CASE REPORT

A RARE CASE REPORT OF UNILATERAL CHOROIDAL METASTASIS SECONDARY TO CERVICAL ADENOCARCINOMA

Vidyadevi M[1], Divya Palaksha[2]

HOW TO CITE THIS ARTICLE:
Vidyadevi M, Divya Palaksha. "A Rare Case Report of Unilateral Choroidal Metastasis Secondary to Cervical Adenocarcinoma". Journal of Evidence based Medicine and Healthcare; Volume 2, Issue 11, March 16, 2015; Page: 1710-1713.

ABSTRACT: AIM: To report a patient with unilateral choroidal metastasis secondary to cervical carcinoma. **METHOD:** A forty two year old female, a known case of adenocarcinoma of cervix was referred from kidwai institute of oncology with history of diminution of vision in her right eye past 15 days. On examination her right eye fundus showed choroidal mass with serous retinal detachment suggestive of a choroidal metastasis. Left eye was within normal limits. **CONCLUSION:** A cervical carcinoma metastasizing to the eye is very rare. Hence reporting this rare case of unilateral choroidal metastasis and serous retinal detachment in a Stage 4 cervical adenocarcinoma.

INTRODUCTION: The frequency of choroidal metastasis in patients with cancer is estimated to be approximately 2% to 7%.[1] The prevalence of choroidal metastasis in patients with uterine/cervical cancer is found to be 8. 3%.[2] The treatment of the eyes should be considered in order to preserve the visual function and to relieve pain. Local radiotherapy has been shown to be effective in providing significant palliation of symptoms, multimodal treatment approach including systemic chemotherapy and local radiotherapy (external beam radiotherapy) appears to be an option.[3]

CASE REPORT: A forty two year old female, a known case of cervical carcinoma referred from kidwai oncology institute for diminution of vision in her right eye since 15 days. On examination her right eye vision was 20/1200, anterior segment examination was found to be within normal limits and her pupillary reactions were normal for both direct and consensual reflex. Fundus examination revealed a flat, diffuse, yellow brown choroidal lesion located one disc diameter temporal to disc, about two disc diameter around the macula extending about two disc diameter along the superotemporal arcade suggestive of choroidal metastasis with serous retinal detachment in background retina, rest of the retina was within normal limits (Figure 1). Fluoresciene angiography showed early hyperfluorescence with late staining. B Scan showed dome shaped, elevated choroidal lesion with a moderate internal reflectivity and Ocular coherence tomography (OCT) showed dome-shaped elevation of the neurosensory retina and RPE with subretinal fluid (Figure 3). Left eye was within normal limits. Patient was on external beam radiotherapy for cervical carcinoma, and was treated with tablet prednisolone 50 mg/day for five days and tapered over three weeks for exudative retinal detachment. There was a decrease in the subretinal fluid and an improvement in vision of 20/200 at the end of three weeks. Patient was followed up at frequent intervals. Thorough systemic evaluation was emphasized on to look for metastasis to other organs.

DISCUSSION: It is been found that intraocular metastatic tumor is the most common ocular malignancy in adults. Uveal tract is the most common site of metastasis with choroid being the involved site in 85% of cases, due to its high vascularity.[1] Eye metastasis is very rare in carcinoma of the cervix and unilateral choroidal metastases are seldom reported. It is considered a prerequisite that pulmonary metastasis precede ocular spread.[3]

Majority of symptomatic patients note a decreased vision at the time of presentation.[4] Other presenting signs or symptoms include diplopia, photophobia, blepharitis, metamorphopsia, pain, flashes and floaters, mass lesion, uveitis, exophthalmos, secondary glaucoma and a detached retina.[4] Most choroidal metastasis occur posterior to the equator of fundus in the macular or paramacular regions.

Diagnosis is based on the clinical examination, supplemented by imaging modalities like fundus photography, flouresciene angiography, ultrasonography and OCT.

Attempts should be made to look for metastasis to other organs. The incidence of distant metastases is found to increase with the clinical stage of the disease. Carlson et aI study of 200 cases of cervical carcinoma with distant metastasis showed that lymph nodes, lung and bone were the most common sites for metastasis.[5]

Multiple modalities of treatment are available including chemotherapy, photocoagulation, cryosurgery, surgical resection, radiotherapy. Treatment is individualized based on stage of the carcinoma. A study reported by Rudoler et al[6] showed Ninety-three percent of patients remained free of clinically evident recurrent disease at the last follow-up, with a 98% rate of globe preservation following external beam radiotherapy.

CONCLUSION: A high index of suspicion is warranted to look for intraocular involvement in a case of cervical carcinoma. Hence reporting this very rare case of unilateral choroidal metastasis following cervical carcinoma which is amenable to treatment and helps in salvaging vision and leading a qualitatively better life.

REFERENCES:

1. Demirci H, Shields CL, Chao AN, Shields JA. Uveal metastasis from breast cancer in 264 patients. Am J Ophthalmol 2003; 136: 264-71.
2. Bloch RS, Gartner S. The incidence of ocular metastatic carcinoma. Arch Ophthalmol. 1971; 85: 673-5.
3. Ferry AP, Font RL. Carcinoma metastatic to the eye and orbit. I: A clinicopathologic study of 227 cases. Arch Ophthalmol. 1974; 92: 276-86.
4. Sandeep Saxena, Ramit A. K. Rastogi, Sanjiv Hansraj. Choroidal metastasis. DOS Times. 2008; 14 (3).
5. Carlson V, Delclos L, Fletcher SR. Distant metastases of squamous cell carcinoma of the uterine cervix. Radiology 1967; 88: 961-6.
6. Rudoler SB, Shields CL, Corn BW, et al. Functional vision is improved in the majority of patients treatment with external-beam radiotherapy for choroid metastases: a multivariate analysis of 188 patients. J Clin Oncol. 1997; 15: 1244-51.

7. Eliassi-Rad B, Albert DM, Green WR. Frequency of ocular metastases in patients dying of cancer in eye bank populations. Br J Ophthalmol. 1996; 80: 125-8.
8. Ferry AP. Metastatic carcinoma of the eye and ocular adnexa. Ine Ophthalmol Clin 1967; 7: 615-58.
9. Shields CL, Shields JA, Gross NE, et al. Survey of 520 eyes with uveal metastases. Ophthalmology. 1997; 104: 1265-76.
10. Dobrowsky W. Treatment of choroid metastases. Br J Radiol. 1988; 61: 140-2.
11. David DL, Robertson DM. Fluorescein angiography of metastatic choroidal tumors. Arch Ophthalmol. 1973; 89: 97-9.
12. Coleman DJ, Abramson DH, Jack RL, et al. Ultrasonic diagnosis of tumors of the choroid. Arch Ophthalmol. 1974; 91: 344-54.

FIGURES:

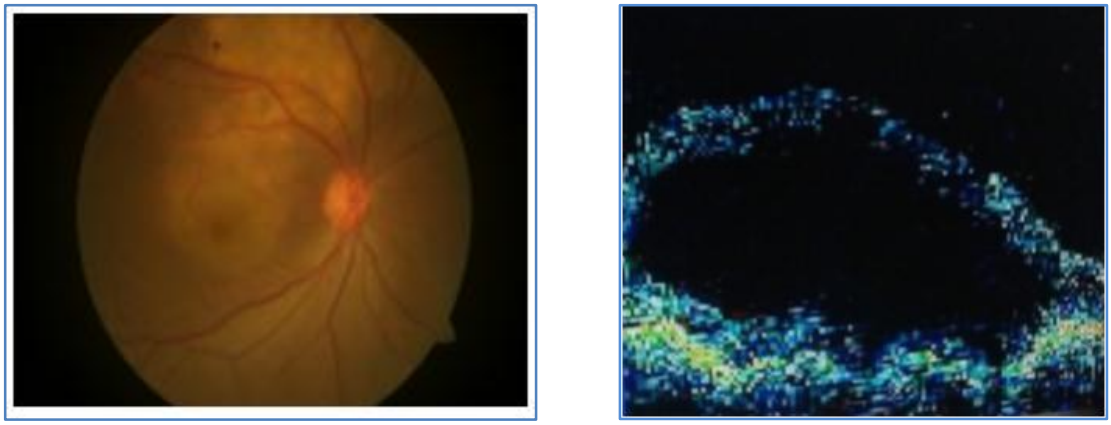

Fig. 1: Fundus photograph and OCT of Right eye

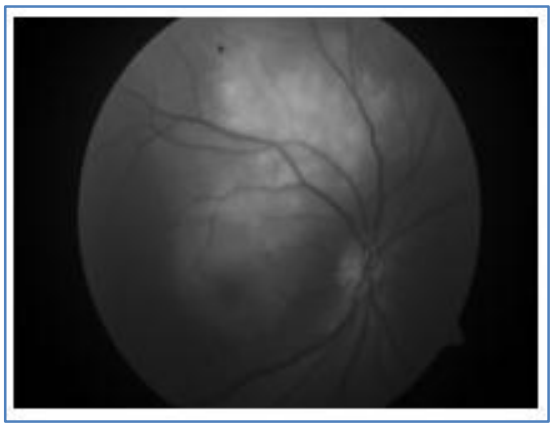

Fig. 2: Red free photograph of right eye

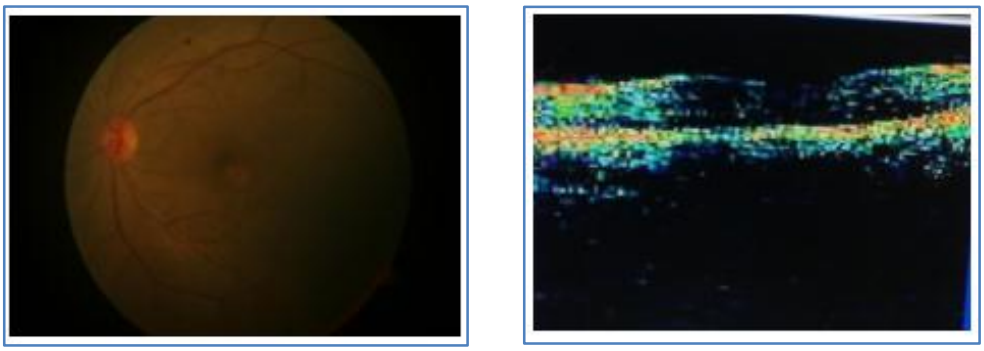

Fig. 3: Fundus photograph and OCT of Left eye

AUTHORS:

1. Vidyadevi M.
2. Divya Palaksha

PARTICULARS OF CONTRIBUTORS:

1. Assistant Professor, Regional Institute of Ophthalmology, Minto Ophthalmic Hospital, Bangalore.
2. Post Graduate, Regional Institute of Ophthalmology, Minto Ophthalmic Hospital, Bangalore.

NAME ADDRESS EMAIL ID OF THE CORRESPONDING AUTHOR:

Dr. Vidyadevi M,
Minto Ophthalmic Hospital,
AV Road, Opp. Central Police Station,
Chamrajpet, Bangalore-560002.
E-mail: aarya14pari18@gmail.com

Date of Submission: 08/03/2015.
Date of Peer Review: 09/03/2015.
Date of Acceptance: 11/03/2015.
Date of Publishing: 16/03/2015.