



THE FOLLOW-UP OF A CASE OF LEUKEMIC RETINOPATHY SINCE ITS SYSTEMIC DIAGNOSIS



YAMAUCHI, RH³ ; OLIVEIRA, FT¹ ; SOUTO, SMM₈; YAMAUCHI, RH₄ ; NEVES ASF² ; LUCATI L₇; LUJAN SA₆ ; OGASAWARA MM₅

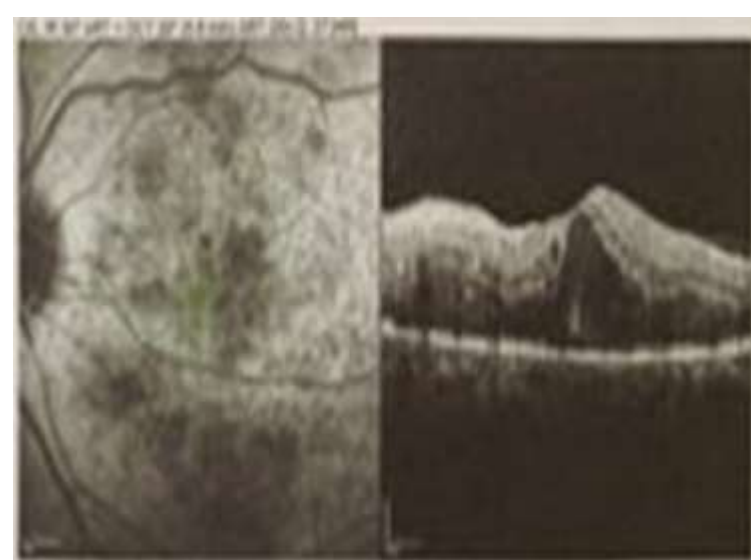
¹ Fellow in Retina and Vítreo, Hospital CEMA-SP ² Specialist in Retina and Vítreo, Hospital CEMA-SP ³ Resident in Ophthalmology, Hospital CEMA-SP

PURPOSE

Describe a case of chronic myeloid leukemia retinopathy from its systemic diagnosis to outcome.

METHODS

Information was obtained through review of medical records, multimodal imaging of the retina and literature review.



RESULTS

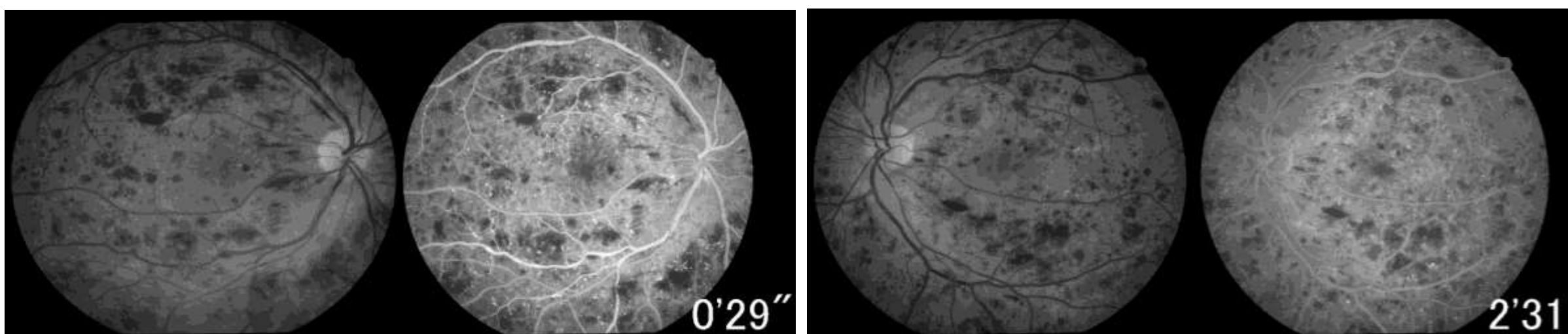
E.S.C. male, 45 years old, blurred vision in both eyes for 4 days. History of diabetes mellitus. Visual acuity 0.5 OR; 0.5 OS. IOP 12 OR 12 OS. Normal biomicroscopy.

Color retinography in both eyes: microaneurysms, blurring spot hemorrhages and flame-shaped retinal hemorrhages, Roth spots, hard and cotton-wool exudates and macular brightness alteration.

Fluorescein angiography in both eyes: hyperfluorescence corresponding to microaneurysms and hypofluorescence due to blockage of bleeding. OCT both eyes: macular edema and intraretinal cysts with hyporeflective points.

Hematological evaluation was requested, being diagnosed with Chronic Myeloid Leukemia, and treatment with Imatinib was initiated.

Follow-up: in 11 months, he was initially submitted to 3 intravitreal injections in both eyes with Lucentis, evolving with vitreous hemorrhage in the right eye, and later neovascular glaucoma and tractional retinal detachment. Posterior vitrectomy was performed. Ultimate visual acuity hand motion OR; 0.3 OS.



DISCUSSION

Patients with leukemia usually have several ocular manifestations, occurring due to direct infiltration of neoplastic cells or secondary to tumor-induced vascular abnormalities or related to the use of chemotherapy drugs. Leukemic retinopathy is usually the most common ophthalmologic manifestation, and may precede systemic diagnosis in most cases.

