



Management of orbital disorders is a challenging job

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Dear Friends,

Management of orbital disorders is a great challenge for any one. Orbit is the only cavity having small size with wide diversity of disorders. The presence of complex, multiple anatomical structures arisen from all three embryonic germ layers is responsible for highly diversified clinical presentation thus making differential diagnosis quite difficult. Orbit is very small in volume (30cc) and enclosed space (posteriorly by four bony walls and anteriorly by Orbital septum) with much less capacity to adjust anatomical and physiological alterations following orbital trauma and space occupying lesions resulting in compartment syndrome. Orbital compartment syndrome is a true ocular emergency need immediate identification and intervention to be avoided for permanent visual loss.⁽¹⁾

Orbit can be affected from disease from neighboring structures (nose, paranasal sinuses, pterygopalatine fossa and cranial cavity etc.) through multiple communications like fissures, canal and foramina. Being highly vascularized area, orbit may get metastasis from distant malignant neoplasm. Developmental disorders of orbit often occurs in combination with craniofacial malformations that usually required multiple staged larger surgeries.

Detailed history, extensive clinical examination and modern imaging tools (ultrasonography, multislice CT Scanner & MRI etc.) is helpful in narrowing differential diagnosis.⁽²⁾ Newer pathological techniques like fine needle aspiration biopsy & special immunohistochemistry also helpful for accurate diagnosis. Thus pathologist is a valuable resource for Orbitologist but it is necessary to communicate with the pathologist before and after surgical procedures to provide accurate patient care. Orbital navigation technique is another boon for orbitologist in managing orbital disorders. Management of orbital disorders requires knowledge of comprehensive anatomy of orbit, additional expertise and dedicated team of other specialist like neurosurgeon, otolaryngologists and maxillofacial surgeons.

References

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