

## Case Report

# Recurrent UCNT Revealed by an Orbital Metastasis: Case Report

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**Abstract**

Nasopharyngeal cancer has a high incidence in North Africa. We report the case of Mr R.M who presented with orbital metastasis from nasopharyngeal cancer two years after the end of his initial radiotherapy. Rare and of not very specific clinical presentation, it is seen mostly in the context of recurrence. The diagnosis is evoked by the clinic, comforted by the imaging which makes it possible to distinguish between metastasis and orbital extension, and confirmed by the histology. The management of these metastases, whether they are revealing or belong to the recurrent forms, involves mainly radio-chemotherapy.

**INTRODUCTION**

In Morocco, as is the case with other Maghreb countries, the incidence of cavum cancer is high [1]. Unlike other head and neck tumors, nasopharyngeal cancer is characterized by a high rate of metastatic dissemination that sometimes reveals the disease [2].

Orbital involvement occurs very rarely by metastatic spread and is often the preserve of recurrent forms [3].

**CASE PRESENTATION**

Mr R.M aged 48 years, having benefited 2 years ago from a radio-chemotherapy for a UCNT of the cavum with end of treatment in summer 2018. During the follow-up, Mr R.M presented a fronto-palpebral mass evolving for 3 months, fixed, hard, painless, and responsible for a non-axial exophthalmos, without visual acuity decrease. Mr. R.M. initially underwent a nasofibroscope without any abnormality and a biopsy showing an undifferentiated carcinomatous proliferation of nasopharyngeal origin. A bone scan showed hyperfixation in the right frontal bone. An orbitofacial MRI was performed and showed a right intraorbital mass measuring 60x64x56 mm, extraconical and extending to the frontal sinus and the homolateral frontal soft tissues. Mr R.M was referred for additional radio-chemotherapy.

**DISCUSSION**

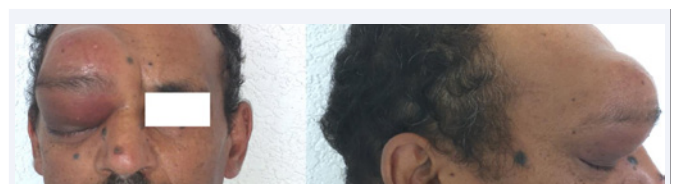
Orbital invasion in the setting of nasopharyngeal cancer is most often by direct extension through the pterygo-palatine

**Keywords**

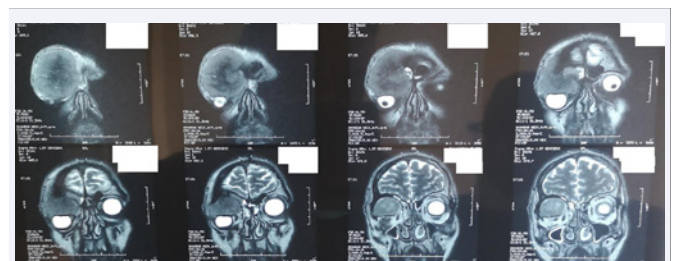
- Nasopharyngeal cancer
- Orbital metastasis
- Radiotherapy

fissure, or the paranasal sinuses. Metastatic dissemination is much rarer. Metastatic recurrence is thought to occur preferentially in the anterior and nasal parts of the orbit. The clinical manifestations associated with these orbital metastases are not very specific: exophthalmos, binocular diplopia, edema or periorbital swelling [4,5].

Magnetic resonance imaging (MRI) has demonstrated its superiority over computed tomography (CT) in demonstrating soft tissue and cranial pair invasion. The value of MRI is even greater when the tumor is large or extends into the brain and parapharyngeal spaces [3]. In case of initial orbital invasion, or a fortiori, metastatic invasion, treatment is always based on radiotherapy with constraints related to the need to protect healthy tissues in the vicinity and to respect radiation doses [6].



**Figure 1** Frontal and lateral clinical photo objectifying the right fronto-palpebral swelling.



**Figure 2** T2-weighted MRI image in coronal section objectifying the presence of an orbital tissue process of 60x64x56 mm.

## CONCLUSION

Orbital metastasis of UCNT of the cavum, revealing or in the context of a recurrence, remains an exceptional entity. Despite its rarity, it must always be in the back of the practitioner's mind. The difficulty lies in differentiating between metastasis and extension. The therapeutic panel is essentially represented by radio-chemotherapy, and must be adapted on a case by case basis during multidisciplinary consultation meetings [7].

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