Choroidal metastasis and uveal effusion bilateral: case report

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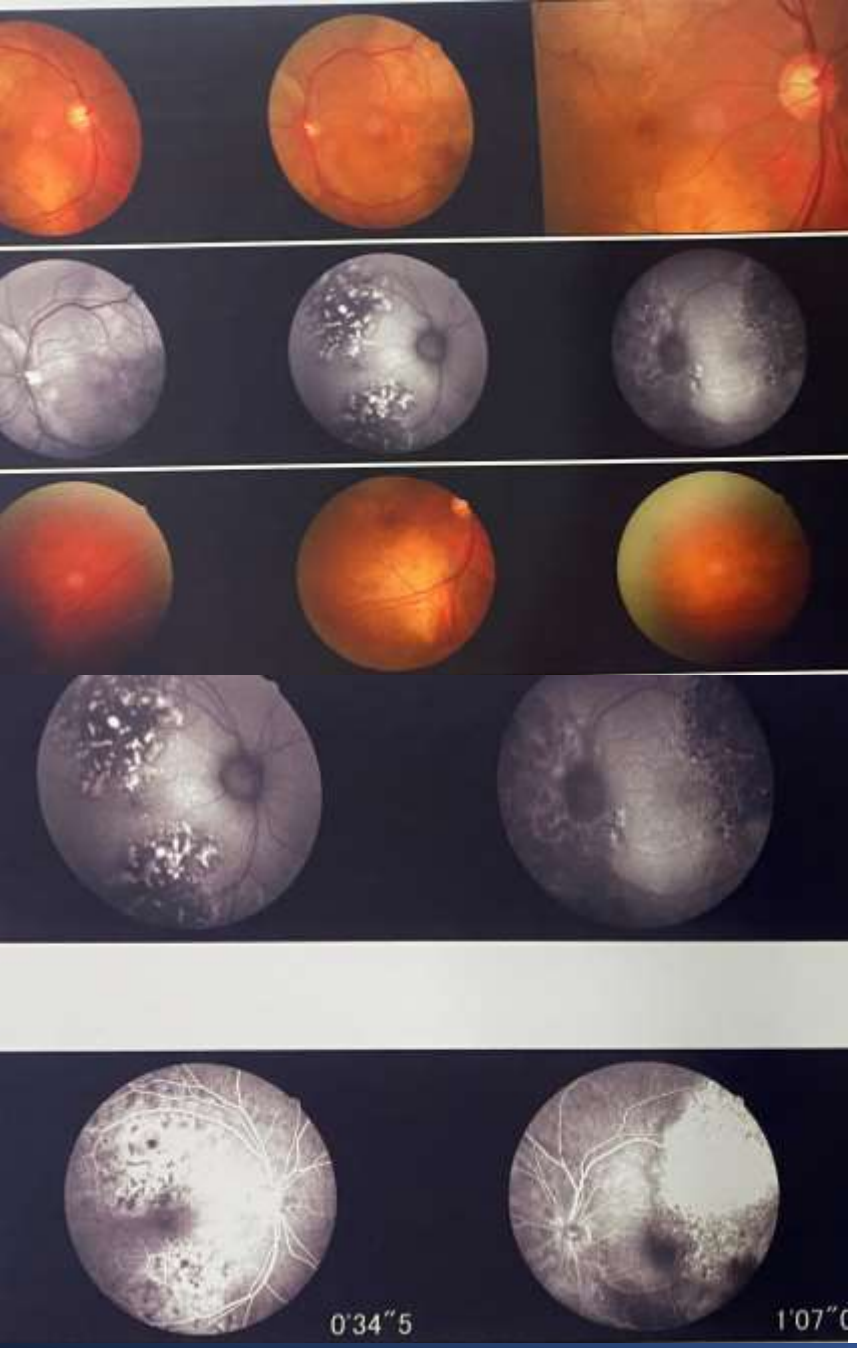
Case Presentation

- A 56-year-old man presented with progressive low visual acuity for about 6 months in both eyes, worse in the left eye. Our initial examination showed the best-correctes visual acuity (AVCC): 20/40 in the right eye (OD) and hand motion in the left eye (LE), incipient cataract and applanation tonometry of 14 mmHg in both eyes. Fundoscopy of the right eye showed serous retinal detachment in nasal topography and the left eye showed total serous retinal detachment. Fluorescein retinography showed detachment across the posterior pole with amorphous subretinal deposits in both eyes, diffuse edema of the macular area, exudative retinal detachment with choroidal spots, amorphous epithelial deposits, increased uveal effusion in nasal areas, worse in the left eye.



Case Presentation

- Ocular ultrasonography showed thickened choroid in both eyes, and serous retinal detachment, larger in the left eye. We requested systemic evaluation to screen for primary neoplasia or granulomatous disease. The requested laboratory tests, such as: blood count, coagulogram, Angiotensin-converting enzyme (ACE), PPD and serology did not reveal any alteration. Magnetic resonance imaging of the chest showed the presence of a tumor in the lung parenchyma, in the upper left hilar region. The patient was referred to the oncology service and started treatment with chemotherapy for the primary pulmonary site.

Discussion

- The diagnosis of metastatic choroidal carcinoma is challenging when the primary site is not known. The most common primary sites of the tumor are, in descending order: breast in 47% of cases, lung in 21% and gastrointestinal tract in 4%. In cases of metastatic choroidal carcinoma, secondary to a breast tumor, 90% of the patients have a history of neoplasia prior to the ophthalmologic diagnosis. However, in patients with an unknown primary site, lung cancer is the most common. Our case report corroborates the literature found by reporting a picture of uveal effusion syndrome secondary to metastatic choroidal carcinoma by the primary lung site, but it differs from most reports found in the literature because it had a bilateral presentation.

References

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