hemorrhage remains of minor proportion. In the case presented here, however, a slow ooze continued, leading to a progressive displacement of the eyeball and compression of the orbital contents. It is tempting to compare this situation with a gradually developing extradural hematoma.

The clinical syndrome was characterized by gradually increasing exophthalmos, chemosis, exposure keratitis, impairment of vision with papillitis, extra-ocular palsies, and severe orbitotemporal headaches. In the differential diagnosis, one has to consider traumatic arteriovenous fistula of the carotid in the cavernous sinus (pulsating exophthalmos), thrombosis of the orbital veins, and finally, orbital cellulitis caused by infection. As to treatment, it is advisable to adopt at first a conservative course since minor extraperiorbital hemorrhage is self-limited and resorbs spontaneously. If, on the other hand, the exophthalmos progresses and endangers the cornea and vision, surgical steps should not be delayed until irreversible damage occurs. Lateral decompression of the orbit (Krönlein's operation) is an effective and safe procedure which may be easily carried out under local anesthesia. It is essential not to traumatize the upper branches of the facial nerve since weakness of the orbicularis oculi may cause further damage to the protruded eye by exposure and thus necessitate tarsorrhaphy. Splitting of the periorbita probably assures a better decompression of the orbital contents.

SUMMARY

A case is reported of progressive extraperiorbital hematoma following fracture of skull and orbit. The clinical symptomatology consisted of progressive exophthalmos, extra-ocular palsies, optic neuritis with visual loss, and severe frontotemporal pain. The condition was cured by lateral decompression of the orbit with removal of the hematoma.

REFERENCES

INTRASPINAL EPIDERMOID TUMOR

CASE REPORT AND DISCUSSION

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Epidermoid and dermoid tumors of the spinal canal, together with teratoids, teratomas, and communicating dermal sinuses, form a rarely occurring but clinically important group of intraspinal lesions. They are considered together because of their somewhat common origin from an embryonal accident.

In 1949 Sachs and Horrax published an exhaustive review and tabulation of the

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cases reported in the literature. They added a case of their own along with an unpublished case of Furlow. Their review brought the total of published cases to 61 of epidermoids and dermoids and 35 of teratoids and teratomas. It was pointed out that 14 of the entire group had an associated dermal (pilonidal) sinus passing through the dura and communicating with the tumor. For detailed features and a complete bibliography of the subject, the reader is referred to their paper.1 Our own report will serve to emphasize the salient clinical features of this group of lesions, and to record another case of intraspinal epidermoid tumor.

The nomenclature used by Sachs and Horrax is a pathological one, but from a practical clinical standpoint all of these tumors can be conveniently grouped together.

The clinical picture of these tumors is generally that of long-standing symptoms of spinal cord or nerve root compression, frequently dating from childhood. The incidence is higher in males, in the younger age group. The diagnosis is most frequently made in the first 4 decades, although a case in the 8th decade has been reported. Radiographs of the spine generally show widened interpedicular spaces, and may show irregular areas of calcification. Frequently associated anomalies of the vertebrae are present. An intermittently draining midline sinus may have been noted.

The results of surgical excision have been generally good, although conservatism is advised in attempting complete removal of the tumor capsule, since further cord

![Figures 1 and 2. Views of patient to show atrophy of legs. Note clubbing of right foot.](image-url)