



## A 50-year-old woman with a recurrent eyelid swelling

Hong Li\*, Jianping Hu\*, Peizeng Yang

*Lancet Infect Dis* 2019; 19: 338

\*Contributed equally

The First Affiliated Hospital of Chongqing Medical University, Chongqing Key Laboratory of Ophthalmology and Chongqing Eye Institute, Chongqing, China (J Hu MM, H Li MD, Prof P Yang MD)

Correspondence to: Prof Peizeng Yang, The First Affiliated Hospital of Chongqing Medical University, Chongqing Key Laboratory of Ophthalmology and Chongqing Eye Institute, Chongqing 400016, China  
peizengycmu@126.com

See Online for appendix

In April, 2014, a 50-year-old woman presented to our hospital with a history of a painful eyelid swelling, ptosis and slightly decreased vision in the left eye, and a headache, which she had had for approximately 1 month. Previously, the patient had visited three hospitals for treatment. At the first hospital, she was diagnosed with an inflammatory pseudotumor, and the symptoms were improved after treatment with intravenous dexamethasone and cefazolin sodium (the dosages are unknown). However, the symptoms recurred soon after withdrawal of these two drugs. Conjunctival lipoma was diagnosed in the second hospital and ocular tumour was diagnosed in the third hospital, but no treatments were offered. The patient was then referred to our hospital for treatment.

Her symptoms and signs responded transiently to systemic corticosteroid therapy (dexamethasone, 10 mg

once a day; cefazolin sodium, 1 g every 12 h; both administered for 5 days intravenously). The patient had no history of other diseases, nor did we detect any ocular function abnormalities. On further examination, we found a palpable, painful, ocular mass with a clear boundary under the upper left eyelid, which was approximately 3×3 cm in size. A 1×1 cm subconjunctival mass was observed with local congestion (figure). A CT scan and ultrasound were not informative and the patient's medical history did not support a diagnosis of an inflammatory pseudotumor (appendix). A surgical excision under local anaesthesia was then done to remove the subconjunctival mass. During the operation, a long white worm was noticed, which was approximately 15 cm long and 2–4 mm wide, with an attenuation at one end (appendix). The worm was completely removed and identified as *Spirometra mansoni* by histopathological examination (appendix) and the diagnosis of eyelid sparganosis was made. After removal of the mass, treatment with an antiparasitic drug (albendazole, 400 mg once a day for 7 days, orally) was given to prevent dissemination of the parasites. The pain and swelling resolved after 2 days and did not recur over a 4-year follow-up period.

### Contributors

All authors contributed equally to the clinical management of the patient and to the write-up of this case.

### Declaration of interests

We declare no competing interests.

© 2019 Elsevier Ltd. All rights reserved.



Figure: Conjunctival congestion with a 1×1 cm subconjunctival mass.