A 3-month-old female infant presented at our hospital with a history of proptosis of the left eye since birth. The parents had noticed a mass below the left eye that had been gradually increasing in size since 1 month and causing protrusion of the left eye (Figure 1). Computed tomography of the orbit showed a well-defined mass in the left inferolateral orbit. The mass had cystic spaces (Figure 2A) within and calcification (Figure 2B-2C). Given the history, disorganized structure of the mass, and cystic spaces within, a clinical diagnosis of a cystic teratoma was made and a surgical excision of the mass was performed. Histopathologic examination showed disorganized tissue originating from all three germ cells layers. The ectodermal structures seen were skin, hair, and other dermal appendages (Figure 3A). Bone, cartilage, and skeletal tissue (Figures 3B-3C) originating in the mesoderm were also seen. Endodermal tissue included neuroglial tissue (Figure 3D), tubal tissue with a ciliated epithelium (Figure 3E), and secretory acini (Figure 3F). There was no evidence of primitive elements or malignancy. The diagnosis of a benign cystic teratoma was confirmed. Orbital teratoma is a rare lesion, which may present as a congenital orbital mass. Surgical management is aimed at tumor removal and globe preservation.1 Most orbital teratomas are benign; however, the possibility of malignant tumors must be borne in mind.

REFERENCE