Orbital pseudotumour (or non-specific orbital inflammatory disease) is a rare idiopathic condition which can present with only eyelid swelling and pain, symptoms commonly seen in accident and emergency departments. Patients are often young, and may have a variety of additional symptoms from periorbital inflammation to proptosis and diplopia.

When the clinical signs (fig 1, top) are most prominent in the upper outer quadrant of the orbit the inflammation is often in the lacrimal gland. Other affected areas may be the extraocular muscles, or more rarely diffuse inflammation of orbital tissues. Computerised tomography (fig 1, bottom) is helpful in localising the site of the swelling.

Figure 1 Top: Left supero-temporal orbital swelling. Bottom: Computerised tomography showing left lacrimal gland enlargement.

The disorder responds dramatically to appropriate treatment.1 In the lacrimal type a trial of systemic amoxicillin and clavulonate is useful when infective dacroadenitis is suspected. Persistence of eyelid swelling, proptosis, or diplopia requires a course of systemic steroids, to which an orbital pseudotumour responds dramatically. This also helps to establish the diagnosis. The prognosis is good, with a recurrence rate of 7% in one series2 although it is considered to be lower for the lacrimal type.


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