Strabizem in ostalo, Thursday, May 15 2025, 13:45-14:25
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Chairs: Nevena Kaše and Silvija Delfin

OR-002
Case report: decompensation of intermittent exotropia or intracranial tumor?
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The purpose of the article is to draw attention to the possible dangerous etiologies of strabismus. A case of monocular divergent strabismus is presented, which turned out to be an intracranial tumor.
A 2-year-old girl was treated in the emergency department of the eye clinic due to a 4 days history of of intermittent divergent deviation of the right eye. Before the onset of the squint, she had a high fever (40°C) due to an infection. During the examination, the ophthalmological status was within normal limits, including absence of strabismus (which was only visible on photographs provided by parents). Visual acuity and measured refractive error were appropriate for age and no structural pathologies of the eye were seen. The child was referred for further treatment to the outpatient clinic of orthoptics and strabolgy, and to the outpatient clinic for child and adolescent neurology.
In the following weeks, the strabismus of the right eye became persistent, the adduction of the right eye did not extend beyond the medial line, ptosis and anisocoria with a wider but adequately reactive right pupil (oculomotor paresis) and exophthalmos also appeared. The girl underwent an urgent examination at the Pediatric Clinic, where, with the exception of the described signs no abnormalities were present in neurological status.
The child has been referred for a head MRI, which showed an expansive process measuring 14x 7mm in the right cavernous sinus, spreading into the parasellar region and through the superior orbital fissure into the apex of the right orbit, spreading along the inferior and lateral rectus muscles.
Electrophysiological examinations showed abnormalities of the postretinal signal (reversal VEP was delayed, reversal and onset VEP were less altered).
A biopsy of the lesion was performed, which revealed an inflammatory myofibroblastic tumor. She received therapy with Entrectinib, with led to an improvement of both strabismus and oculomotor nerve paresis.
Conclusion:
A case of a typical onset of strabismus problems was presented, but with a dramatic deterioration in the condition in the following weeks, which required additional diagnostic examinations and led to the discovery of an intracranial tumor.

Predstavitev primera: dekompenzacija intermitentne eksotropije ali intrakranialni tumor?
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Namen prispevka je opozoriti na možne nevarne etiologije strabizma. Prikazan je primer monokulanrega divergentnega strabizma za katerega se izkaže, da gre za intrakranialni tumor.
2 letna deklica je bila obravnavana v urgentni ambulanti očesne klinike zaradi 4 dni trajajočega občasnega divergentnega odklona desnega očesa. Pred nastankom težav je bila visoko febrilna (40°C) ob infektu. Med pregledom je bil oftalmološki status v mejah normale, vključujoč z odsotnostjo strabizma (le- ta je bil viden na fotografijah). Vidna ostrina in izmerjena refraktivna napaka sta bili ustrezni za starost in bilo videti ev. strukturnih patologij zrkla. Deklica je bila napotena za nadaljnje obravnave v ambulanto za ortoptiko in strabolgijo, ter v ambulanto za otroško in mladostniško nevrologijo.
V sledečih tednih je škiljenje desnega očesa postalo vztrajajoče, addukcija desnega očesa ni segala čez medialno linijo, pojavili sta se tudi ptoza in anizokoria s širšo vendar ustrezno reaktivno desno zenico (pareza okulomotoriusa) ter eksoftalmus. ODeklica je opravila urgentni pregled na Pediatrični kliniki, kjer z izjemo opisanih sprememb v nevrološkem statusu niso bila prisotna odstopanja.
Napotena je bila na MR glave na katerem je bil razviden ekspanzivni proces velikosti 14x 7mm v predelu kavernoznega sinusa desno, s širjenjem v paraselarno regijo in skozi zgornjo fisuro orbitalno v apeks desne orbite, s širjenjem vzdolž spodnjega in lateralnega m. rektusa.
Elektrofiziološke preiskave so pokazale odstopanja postretinalnega signala (reversal VEP je bil zakasnjen, reversal in onset VEP pa manj spremenjena).
Opravila je biopsijo lezije ki je razkrila da gre za inflamatorni miofibroblastni tumor. Prejala je terapijo z Entrectinibe ob kateri sta se tako strabizem kot pareza n. okulomotoriusa izboljšala.
Zaključek:

Prikazan je primer povsem običajnega pričetka težav s strabizmom vendar z dramatičnim slabšanjem stanja v nadaljevalnih tednih, kar je zahtevalo dodatne diagnostične preiskave in vodilo v razkritje intrakranialnega tumorja.