

# History

- A 57-year-old female patient presented with gradual painless diplopia over the last six months.
- Examination revealed restricted upward eye movements and 4mm proptosis which did not increase with Valsalva manoeuvre.
- Intraocular pressure was normal, no visual defects were noted, and fundus examination was unremarkable.
- MRI scan (Figure 1) revealed a solid lesion occupying the extraconal space between medial rectus and superior rectus muscle.
- Given the strong clinical suspicion of a neoplastic process, an excisional biopsy was performed and the specimen sent for ophthalmic histopathological assessment.

# Questions

- Considering clinical features and radiological presentation (Figure 1) what differential diagnoses would be considered?
- What does the histology of the excised lesion (Figure 2) reveal?
- What are the arrows pointing to (Figure 3)?
- Immunohistochemistry on Figure 4 shows expression of CD34 (cytoplasmic) and STAT6 (nuclear). Are there any other markers also expected to be positive in this condition?
- What is the most likely diagnosis?
- What genetic abnormality would be expected to be present in this lesion?
- Are there any morphological features associated with malignant behaviour?

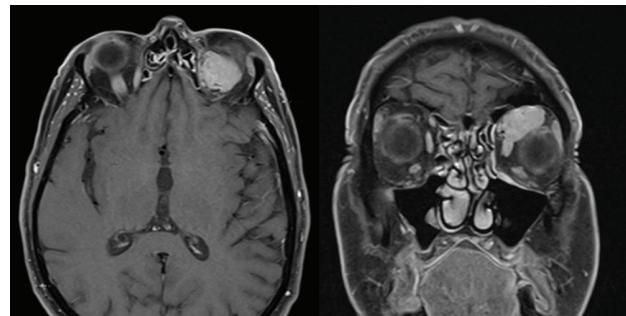


Figure 1

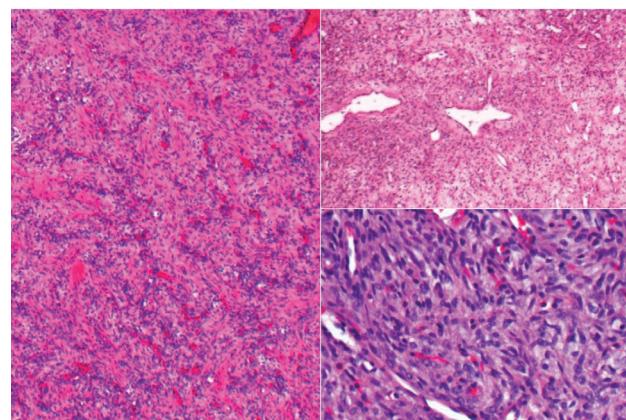


Figure 2

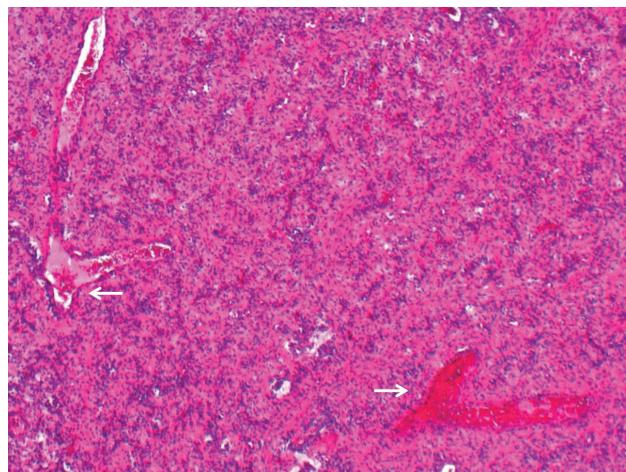


Figure 3

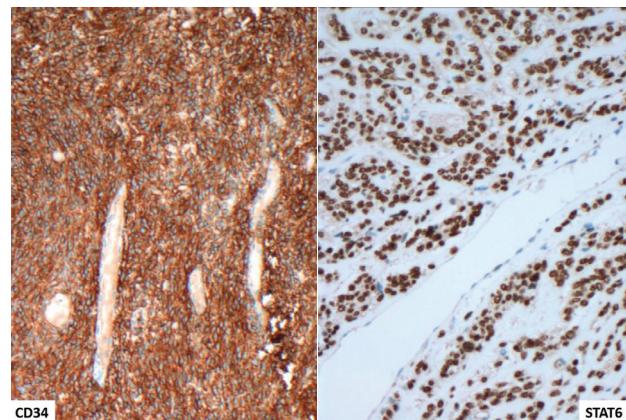


Figure 4

# ANSWERS



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