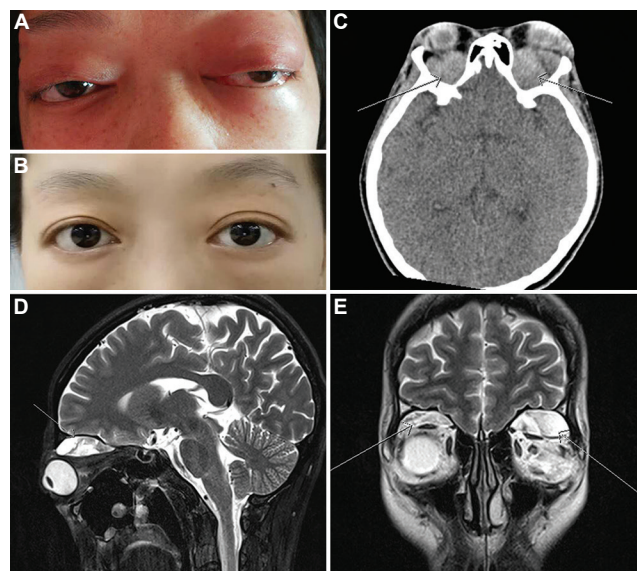




## Clinical Image

### Spontaneous subperiosteal orbital haematoma caused by labour



**Figure.** Subperiosteal orbital haematoma caused by labour. (A) Image showing bilateral proptosis, blepharoptosis, in addition to conjunctival oedema. (B) After one month follow up. (C) Extraconal mass located on the superior aspect of both orbits in axial computed tomography image (arrows). (D) T2-weighted sagittal image showing an extraconal hyperintense mass above the superior rectus muscle of the left eye (arrow). (E) T2-weighted coronal magnetic resonance image showing the hyperintense mass in the superior aspect of both orbits (arrows).

A 32 yr old previously healthy female<sup>†</sup> was referred to the emergency room of the Ophthalmology department of The First Hospital of Jilin University, China in June 2019 with a one-day history of severe sudden onset bilateral eyelid swelling during her labour. On ophthalmic examination, visual acuity was 20/20 and intraocular pressure was normal in both eyes. Extraocular movements were limited to upward gaze, but not significantly restricted to other gazes. Slit-lamp biomicroscopy showed bilateral conjunctival oedema, blepharoptosis and severe proptosis (right eye=17 mm, left eye=18 mm)

(Figure A). The objective scale of limitation was not performed because the patient was too weak and could not sit for a long time to do the synoptophore examination. Levator palpebrae muscle strength in both eyes was under 4 mm, but the results could have been false-negative and unreliable due to the severe eyelid swelling. Other ophthalmic examinations were normal. Spontaneous subperiosteal orbital haematoma caused by labour was diagnosed. Computed tomography (Figure C) and magnetic resonance imaging (Figure D and E) findings revealed bilateral extraconal hyperintense mass above the

<sup>†</sup>Patient's consent obtained to publish clinical information and images.

superior rectus muscle, which was consistent with the diagnosis. Surgical intervention was not applied and the patient was observed closely. The patient was fully recovered with no symptoms at one-month follow-up (Figure B).

***Conflicts of Interest:*** None.

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