

Non-Pulsatile Exophthalmos

1. tumor

a) intraorbital tumor: may be due to mass effect from tumor or to compromised venous drainage from the orbit

- optic glioma
- optic sheath neuroma
- lymphoma
- optic sheath meningioma
- orbital involvement with multiple myeloma
- orbital invasion by invasive pituitary neuroendocrine tumor
- in peds: metastatic neuroblastoma
- in peds: Langerhans cell histiocytosis as part of Hand-Schüller-Christian (triad: DI, exophthalmos and lytic bone lesions (particularly of the cranium)) b) due to hyperostosis from a sphenoid ridge meningioma

2. Graves' disease (hyperthyroidism + exophthalmos): even though the exophthalmos is usually bilateral with this (80%), thyroid disease is still the most common cause of unilateral proptosis

3. enlargement of periorbital fat

4. infection: orbital cellulitis (usually has concomitant sinusitis)

5. inflammatory: orbital pseudotumor. Usually unilateral

6. hemorrhage

a) traumatic

b) spontaneous

7. 3rd nerve palsy: can cause up to 3 mm proptosis from the relaxation of the rectus muscles

8. cavernous sinus occlusion (may affect both eyes)

a) cavernous sinus thrombosis

b) cavernous sinus tumor obstructing venous outflow

9. pseudo-exophthalmos

a) congenital macrophthalmos (bull's eye)

b) lid retraction: e.g. in Graves' disease

c) coronal craniosynostosis can cause a “relative” proptosis

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