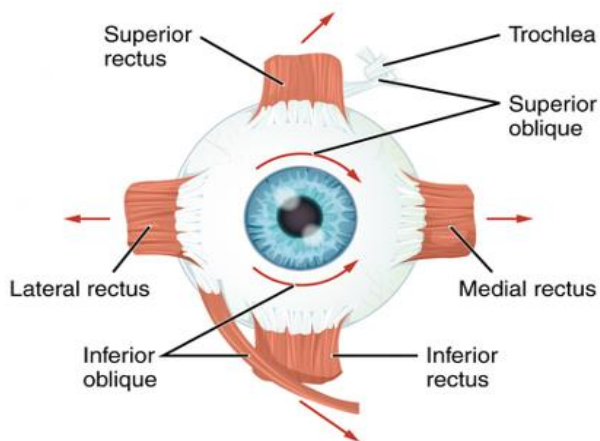


## 眼窩病變

## 眼窩病變

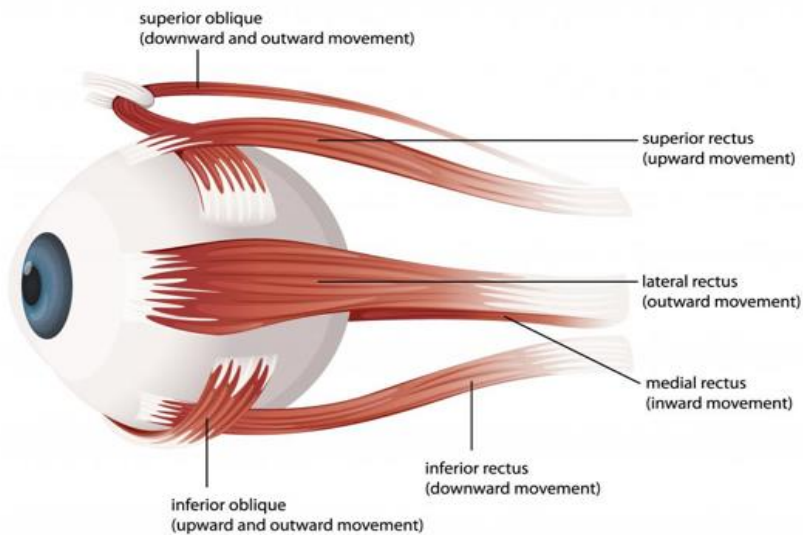
• Sagging eye症候群

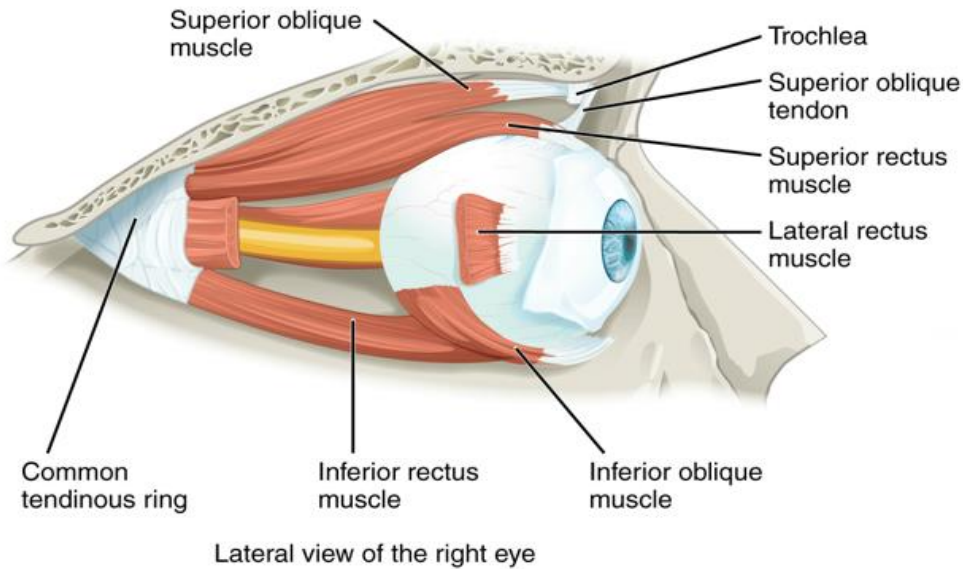
• 偽腫瘍



Anterior view of the right eye

## Muscles of the Human Eye





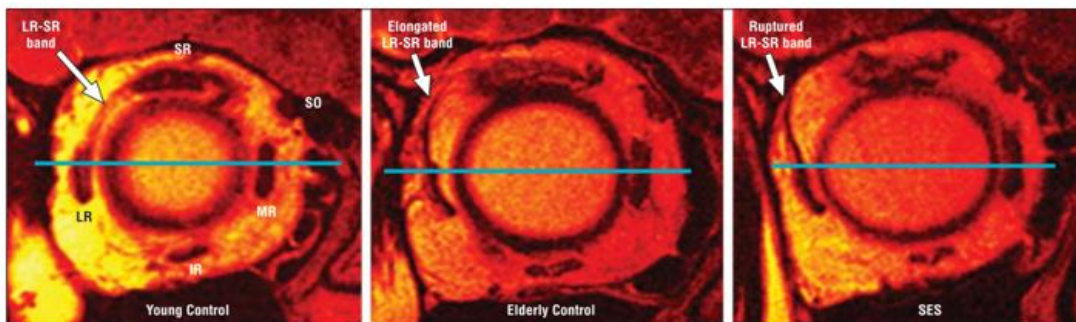
## Sagging eye症候群SESの病因と診断 (垂れ下がる眼)

2013年に初めて報告された新しい概念の病気



## Sagging eye症候群SESの病因と診断 (垂れ下がる眼)

2013年に初めて報告された新しい概念の病気



LR-SRバンドが断裂するとLRを支えるプーリーが下垂(sag)

外転神経の麻痺ではない

老化に伴う眼窩プーリーの菲薄化が原因ですので、発症は緩徐進行性

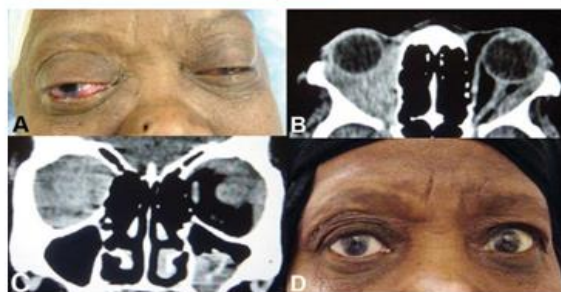
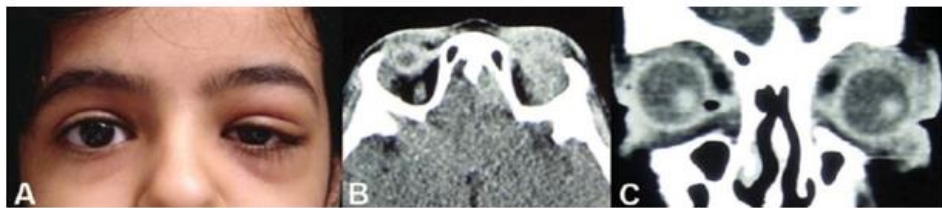
# 眼窩上直筋と外側直筋の腫大

乱視を主訴

## 外眼筋の腫大

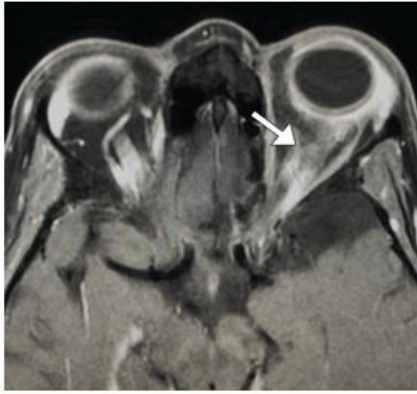
- ・ 甲状腺機能亢進症に伴う外眼筋の腫大（眼球突出）
- ・ 特発性眼窩炎  
偽腫瘍 筋炎 IgG4関連病
- ・ サルコイドーシス 肉芽腫性多発血管炎
- ・ リンパ腫

## 偽腫瘍：orbital pseudotumor

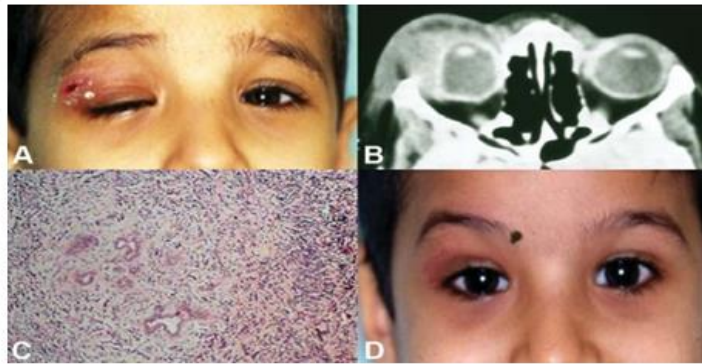


External photograph of a 60-year-old woman with history of several episodes of recurrent bilateral chemosis, restriction of extraocular motility and vision (A). CT-scan (axial and coronal) revealed bilateral infiltrative processes (B and C). Treatment with a course of corticosteroids and radiation therapy resulted in resolution of her symptoms (D).





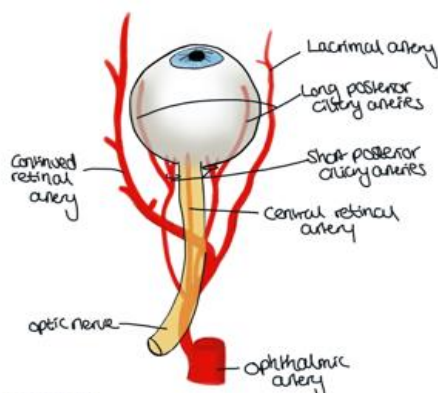
Axial MRI image with contrast revealing left retrobulbar soft tissue abnormalities, optic nerve enhancement, and mild swelling (arrow).



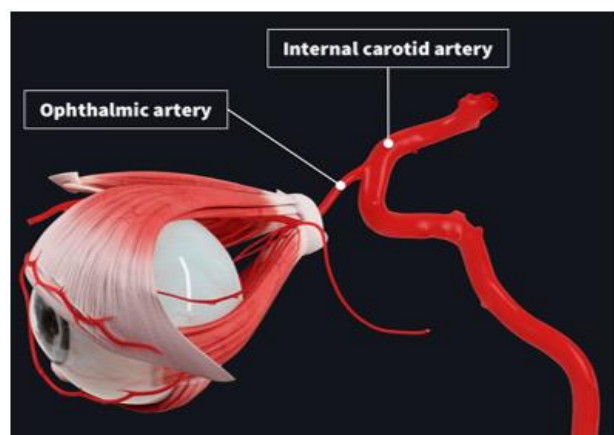
A 6 year old boy presented with ptosis and painful tender swelling over right upper eyelid (A). A CT-scan (axial) revealed enlarged lacrimal gland and associated swelling on the right side (B). Histopathology of the lacrimal gland revealed inflammatory infiltrates consistent with dacryoadenitis (C). Course of oral corticosteroids resulted in dramatic improvement of his symptoms (D).

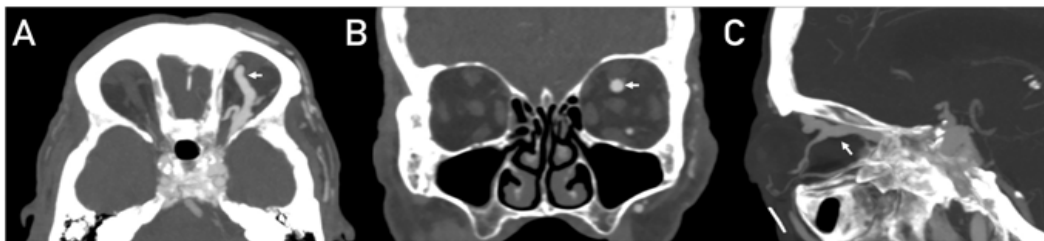
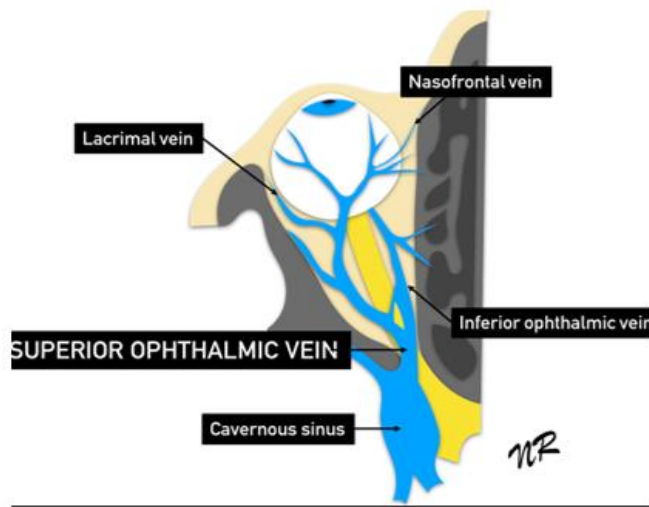
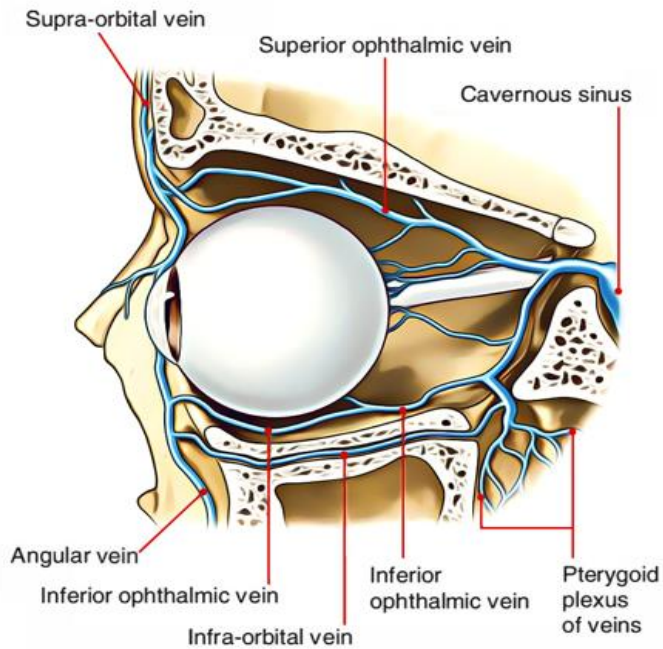
## 外眼筋の腫大 偽腫瘍

- 原因不明
- 組織学的所見
  - リンパ球主体の細胞浸潤
  - マクロファージや好酸球の浸潤もみられる
- 治療
  - コルチコステロイド
  - 抵抗性 放射線治療の追加



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### Origin

Formed in the anterior part of the orbit by the union of the angular, supraorbital and supratrochlear veins.

### Course

- courses laterally within the [intraconal space](#) (with the [ophthalmic artery](#)) to travel between the [superior rectus muscle](#) above and the [optic nerve](#) and ophthalmic artery below <sup>1</sup>
- exits the intraconal space to become extraconal
- exits the orbit via the superior orbital fissure superior to the annulus of Zinn between the frontal (branch of [V1](#)) and [trochlear nerves](#)

### Termination

- drains directly into the [cavernous sinus](#)

# Ophthalmic Veins

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- **Superior ophthalmic v.**
  - Superior orbit contents
  - Eye & ethmoidal air cells
  - Superficial face & forehead

- **Inferior ophthalmic v.**
  - Inferior orbit contents
  - Superficial face
  - Deep face

- May transport infection from the face to the **cavernous sinus**

