ANTERIOR SEGMENT METASTASIS MASQUERADING AS UVEITIS
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BACKGROUND

Metastasis to the anterior segment of the eye is a rare occurrence accounting for about 7.14% of all intraocular metastases. The primary sites usually arise from breast cancer in women and lung cancer in men. In addition, both types of lung cancers, non-small cell and small cell, have equal propensity for eye metastases. In approximately 25% of individuals, this form of metastasis to the eye is the initial cancer presentation and further workup leads to the diagnosis of metastases. The aim of this study is to present the case of a 70-year-old gentleman with the diagnosis of small cell lung carcinoma with the initial presentation being ocular, and these isolated ocular findings masquerading as uveitis.

CASE REPORT

The patient is a 70 y/o white male who presented to the general eye clinic with red eye and blurred vision OD for the past 3 weeks. Past ocular history was positive for an old ischemic CRVO OS s/p PRP and chronic moderate vision loss.

On exam BCVA 20/50 OD, 20/70 OS. Anterior segment exam OD: Conjunctiva: positive for 3+ ciliary flush with a small subconjunctival nodule adjacent to the limbus with surrounding engorged radiating vessels. Cornea: multiple KPs with a homogenous endothelial plaque-like inferonasal lesion extending toward the center with pagetoid margins (Figure 3). AC: Large 1+ cells and an inferior and inferonasal fluffy white pseudohypopyon with lumpy borders. Iris: an infiltration thickened with engorged adjacent stromal vessels. Posterior synechiae formed superiorly for 180 degrees and at 7 o’clock. Gonioscopy: open angle with no neovascularization, inferior and inferonasal fluffy material layered in the angle. Lens: 2+ nuclear sclerosis. Vitreous: clear. Fundus: WNL.

He denied any known systemic malignancy; he confirmed being a current, heavy smoker, 70 PY. ROCs revealed a 50 lb weight loss in 1 year and chronic fatigue.

The patient was sent for CT scan of chest and abdomen. CT scan revealed a large parahilar lung mass with lymphadenopathy and upper lobe metastasis (Figure 6). Transbronchial biopsy was positive for small cell lung carcinoma (Figure 7). PET scan did not demonstrate any other metastatic sites except for right eye metastases.

The oncology service started him on systemic chemotherapy. After 2 months his ocular lesion had regressed significantly along with systemic improvement (Figure 8).

CONCLUSION

It is critical to consider masquerade syndromes in the differential diagnosis of uveitis and to exclude it when suspected with appropriate diagnostic studies.

REFERENCES


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