

## Comment on: A rare case of eyelid sarcoidosis presenting as an orbital mass

Sir,

With great interest, we read the article entitled, "A rare case of eyelid sarcoidosis presenting as an orbital mass" by Gaspar *et al.*<sup>[1]</sup> We have a few observations over which we request their comments.

The title of the article presents this case as an eyelid mass due to sarcoidosis whereas, in fact, the text describes it as an orbital mass seen through eyelid. The coronal contrast-enhanced computed tomography (CECT) demonstrates inferior extraconal orbital mass lesion. A sagittal section image would have been useful to evaluate extension of mass toward the lower eyelid. The intraoperative description also mentions the mass to be arising from orbital floor and not arising from lid tissues.

Sarcoidosis presenting as orbital mass is not uncommon. Orbital mass as presenting feature of sarcoidosis is found in up to 7% of patients. Orbital sarcoidosis commonly presents as palpable mass or as pseudotumor with inferior orbit being a common location of orbital sarcoidosis.<sup>[2,3]</sup> Most sarcoid lesions are found in extraconal anterior orbital space, which makes the lesion easily palpable or visualized early through the lid.<sup>[3]</sup> Eyelid involvement is described in 12–17% cases of orbital sarcoidosis.<sup>[2,3]</sup>

We would like to know about the presence of any uveitis as the article fails to mention so. Uveitis is the most common finding of ocular sarcoidosis and has been demonstrated in 3–15% patients with orbital sarcoidosis.<sup>[2-4]</sup>

Consistency of lesion or any change in lesion size with Valsalva has not been mentioned as the authors considered primary differential being orbital varix. CECT classically demonstrates hyperintense enhancement in case of varix with increase in size with post-Valsalva maneuver. In case thrombosed varix is suspected, magnetic resonance imaging

with contrast and magnetic resonance angiography is a better imaging modality to differentiate vascular and nonvascular pathologies.

We would like to know whether systemic steroid treatment was initiated modality after histological diagnosis of sarcoidosis. We agree with their advice of close follow-up since patients with orbital lesions as a presenting feature of sarcoidosis may develop systemic sarcoidosis or may have further progression of existing systemic lesions.<sup>[5]</sup>

Postsurgery clinical picture and radiological (CECT) images would have been helpful.

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### Conflicts of interest

There are no conflicts of interest.

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