

CHOROIDAL METASTASIS SECONDARY TO RECTAL CANCER: A CASE REPORT

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PURPOSE

Report a case of choroidal metastasis secondary to moderately differentiated rectal adenocarcinoma.

METHODS

Case report from medical record of Santa Casa de Misericórdia de Curitiba-PR, Brazil.

RESULTS

Female, 71 years-old, undergoing treatment for metastatic moderately differentiated rectal adenocarcinoma, complaining of low visual acuity (VA) in the left eye (OS) since January 2019. Presented VA of 20/80 in the right eye (OD) and count fingers at 3 meters in the OS. Dilated fundus OS showed subretinal justapapilar lesion extending to macular papillary bundle and initial fundus autofluorescence (FAF) showed subretinal justapapilar lesion with exudates and microhemorrhages. Ocular ultrasound stated justapapilar hyperechogenic lesion, while optical coherence tomography (OCT) revealed an irregular, elevated choroidal injury and subretinal fluid. After 4 months, FAF demonstrated structural regression of the lesion, even without specific ocular treatment, but no clinical improvement. Due to the partial structural lesion improvement with chemotherapy treatment and the characteristics of the injury, it was diagnosed as a choroidal metastasis secondary to rectal adenocarcinoma.

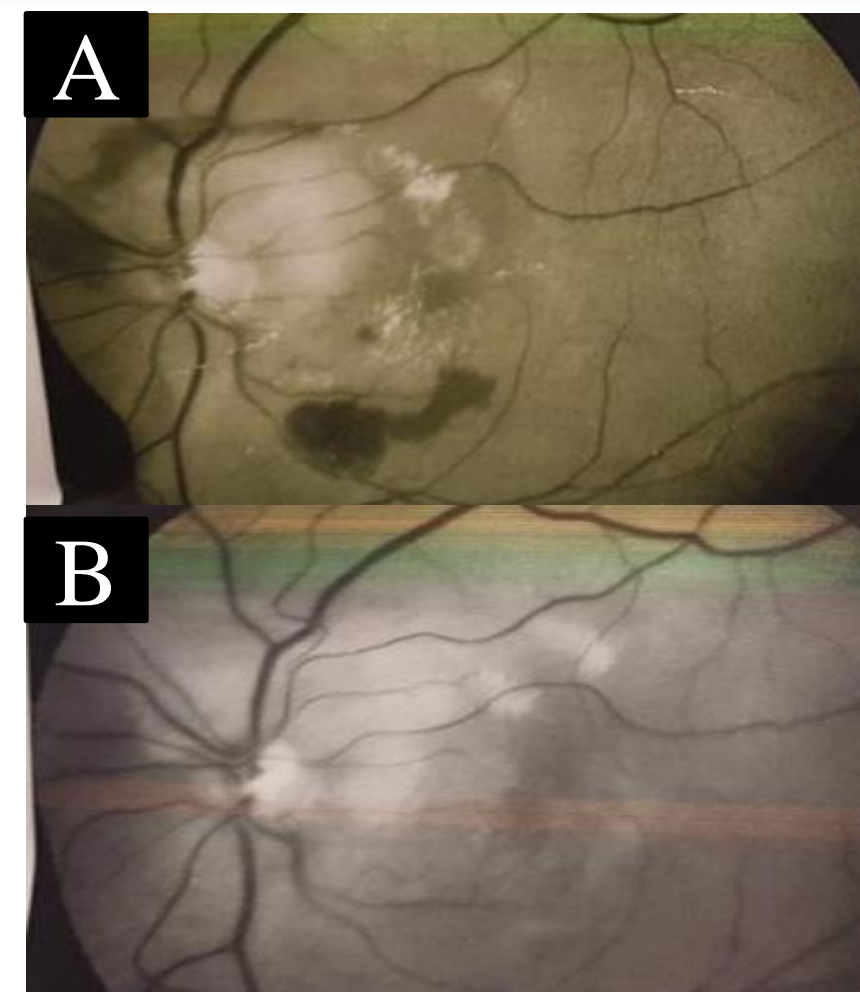


Figure 1. A: FAF 02-26-2019. B: FAF 05-02-2019.

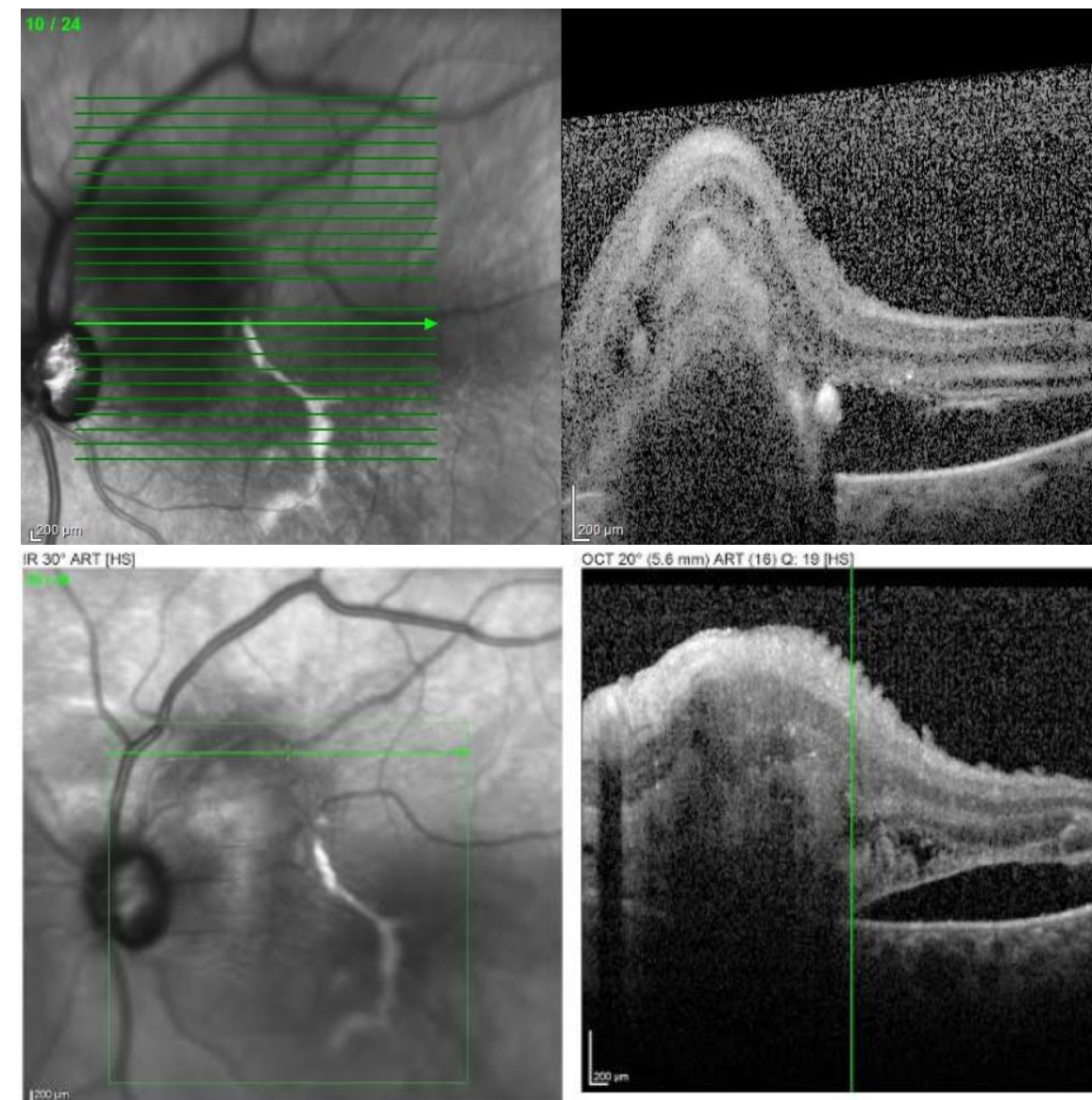


Figure 2: OCT OS. Choroidal lesion.

DISCUSSION

Choroidal metastasis represents the most frequent intraocular malignancy, targeting individuals from 40 to 70 years. Breast cancer is the most common primary site in women, while pulmonary cancer is in men. Metastatic dissemination from gastro-intestinal tract represents 4% of the cases, and occurs through hematogenous route. The injury can present itself as a single and unilateral injury in the posterior pole. The most common complaints includes VA reduction and haze, being necessary ophthalmologic examination, FAF, OCT, ocular ultrasound and magnetic resonance, the latter for extraocular investigation. Main treatment includes management of primary location and other therapies, such as serial observation, laser photocoagulation and surgical interventions, can be indicated as needed.

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