Four months before presentation, a 27-year-old man had eyelid laceration repair after trauma to his right eyelids. He went to theemergency department (ED) with an enlarging and increasingly painful eyelid mass in addition to purulent discharge. He initially noticedthe mass after surgery and experienced pain and subjectively blurry vision after surgery. He confirmed that the mass would bleed onoccasion. Upon evaluation in the ED, visual acuity was 20/25 at near vision, and the mass was in contact with the cornea, 1 cm in size, firm,mobile, and attached firmly by a stalk to the palpebral conjunctiva (Fig A, lid everted). With a presumed diagnosis of a pyogenic granuloma,the patient was prescribed timolol twice daily and trimethoprim/polymyxin 4 times daily, and at follow-up 2 days later, the mass and hissymptoms had resolved; visual acuity was 20/20 at distance (Fig B, lid everted)A 2-month-old girl presented with ptosis of the right upper and lower eyelids, mild miosis (without dilation lag) of the right pupil, andapparent enophthalmos of the right eye (Fig A). Magnetic resonance imaging (MRI) of the head, neck,and chest, with MRI angiography of the head and neck (all interpreted as normal). Later review of axial orbital MRI showed enophthalmosof the right eye with greater kinking of the right optic nerve (Fig B).