

Sybille Graef MD<sup>1</sup>, Dan DeAngelis MD FRCSC<sup>1</sup>, Michael J Wan MD FRCSC<sup>1</sup>

<sup>1</sup> Department of Ophthalmology and Vision Sciences, The Hospital for Sick Children and University of Toronto, Toronto

## Introduction

Rhabdomyosarcoma (RMS) is the most common soft tissue sarcoma in children, accounting for 4% of all solid tumors in children. It is also the most common primary orbital malignancy. It can arise in the orbit or adjacent structures with secondary spread. About a third (35%) of all rhabdomyosarcomas arise in the head and neck region.

**Purpose:** To describe the ocular manifestations of rhabdomyosarcoma (RMS) in a cohort of pediatric patients.

## Methods

**Study Design:** Retrospective, single-center cohort study from a tertiary care pediatric hospital.

**Patient Population:** The medical charts of 30 patients with rhabdomyosarcoma in the head and neck region seen between 2000 and 2019 were analyzed.

**Main outcome:** Incidence and prognostic role of ocular findings in primary and secondary RMS cases.

## Results

There were 30 patients with rhabdomyosarcoma. Median age at diagnosis was 5.0 years and 60% were male. After a median follow-up of 5.2 years, there was disease remission in 67%, partial remission in 3.3%, 26.7% were deceased and one case was lost to follow up (3.3%). The histology was embryonal in 25 cases, alveolar in 5 cases, and spindle cell in 1 case. A total of 19 patients (63.3%) were found to have ocular involvement of rhabdomyosarcoma, 16 at presentation.

Primary orbital RMS was seen in 7 patients and 12 cases had secondary orbital or ocular involvement. The most common findings were proptosis (n=3), swelling (n=4) and orbital mass (n=7) in primary orbital RMS cases, whereas cranial nerve palsies (n=9) and restriction of extraocular movements (n=6) was primarily seen in cases of secondary orbital involvement.

On survival analysis, a favorable prognosis was found for cases with primary orbital RMS (deceased=0/7, 0%), while a worse prognosis was found for cases with secondary orbital/ocular involvement (deceased=7/12, 58%).

Ocular long-term complications were common, the most common were bony hypoplasia (33.3%), cataract (30.0%), changes to visual acuity (30.0%) and keratopathy (23.3%). The most common systemic long-term complications were chemotherapy related ototoxicity with hearing impairment (20.0%), cosmetic changes to the face (33.3%), hormonal deficiency (30.0%) and dental sequelae (16.7%).

## Conclusions

- In this cohort of children with RMS, approximately two thirds had ocular manifestations, either at presentation or during the disease course.
- Orbital involvement was common and was associated with a poor prognosis if secondary.
- Ocular long-term sequelae were common, mainly cataract formation, keratopathy or facial asymmetry in this cohort of patients.
- Systemic long-term sequelae included hearing deficits, impact on dental health and cosmetic appearance.

	Primary orbital RMS n (%)	Secondary orbital RMS n (%)
<b>Patients (n=19)</b>	7 (36.8)	12 (63.2)
<b>VA &gt;= 20/40</b>	4 (21.1)	6 (31.6)
<b>VA &gt; 20/200 to &lt;20/40</b>	1 (5.3)	0
<b>VA &lt;= 20/200</b>	2 (10.5)	5 (26.3)
<b>Cataract</b>	5 (26.3)	4 (21.1)
<b>Keratopathy</b>	3 (15.8)	4 (21.1)
<b>Changes to VA</b>	5 (26.3)	7 (36.8)
<b>Bony hypoplasia/facial asymmetry</b>	5 (26.3)	5 (26.3)
<b>Need for plastic surgery</b>	1 (5.3)	0
<b>Facial palsy</b>	0	4 (21.1)
<b>Exenteration</b>	2 (10.5)	0
<b>Cardiac toxicity</b>	0	1 (5.3)
<b>Oto toxicity</b>	1 (5.3)	5 (26.3)
<b>Secondary malignancy</b>	0	1 (5.3)
<b>Cosmetic impact</b>	5 (26.3)	5 (26.3)
<b>Dental health</b>	1 (5.3)	4 (21.1)
<b>Anxiety / depression</b>	2 (10.5)	1 (5.3)
<b>Hormonal deficiency</b>	3 (15.8)	6 (31.6)

Table 2: Ocular and systemic outcomes from a total cohort of 30 rhabdomyosarcoma patients. In one patient visual acuity (VA) of the affected side could not be assessed.

Ocular manifestations (n = 30)	At presentation n (%)	Developed during course n (%)
<b>Number of patients</b>	16 <sup>a</sup> (53.3)	15 (50.0)
<b>Orbital involvement<sup>b</sup></b>	14 (46.7)	8 (26.7)
<b>Ptosis</b>	6 <sup>c</sup> (20.0)	5 (16.7, all transient) <sup>d</sup>
<b>Eyelid swelling</b>	4 (13.3)	0
<b>Eyelid erythema</b>	1 (3.3)	0
<b>Globe displacement</b>	1 (3.3)	0
<b>Proptosis</b>	6 (20.0)	0
<b>Restriction of extraocular motility / strabismus</b>	9 (30.0)	1 (3.3)
<b>Orbital mass</b>	10 (33.3)	1 (3.3)
<b>Optic neuropathy</b>	6 (20.0)	4 (13.3, one case bilateral)
<b>Venous tortuosity / congestion</b>	2 (6.7)	0
<b>IOP</b>	1 (3.3)	0
<b>Hematoma</b>	1 (3.3)	0
<b>Tearing</b>	1 (3.3)	0
<b>Superficial Keratopathy / Dry Eye Disease</b>	3 (10.0)	7 (23.3, 3 were transient <sup>e</sup> )
<b>Cranial nerve palsy</b>	9 (30.0)	1 (3.3)
<b>Cataract / Intraocular lens</b>	0	8 (26.7)
<b>Exenteration</b>	0	2 (6.7)
<b>Enophthalmos</b>	0	3 (10.0)
<b>Lagophthalmos</b>	1 (3.3)	1 (3.3)
<b>Infections (orbital cellulitis / conjunctivitis)</b>	0	3 (resolved)
<b>Reduced visual acuity</b>	3 (10.0)	10 (33.3)

Table 1: Ocular manifestations of rhabdomyosarcoma from a cohort of pediatric patients with orbital involvement. <sup>a</sup> One patient was lost to follow up. <sup>b</sup> Patients could present with one or more findings. <sup>c</sup> 2 cases are related to oculomotor palsy. <sup>d</sup> vincristine neurotoxicity <sup>e</sup> radiation related.

## References

1. Shields CL, Shields JA, Honavar SG, Demirci H. Clinical spectrum of primary orbital rhabdomyosarcoma. *Ophthalmology*. 2001;108(12):2284-2292. doi:10.1016/S0161-6420(01)00840-5
2. Eade E, Tumuluri K, Do H, Rowe N, Smith J. Visual outcomes and late complications in paediatric orbital rhabdomyosarcoma. *Clin Exp Ophthalmol*. 2017;45(2):168-173. doi:10.1111/ceo.12809
3. Boutroux H, Levy C, Mosseri V, et al. Long-term evaluation of orbital rhabdomyosarcoma in children. *Clin Exp Ophthalmol*. 2015;43(1):12-19. doi:10.1111/ceo.12370