**Article 6** 



### Images in clinical medicine



# Hypermetropic anisometropia revealing a choroidal tumor

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### Hypermetropic anisometropia revealing a choroidal tumor

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### Image in medicine

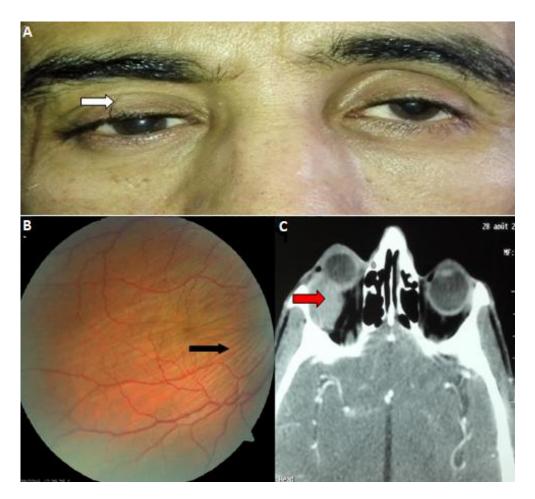
A 47-year-old man consulted for progressive loss of vision of his right eye over 03 years. His medical history was positive, for five time need to change his spectacles over four years with temporary improvement in his vision. He declared that previous prescriptions were made by an orthoptist without clinical examination and he denied any associated symptoms such as diplopia or ocular pain. His refraction was +5.87 - 0.87 x 50°OD and +1.75 - 0.62 x 155°OS. The best corrected visual acuity was 6/24 OD and 6/6 OS. On examination we found a fullness of the right superior eyelid crease, grade 1 proptosis with hypotropia (A), limited abduction OD with normal pupil reflex. Fundus examination showed chorioretinal folds

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(B). Computed tomography (CT) scan showed a hyperdense orbital lesion located temporally with globe deformation and proptosis (C). We conclude to a presumed cavernous hemangioma of the orbit confirmed by histopathological examination after surgical intervention through a lateral orbitotomy. Orbital cavernous hemangioma is a slowly

progressive solitary tumor with low-flow vascular pattern. Hypermetropic anisometropia in the presence of an orbital syndrome raised our suspicion of a mass effect confirmed by CT-scan. Clinical examination is of paramount importance to avoid such delay of diagnosis.



**Figure 1**: A) fullness of the right superior eyelid crease with hypotropia and proptosis; B) chorioretinal folds on fundus photography; C) a solitary temporal well-limited hyperintense lesion with mass effect on the globe