SESSION: Ocular Oncology
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Moderators: Ihab Saad Othman, Martina Angi

Strawberry eyes: a case of multiple bilateral orbital masses in an infant

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Orbital tumors in children comprise a variety of pathologies, some of which commonly grow unnoticed until considerable cosmetic concern, compression, visual symptoms, amblyopia, and even irreversible blindness ensue.
This is a case of a 6-month old female who had a 2-month history of disseminated papulovesicular rashes consequently involving the periobrital and eyelid region with swelling at the upper and lower lids, zygomatic, malar, and temporal regions bilaterally.
Ophthalmologic examination grossly showed a prominent forehead with a soft moveable mass at the right frontal region, periorbital and lid swelling with a bilateral epicanthus palpebralis. There was also evident capillary hemangiomas bilaterally.
The presence of disseminated papulovesicular lesions warranted a skin punch biopsy and the results were consistent with the diagnosis of Langerhans cell histiocytosis.
Langerhans cell histiocytosis is a rare clonal disease resulting in uncontrolled proliferation and accumulation of CD1a and CD207 dendritic cells. These form and deposit in various tissues and organs as manifested in the patient, particularly the skin and cranial bones. Histologically, it shows the characteristic birbeck granules which were present in the skin punch biopsy. It presents with painful bones lesions and rashes similar to the patient. Lesions from Langerhans cell histiocytosis may spontaneously regress or repeatedly reactivate and are sensitive to chemotherapy.
The cranial MRI findings support the diagnosis of a disseminated type of Langerhans cell histiocytosis which has not only affected the skin but also metastasized to the bony orbit.

Keywords: orbital, mass, metastasis

Biopsy for choroidal and retinal tumors: why and how !

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With improvement of vitreoretinal surgical techniques and increasing importance of genetic analysis of ocular tumors, biopsy for choroidal and retinal masses is becoming a common practice in ocular oncology centers. Different surgical techniques are used depending on location of the tumor including transvitreal, transscleral routes as well as vitreous biopsy for ocular lymphoma. All techniques will shown in video cases with special emphasis on the steps and precautions to minimize complications and how ht handle the specimen till transport to lab.

Keywords: Biopsy, Choroid, Tumor

Update on surgical management of complex retinal detachment associated with retinal capillary hemangioblastoma in Von Hippel-Lindau disease

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Purpose: The aim of our study was to assess results of vitreoretinal surgery with excision of retinal capillary hemangioblastomas in von Hippel-Lindau (VHL) disease. b]Methods: This retrospective, study included 24 concecutive eyes who underwent 23 G vitrectomy and tumor resection for complex retinal detachment (RD) associated with RCHs between January 2001 and January 2022. Primary outcome measures were anatomic success rate and final visual acuity (VA).
Results: The mean age was 32.04±12.08 (range 12-58) years and mean follow up was 20.7±12.68 (range 4-48) months. Of the patients, 33.3% (n=8/24) got unilateral onset and 66.6% (n=16/24), suffered bilaterally. All of the patients had exudative retinal detachment, %75 (n=18/24) also had severe proliferative vitreoretinopathy. Of the patients/detachments; 45.8% (n=11/24) were total. All patients underwent 23 G pars plana vitrectomy, tumor resection and endolaser photocoagulation. In addition, relaxing retinectomy (n=8/24) and proliferative membrane removal (n=18/24) was performed if needed. Silicone oil was used in 9 cases, %14 C3F8 gas was used in 13 cases and air tamponade was used in 2 cases. Visual acuity improved in 19 patients (mean 0.58±0.84 LogMAR; range -1.0/2.6), remained stable at hand motion, perception in 3 patient and decreased in 2 patients due to recurrent tractional RD. No intraoperative complications occurred.
Conclusions: Vitrectomy with RCH excision is a safe and effective method for the treatment of large tumors complicated with exudative and/or tractional retinal detachment. Surgical resection of large retinal hemangioblastomas and complete removal of proliferative membranes with limited retinectomy when necessary are the most important points of surgery.

Keywords: Retinal capillary hemangioblastoma, Complex retinal detachment, Tumor resection surgery

Mystery of the mass- Choroidal granuloma as the presenting sign of disseminated tuberculosis

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Aim: To report an interesting case of choroidal granuloma presenting as the first sign of disseminated tuberculosis

Methods: Interventional case report.

Results: A 26 year old young lady presented with complaints of distortion in superotemporal field of vision in her left eye. She had a 6/6 central vision,quiet anterior chamber and clear vitreous with fundus showing a creamy choroidal mass with subretinal fluid in the inferonasal quadrant. Optical coherence tomography showed a smooth elevated choroidal mass with SRF&contact sign.Lesion on B scan ultrasonography showed medium internal reflectivity with no excavation.Lesion was progressively hyperfluorescent on fundus fluorescein angiography, with margin showing pin point leakage. Examination of right eye was normal.Both lung fields showed multiple small non calcified non cavitating nodules.MRI brain showed enhancing lesions in left cerebellum and right frontal lobe and left globe suggestive of multiple brain and choroidal metastasis.PET CT showed hypermetabolic cavitary nodule in upper lobe of left lung with hypermetabolic hilar lymph node and multiple scattered bilateral pulmonary nodules with few brain lesions and thickened choroid in left eye leading to a dilemma between inflammatory granuloma and choroidal metastasis.CT guided biopsy showed organising pneumonia favouring tuberculosis with negative Acid fast bacilli. Patient was started on antitubercular therapy &oral steroids helping in resolution of lesions improving vision with no recurrence

Conclusion: This case is unique as choroidal granuloma here presented as first sign of disseminated tuberculosis. Going an extra mile is essential for correct diagnosis

Keywords: granuloma, tuberculosis, metastasis