Uveitis Fellows Forum

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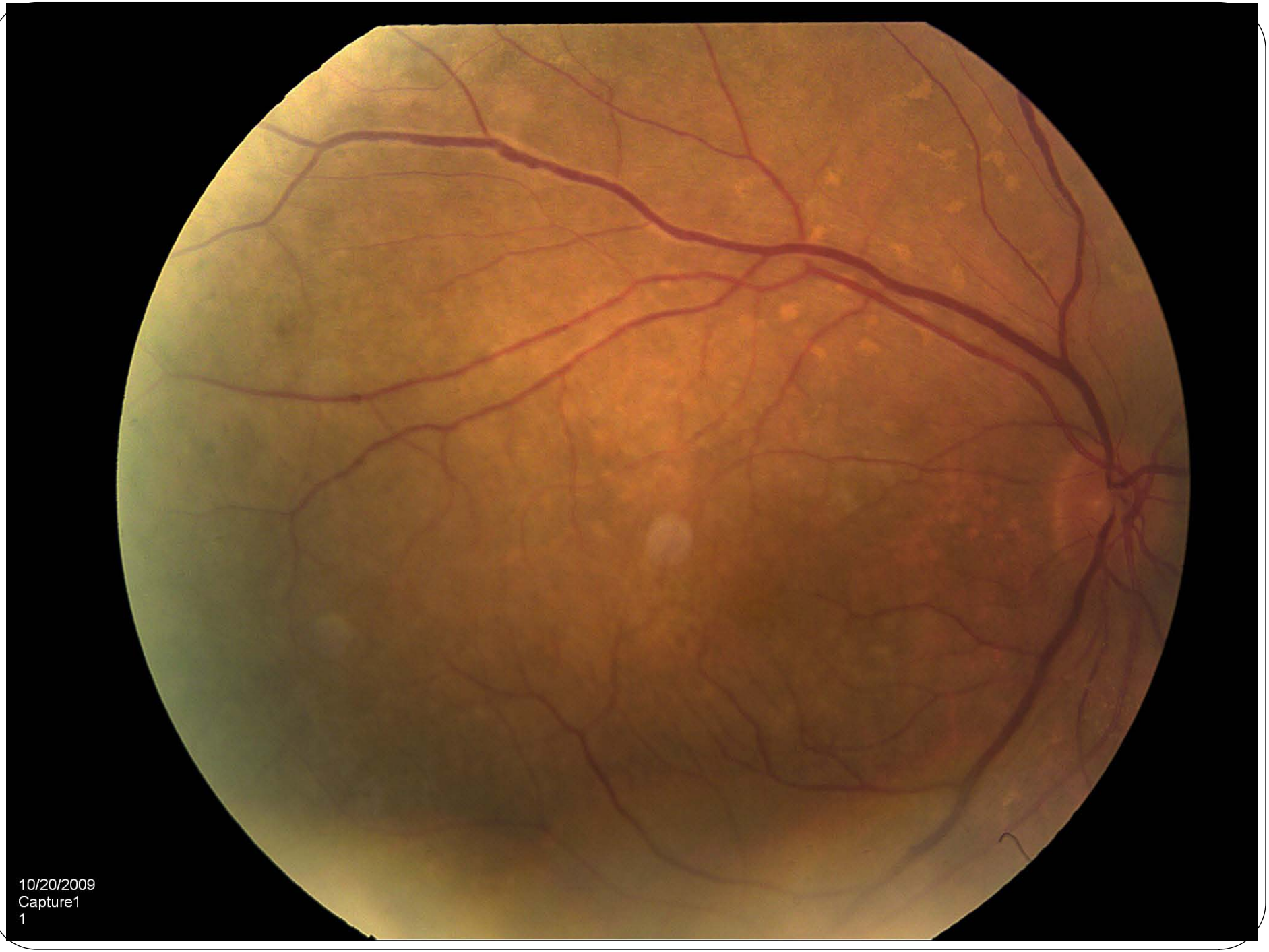
11/2/13

Case

- 57 year old female from Israel with 8 month history of floaters OD
- Had diagnostic PPV prior to presentation which showed:
  - PCR positive for Toxoplasmosis (on Pyrimethamine, Sulfadiazine, Prednisone 60 mg/day, Leucovorin)
  - IgH gene rearrangement-monoclonality
- Blood work previously showed:
  - Positive Toxo IgG and CMV IgG

Case

- Vision: 20/80 OD, 20/50 OS
- IOP: 8 OD, 10 OS
- 2+ nuclear sclerotic cataract OD
- 2.5+ vitreous cells OS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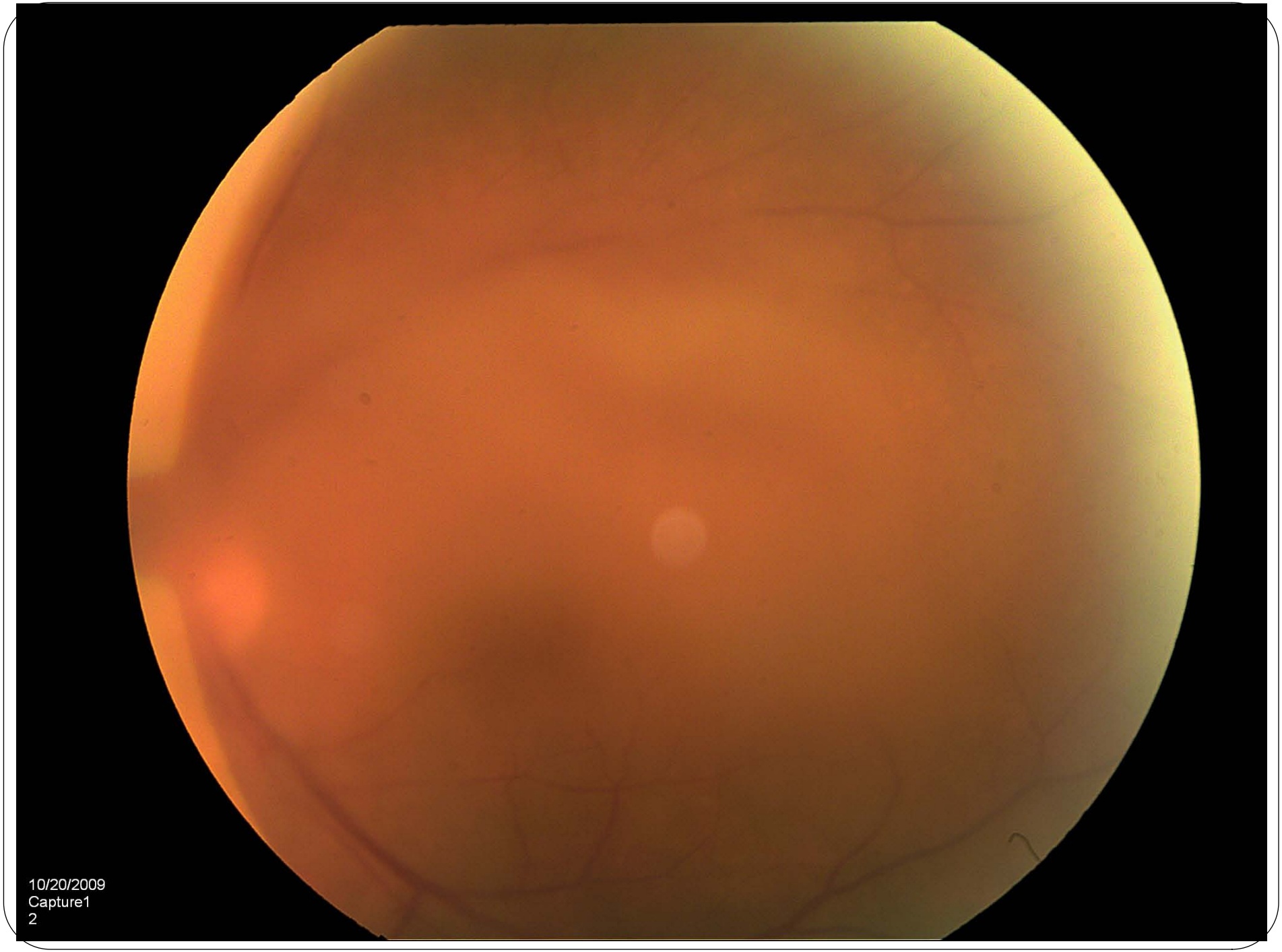
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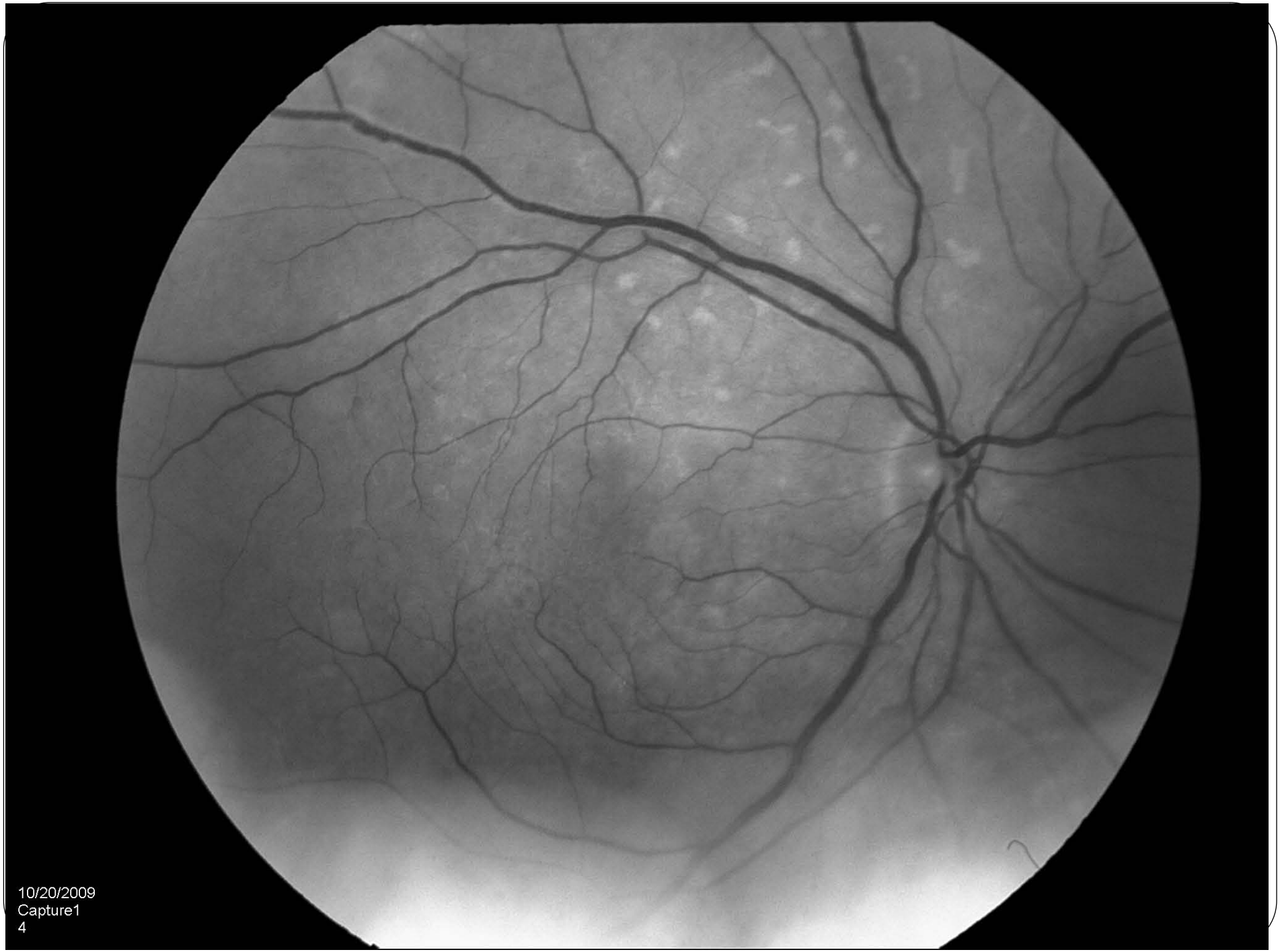
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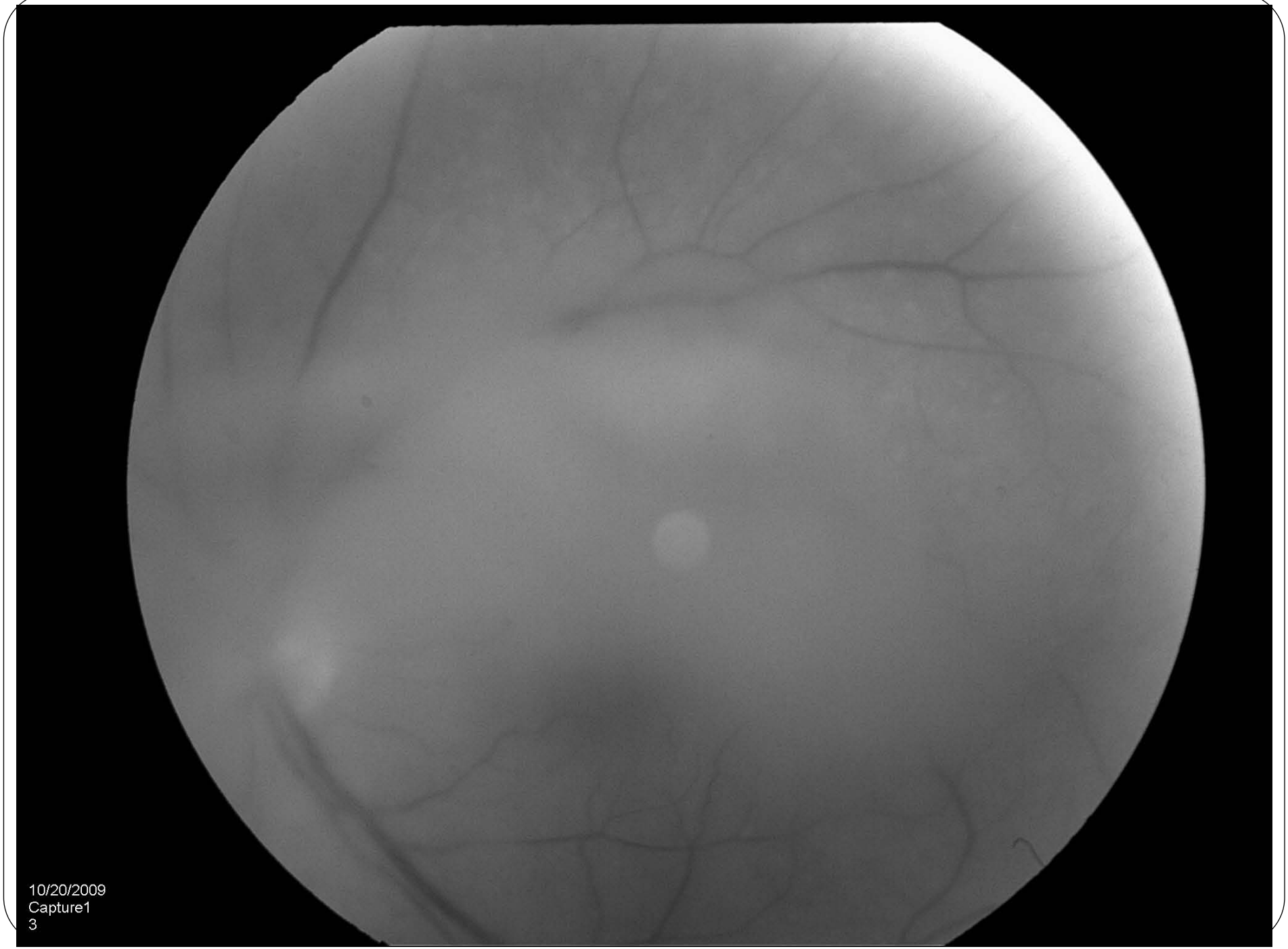
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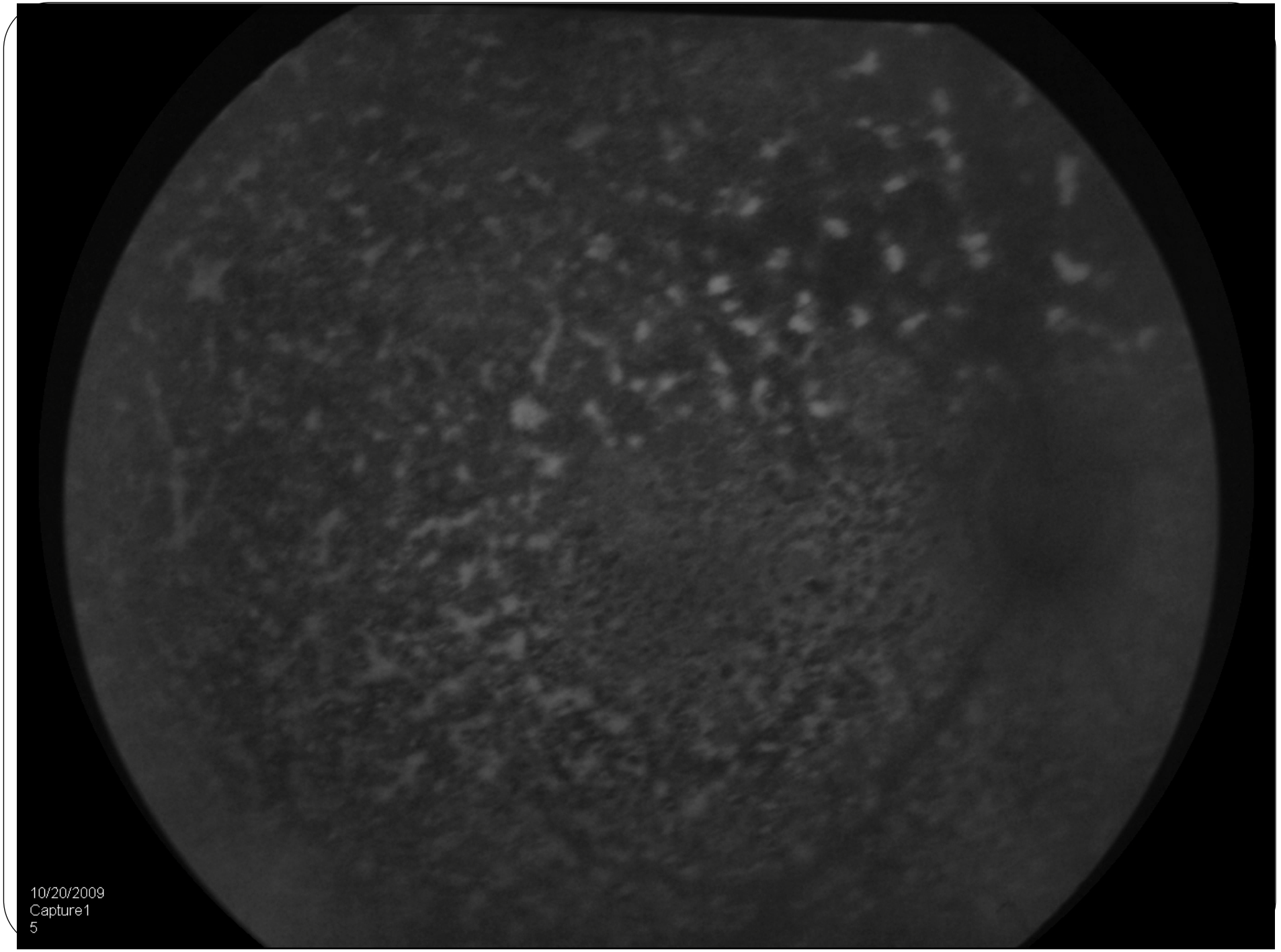
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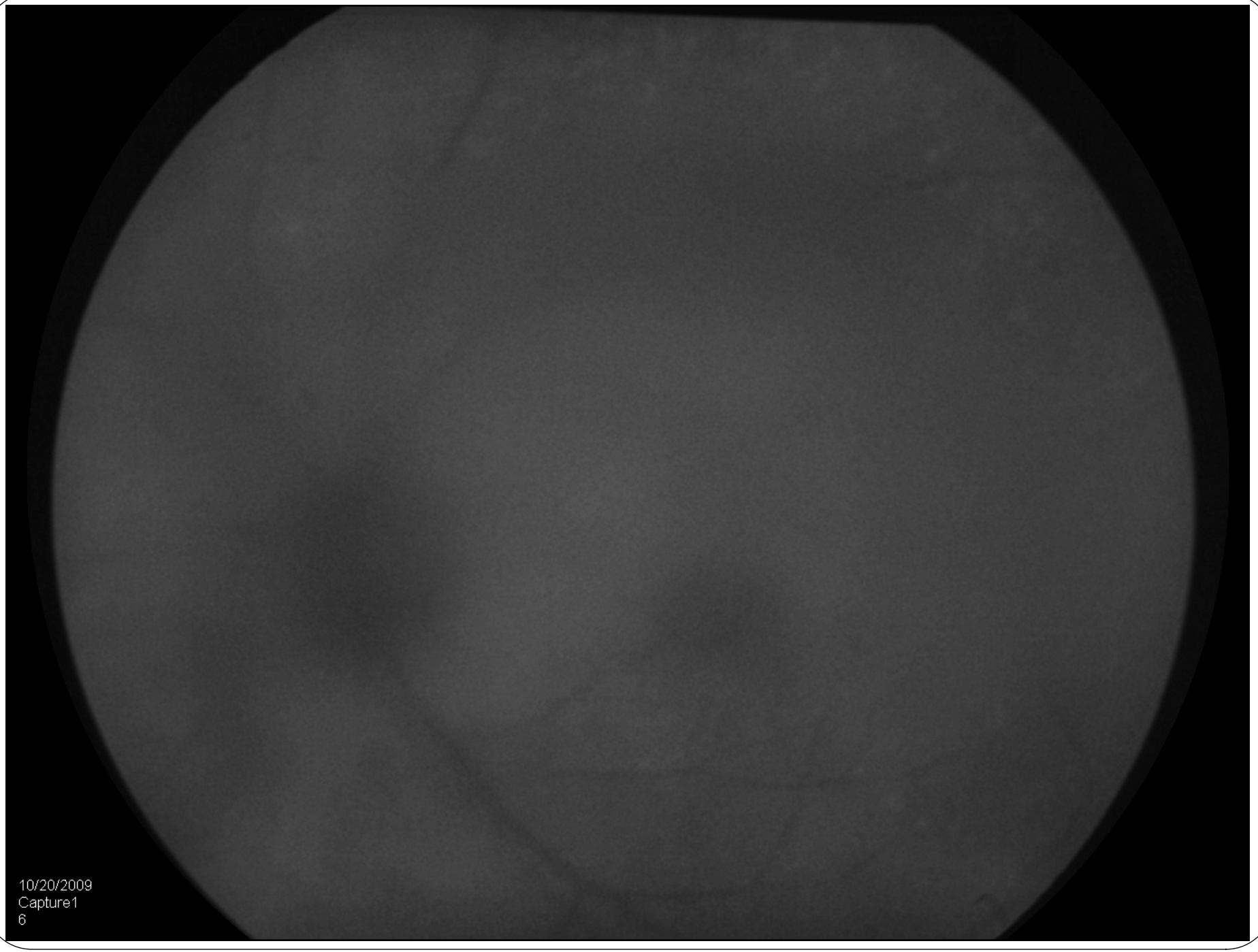
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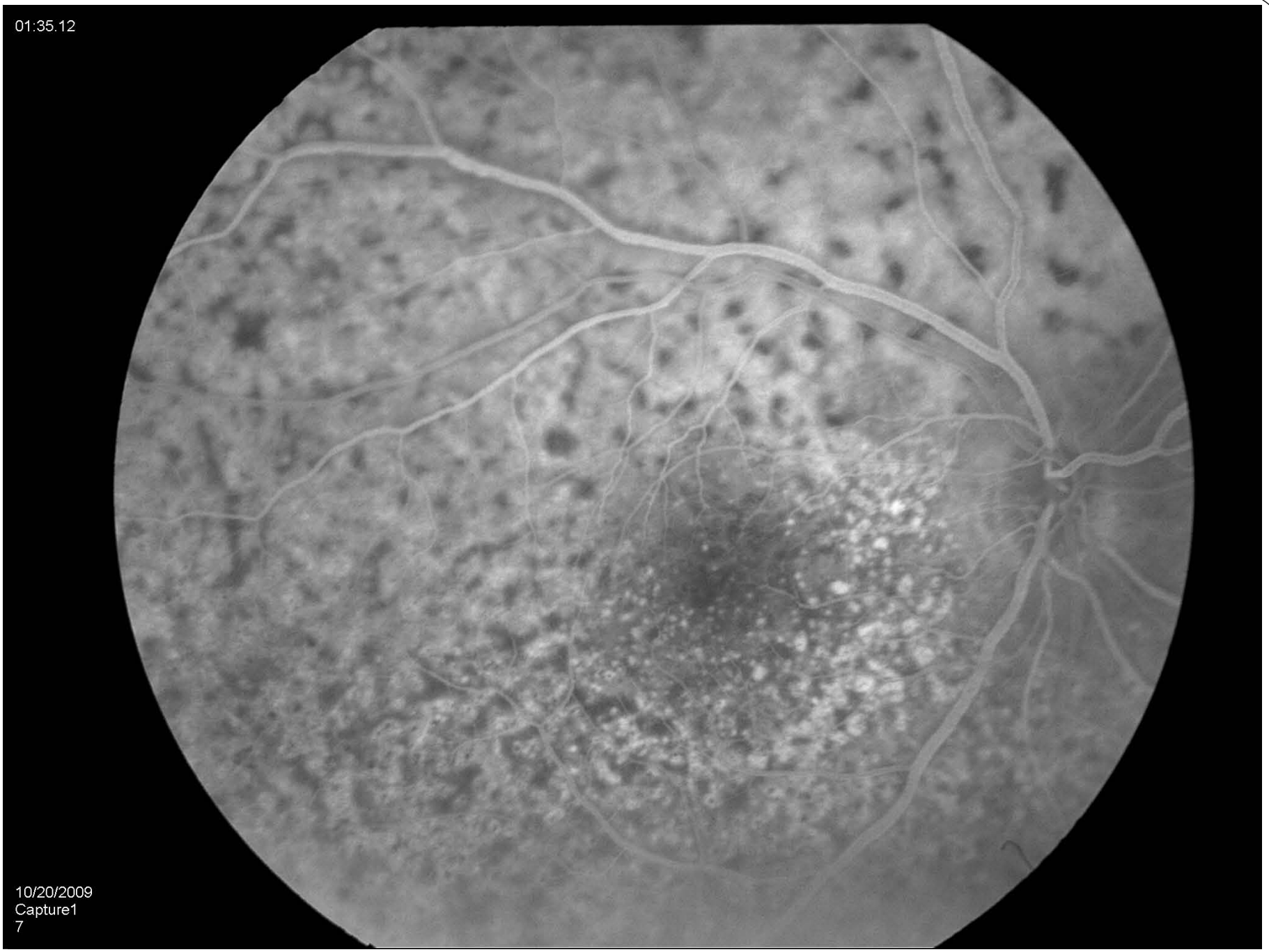
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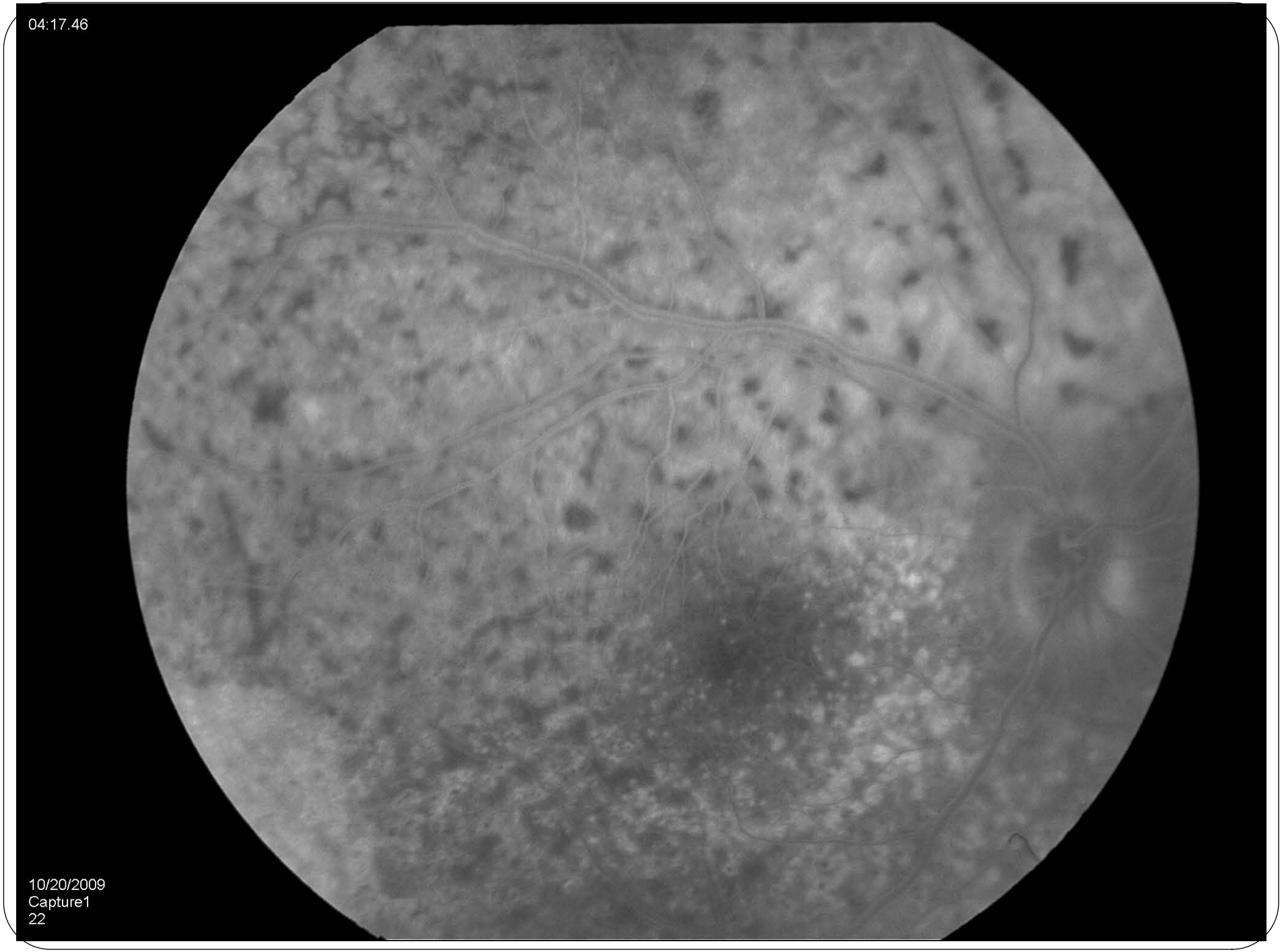
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- Bilateral Diffuse Uveal Melanocytic Proliferation (BDUMP) is considered
- PPV OS is scheduled
- Evaluation with oncology is planned

PPV OS

- Vitreous sample shows:
  - IgH gene rearrangement-monoclonality
  - IL10:IL6 ratio of 238:8
  - Cytology unable to confirm malignancy
- Neuro-oncology evaluation does not show any signs of CNS lymphoma.
- While awaiting vitreous studies patient was started on Imuran and Cyclosporin

Intraocular Lymphoma ?

- Based on vitreous sample analysis, lymphoma was suspected.
- Intravitreal MTX 400 mcg was started for both eyes Q 2 weeks
- Plans were made between MGH neuro-oncology and Israeli neuro-oncologist for patient to start intravenous MTX

Methotrexate

- Patient does not receive prophylaxis intravenous methotrexate or intravitreal methotrexate in Israel due to lack of positive finding on cytopathology
- 2 to 3 months after arrival to Israel she develops dysarthria, dysgraphia, and memory problems and suffers a fall
  - Evaluation with brain MRI showed multiple lesions concerning for infection vs. tumor

CNS

- Brain biopsy is performed and confirms diagnosis of lymphoma
- Patient treated with:
  - Intravenous methotrexate
  - Intravenous rituxan
  - Intravitreal methotrexate
- She responds well to the therapy
  - Vision 20/25 OD, 20/40 OS

Is cytopathology confirmation necessary to start treatment in patients suspected of primary intraocular lymphoma?