

19th Global Ophthalmology Summit

February 26-27, 2018 | Berlin, Germany

Metastatic Uveitis in oncological patients

Markosyan Armida Grishai

GVM Care and Research Medical Center, Russia

The purpose of this report is to describe atypical cases of metastatic uveitis in patients with a cancerous background, in the sub clinical stage. Keeping in mind that the numbers of cancer patients are increasing with each passing year. Thorough examination and cancer support of each patient who has applied to the doctor of any specialisation, in order to identify a possibility of oncological diseases should become a practice in our day and age. In difficult cases, diagnostic specialists and ophthalmologists are obliged to think about a possibility of atypical or complicated course malignant tumor. Doctors should take it up on to them self as rule to fully examine the patient. This tactic is also applied in ophthalmology. Uveal tract of the eye is a dense plexus of small blood vessels where most of them wash out inflammatory or neoplastic process. Imbalance in the immune system is the basis for the pathogenesis of all inflammatory eye diseases, including uveitis, and nevertheless, diagnosis - uveitis has an unclear etiology – it is not uncommon.

And now I would like to take a moment to give my own account of an observation obtained as a result of 5 years work at a multidisciplinary medical center as an ophthalmology consultant.

Patient, 70 year of age, woman, was seeking first aid at our clinic with the following symptoms: weakness, headache, episodes of confusion, clouded consciousness and short-term memory loss, on a top of that red eye and blurred vision of OS for the past 2 weeks. Past ocular history was positive for high myopia, artiphakia and AMD moderate vision loss. On exam Visus OD 20/70, OS 20/50. Anterior segment examination of OS: Conjunctiva: positive for 3+ ciliary flush with a small subconjunctival nodule adjacent to the limbus with surrounding engorged radiating vessels. Cornea: edema and folds in descemet shell, 1-2 corneal precipitates. AC: exudative suspension. Iris: an infiltration thickened with engorged adjacent stromal vessels. Posterior synechiae formed superiorly at 7 o'clock. Gonioscopy: open angle with no neovascularization, inferior and inferonasal fluffy material layered in the angle. Lens - artiphakia. Vitreous: destruction. She denies any known systemic malignancy; she confirmed headaches, shortness of breath, weakness, and chronic fatigue during past year. The patient was sent for a CT scan of chest and abdomen. CT scan results have showed a tumor in the region of the right adrenal gland, a tumor of the left ovary, multiple metastases in the liver and peritoneal carcinomatosis. The tumor node biopsy confirmed ovarian cancer.. The patient was made PET CT to exclude metastasis in the uveal tract of the left eye. Eye metastasis was excluded, although micrometastasis of the uveal tract remained under question? After 2 months her ocular lesion had regressed significantly along with systemic improvement and local therapy of uveitis.

Biography

State Educational Institution of Higher Professional Education «I.M. Sechenov Moscow Medical Academy» of Ministry of Health of the Russian Federation. In 2004 she completed her Clinical residency in Scientific Research Institute of Eye Diseases of RAMS and in 2007, Academic fellowship in Scientific Research Institute of Eye Diseases of RAMS.

markosyan_armida@mail.ru

Notes: