

A Case of Adenoid Cystic Carcinoma – Intraorbital Extra Corneal tumor

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Adenoid cystic carcinoma (ACC) is an indolent cancer arising within glands with a poor prognosis.^[1] It accounts for less than 1% of all tumors. A recent study identified 1p32-p36 as the most frequent genetic change which was also a marker for poor prognosis.^[2] A young male, 26 years presented with blurring of vision and pain over right eye. Underwent surgery right fronto orbital oblotomy. HPR-adenoid cystic carcinoma. Post-operative CT Scan showed residual lesion in intraorbital extra coanal compartment. Bony defects in right lateral wall of orbit and superior right frontal bone.

Proptosis with inferior and nasal deviation of the globe Pain from bone and nerve invasion. Diplopia and ocular motility deficits

Treated with radiotherapy on CLINAC IX (linear accelerator) using 6 MV photons to a dose of 6120 cGy/34 fractions, at 180 cGy/fraction, 5 fractions /week over 5 1/2weeks. Patient tolerated Radiotherapy with minimal side effects. He retained good vision.

REFERENCES

1. Saini JS, Mohan K, Khandalavala. Primary radiotherapy in adenoid cystic carcinoma of the lacrimal gland. *Orbit*. 1990; 9:107-111.
2. Stanford S, Canders CP, Linetsky M, Lai CK, Abemayor E. Adenoid cystic carcinoma of the lacrimal gland: A case report with a review of the literature. *JMIRS*. 2014; 45:323- 326.



Figure 1: Adenoid Cystic Carcinoma

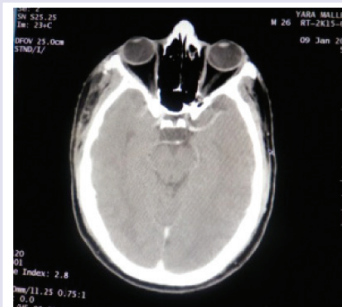


Figure 2: CT image showing residual tumor in intraorbital extra corneal compartment with bony defects

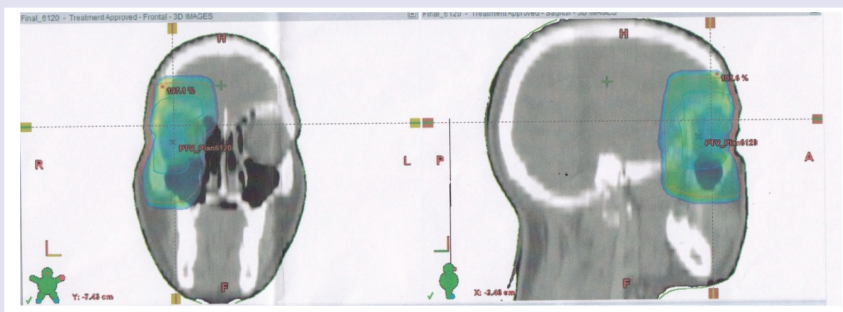


Figure 3: RT DRR images