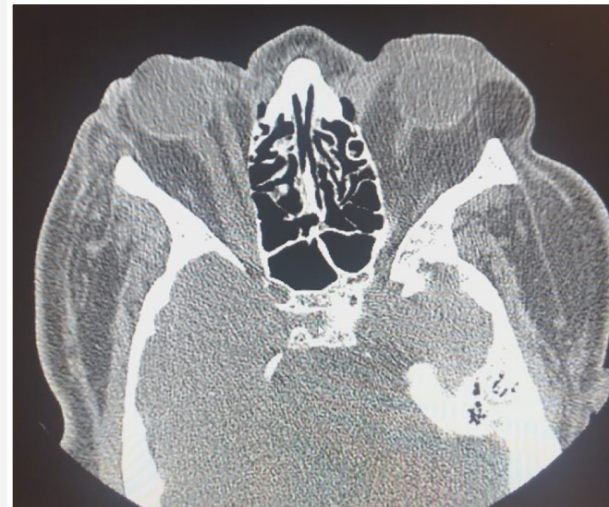
REFERRAL TO  
OCULAR  
ONCOLOGY?

CIN is a slow growing  
tumor

Clinical history and  
response to steroids was  
inconsistent with CIN

## ~ 2 WEEKS POST-OP

- Mom witnessed spontaneous globe subluxation of the right eye (previously unaffected)
- Postulated that shallow globe configuration and floppy eyelids predisposed him to globe subluxation.
- Globe subluxation → severe chemosis of the left eye

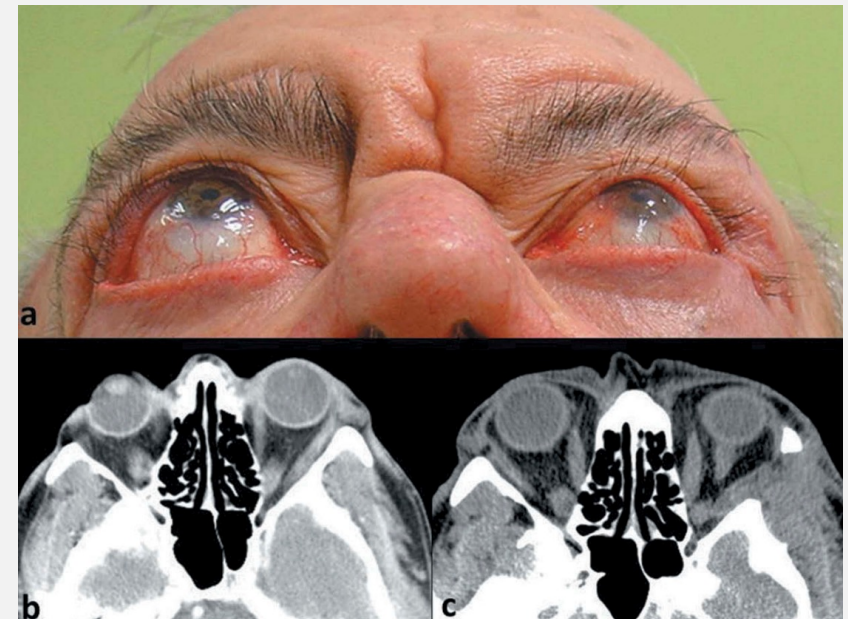
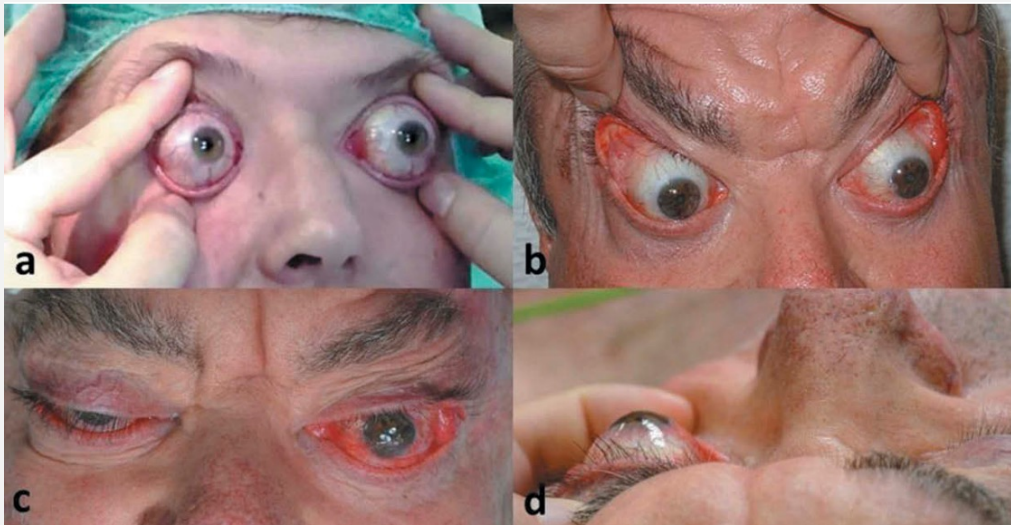




## SURGICAL TECHNIQUE

# Deep lateral rim-sparing orbital wall decompression in spontaneous globe subluxation associated with shallow orbits and eyelids laxity

Álvaro Bengoa-González<sup>a</sup>, Bianca-Maria Laslău<sup>a</sup>, Agustín Martín-Clavijo<sup>b</sup>, Enrique Mencía-Gutiérrez <sup>a</sup>, Elena Salvador<sup>c</sup>, and María-Dolores Lago-Llinás<sup>a</sup>

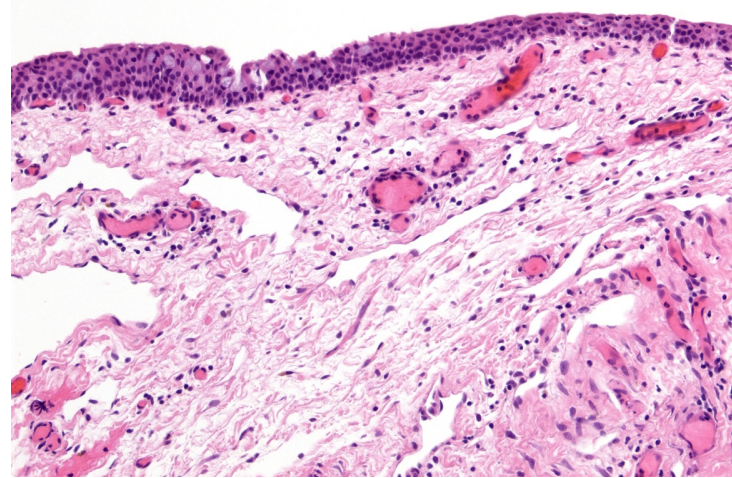
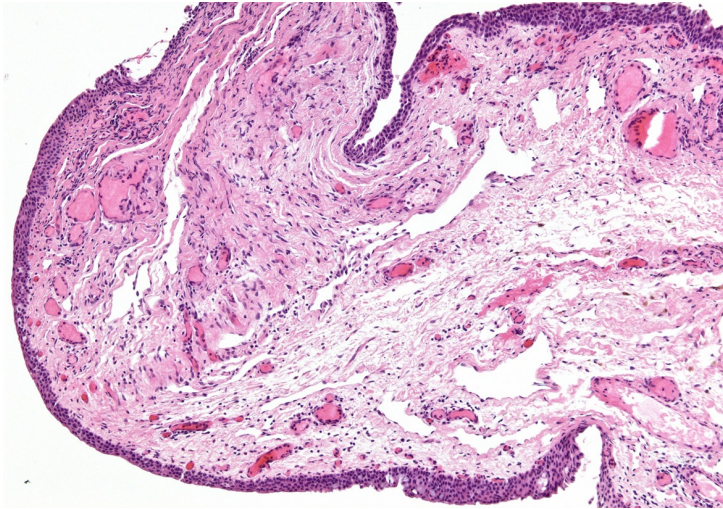


## NEXT STEP FOR OUR PATIENT: OPERATING ROOM

- Bilateral 3-wall decompression
- Repeat conjunctival biopsy of the left eye
- Bilateral lateral permanent tarsorrhaphies



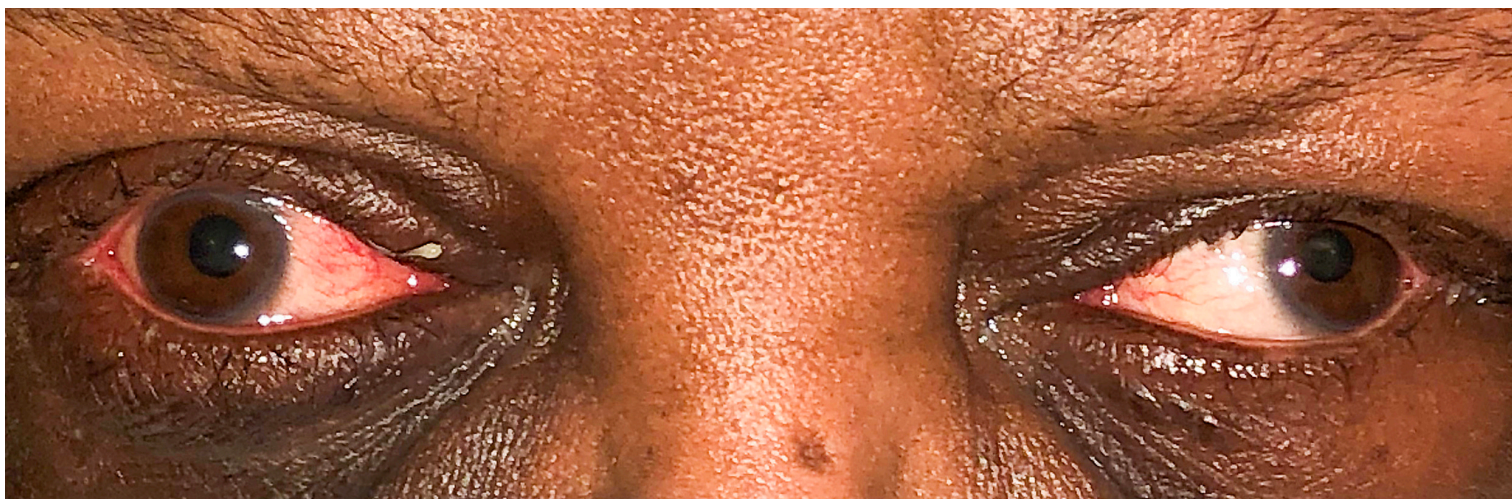
→ POD 1



REPEAT CONJUNCTIVAL BIOPSY

→ Resolved chemosis, no neoplasia

5 MONTHS S/P DECOMPRESSION



## CONCLUSIONS

- ❖ Shallow globe and floppy eyelids can predispose to spontaneous globe subluxation
  - ❖ The treatment of choice is orbital decompression
- ❖ Severe chemosis from exposure can be histopathologically indistinguishable from conjunctival intraepithelial neoplasia (CIN).
- ❖ It is essential to correlate pathological evaluation with clinical history.
- ❖ A close working relationship between clinicians and pathologists is essential to guide patient management.
- ❖ When in doubt, repeat biopsy may be necessary.

## REFERENCES

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THANK  
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