

Case Study 157

Ocular Lymphoma

KE is a 62-year-old man who presented to his ophthalmologist with the complaint of decreased vision in his right eye over several weeks. He had a history of systemic lymphoma that had been treated 18 months previously, resulting in remission. Examination found the visual acuity in his right eye to be 20/100 and his left eye 20/30. The slit-lamp examination was unremarkable, but evaluation of the fundus demonstrated a yellow-orange diffuse thickening of the posterior pole.

Echography revealed choroidal thickening (Figs. 1 and 2). He was diagnosed as having posterior scleritis and started on high-dose oral prednisone. His vision improved and the echographic

findings showed resolution of the thickening. However, the symptoms and signs of infiltration of the posterior pole recurred in a few weeks, and he was found to have infiltration of the liver and spleen on CT scan. A lumbar puncture was performed and was negative for malignant cells. He died shortly after, and autopsy demonstrated non-Hodgkin's lymphoma.

Inflammatory infiltrates, such as in posterior scleritis, can simulate amelanotic neoplastic lesions. The sclera becomes thickened with edema of adjacent tissue, such as the choroid and subtenon's space. This condition is usually quite painful, but in cases with lesser degrees of pain, the lesion can be confused with a tumor.

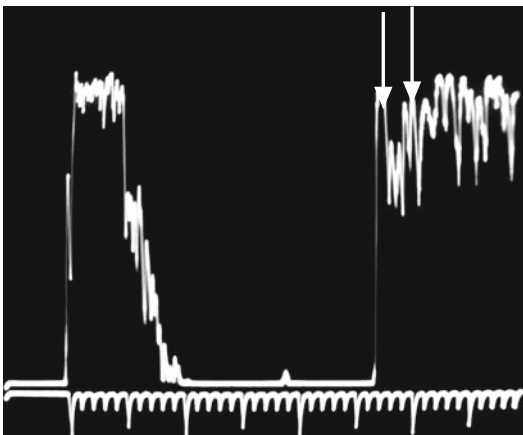


FIG. 1 A-scan of lymphoma of the choroid (arrows)

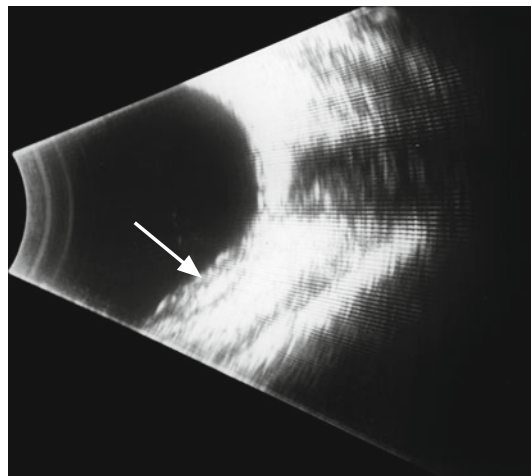


FIG. 2 B-scan of choroidal thickening (arrow)