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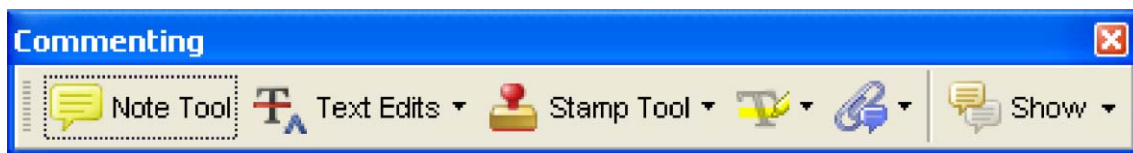
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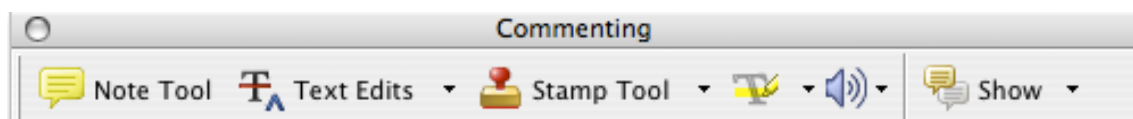
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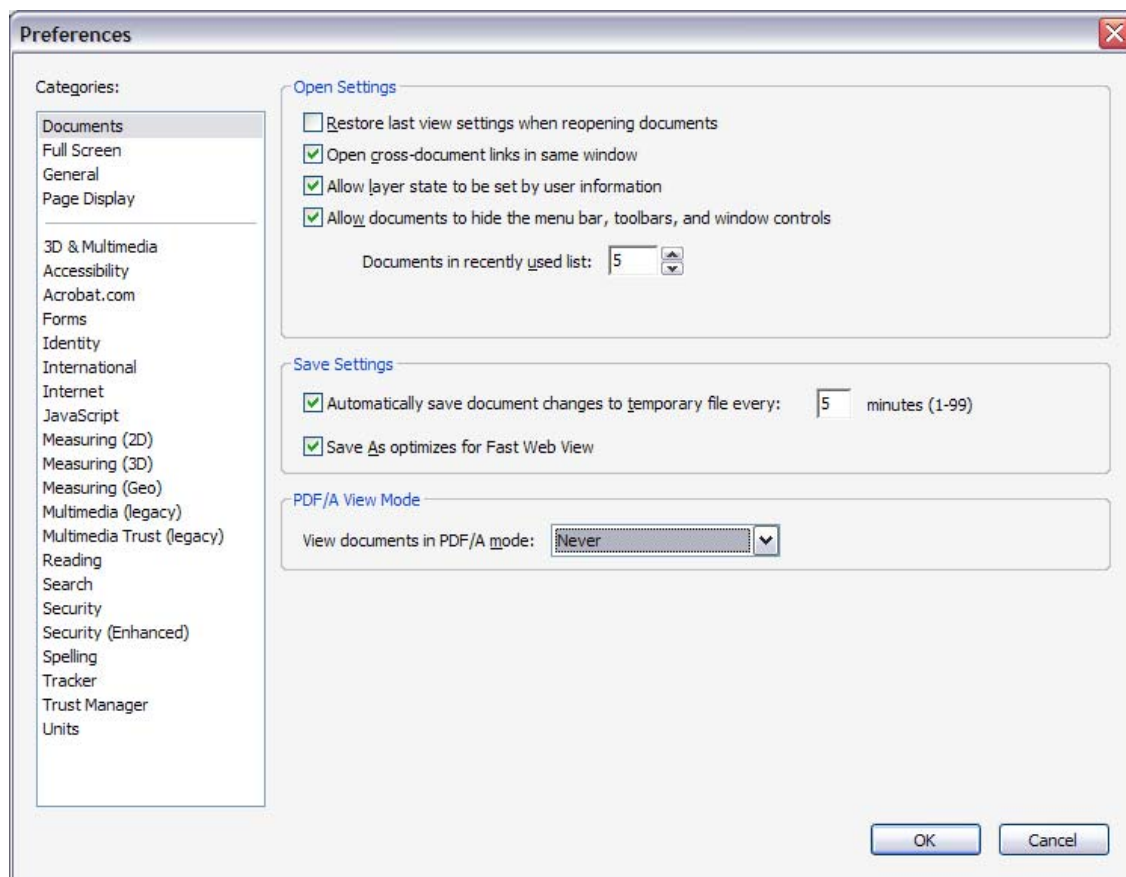
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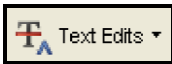


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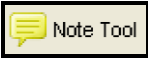
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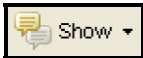
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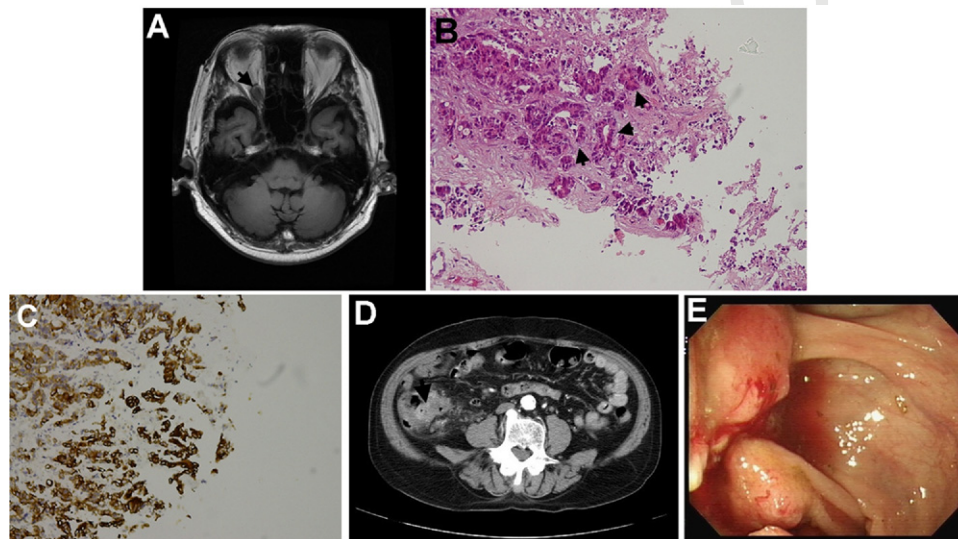
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Colon Cancer With Orbital Metastasis

SHIH-FENG CHEN, CHIN-YUAN YII, and JEN-WEI CHOU

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A 77-year-old man presented to our hospital with a 1-day history of right eye blindness. He began to experience dizziness and decreased visual acuity in his right eye 3 months previously. He visited our ophthalmology clinic where cataract was diagnosed; however, it showed no improvement after treatment. Physical examination and laboratory tests were unremarkable except for ptosis of his right eye. Brain T1-weighted signal magnetic resonance imaging (MRI) showed a soft tissue mass in the right orbital apex (Figure A, arrow). Subsequently, he underwent a right orbito-optic craniotomy. At operation, a tumor measuring $15 \times 10 \times 10$ mm in size originated from right superior rectus and levator palpebrae muscle, with severe adhesion to surrounding tissue. The pathologic study of the tumor showed metastatic adenocarcinoma (Figure B, arrows; hematoxylin-eosin stain; original magnification, $\times 100$). Immunohistochemically, the tumor cells expressed positive for cytokeratin 20, suggesting the origin was from the colon (Figure C; original magnification, $\times 200$). The whole body computed tomography (CT) scan demonstrated a suspicious ileocecal cancer (Figure D, arrow) with lung, orbital metastasis, and peritoneal seeding. Colonoscopy revealed an ulcerative tumor in the ileocecal valve (Figure E). The pathologic study of the biopsy specimens demonstrated moderately to poorly differentiated adenocarcinoma with stromal invasion. He underwent a laparoscopic right colectomy after 5 cycles of neoadjuvant chemotherapy by folinic acid, fluorouracil, and oxaliplatin (FOLFOX)-cetuximab. However, he had disease progression caused by malignant pleural effusions and ascites.

Metastatic orbital tumors are a rare disease, only 9% in the United States, 14.7% in Denmark, and 4% in Japan.¹ Among metastatic orbital tumors, the most common tumors are breast cancers, lung cancers, melanomas, and prostatic cancers.^{1,2} In contrast, gastrointestinal cancers with orbital metastasis are rarely reported in the literature, especially colorectal cancers.¹⁻³ The clinical presentations of metastatic orbital tumor include diplopia, pain, proptosis, strabismus, and visual loss.² Brain CT or MRI imaging is a useful imaging modality for orbital metastasis, allowing localization of the tumor within the orbit and demonstrating any bony changes. The appearance of an orbital metastasis on CT or MRI scan is dependent on the histologic type, because it can present as a well-defined discrete mass, a diffuse lesion in the intraconal or extraconal space, an enlarged extraocular muscle, or might involve the bone, inducing hypostosis or hyperostosis. Amemiya et al¹ found that in 51.6% of patients with metastatic orbital tumors, the primary neoplasm was diagnosed from the orbital tumor. If gastrointestinal cancers metastasize to the orbit, this usually combines with lung metastases. In our case, he also had multiple lung metastases. The treatment of metastatic orbital tumors is often multidisciplinary.

Conflicts of interest

The authors disclose no conflicts.

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62 ciplinary, including radiotherapy, chemotherapy, hormone
63 therapy, surgery, and immunotherapy.² However, orbital metas-
64 tasis is an indicator of poor prognosis for most cancers because
65 it usually combines with multiple metastases.
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67 **References**

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