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Orbital and dural involvement in multiple myeloma

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A 48-year-old male who had been diagnosed with multiple myeloma in a separate medical facility 6 months before presenting to the authors' hospital had developed acute on chronic renal failure. He had multiple lytic bone lesions in the pelvis and spine. After a complete physical examination, he was found to have left-sided ptosis as well as bilateral exophthalmos. During examination, the patient complained of dull bilateral orbital pain. Bilateral eye movements were normal.

During treatment for renal failure, the patient had a seizure after which a non-contrast brain computed tomography (not shown) and diffusion-weighted magnetic resonance imaging (not shown) were acquired. These showed multiple dural-based, bilateral extraconal, left sphenoid bone and lacrimal gland soft tissue masses. The patient then underwent non-contrast-enhanced orbital and brain magnetic resonance imaging to evaluate and characterise these lesions (Figure 1). The patient died following admission to the intensive care unit with a hospital-acquired pneumonia.

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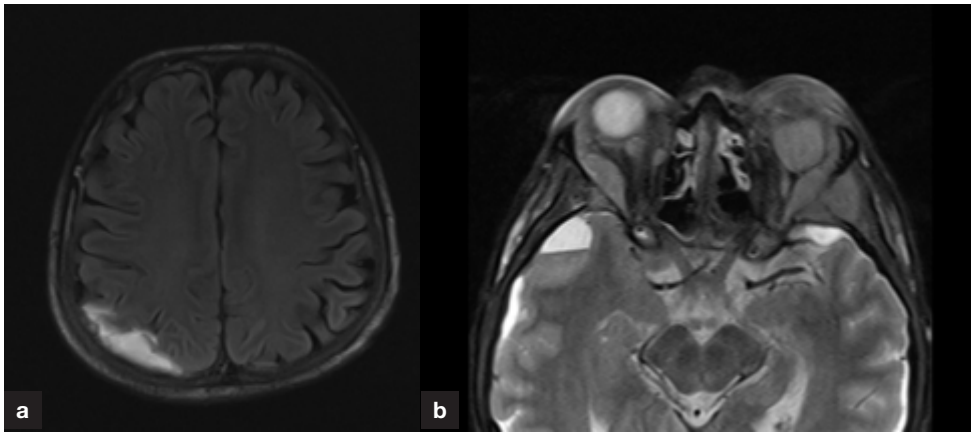

Figure 1. a. Axial fluid-attenuated inversion recovery magnetic resonance imaging of the brain revealed a right parietal dural-based lesion. b. Axial T2-weighted magnetic resonance imaging of the orbits showed bilateral extraconal and left lacrimal gland involvement.