

**SCIENTIFIC SESSION 10**  
**BRIEF CASE REPORT**

Shilpakalavedika Convention Center  
Monday, January 26, 2004  
11:00 AM – 1:00 PM

*Chair: Carol Shields*  
*Moderator: Ian Rennie*

|    | <b>Presenter</b>      | <b>Title of Presentation</b>  | <b>Time</b> |
|----|-----------------------|---|-------------|
| 1  | Vijay Anand Reddy     | Special Lecture: External Beam Radiotherapy - Current Concepts  | 11:00AM     |
| 2  | Michael Giblin        | Use of the Capsular Tension Ring in Radiation Cataract Surgery  | 11:15 AM    |
| 3  | Amit Mishra           | Free-Floating Iris Cyst in the Anterior Chamber   | 11:19 AM    |
| 4  | Emilio Balestrazzi    | Rapidly Growing Iris Melanocytoma   | 11:23 AM    |
| 5  | Nils Eide             | Management of Medulloepithelioma of the Ciliary Body  | 11:27 AM    |
| 6  | Helen Chan            | Strategy for Managing Infants at 100% Risk for Retinoblastoma by Premature Delivery and Chemotherapy/Laser Therapy to Control Tumor and Save Vision | 11:31 AM    |
| 7  | Usha Singh            | Bilateral Retinopathy of Prematurity and Bilateral Retinoblastoma   | 11:35 AM    |
| 8  | Sharmistha Bahera     | Juvenile Onset Retinoblastoma in a 26-year-old Pregnant Female  | 11:39 AM    |
| 9  | Sriram Gopal          | Occurrence of Retinoblastoma in the Fellow Eye 23 years after Enucleation - A Case Report   | 11:43 AM    |
| 10 | Po-Kang Lin           | Stage 5 Retinoblastoma after Vitrectomy and Chemoreduction Showed Extensive Tumor Reduction - A Case Report   | 11:47 AM    |
| 11 | A Linn Murphree       | Extensive Peripheral Retinal Non-Perfusion in Diffuse Infiltrating Retinoblastoma   | 11:51 AM    |
| 12 | Stefan Seregard       | Bilateral Mantle Cell Lymphoma of the Iris  | 11:55 AM    |
| 13 | Yiing Wong            | Disseminated Intraocular Lymphoma   | 11:59 AM    |
| 14 | Anita Agarwal         | Rapid Response of Ocular Lymphoma to Intravitreal Methotrexate  | 12:03 PM    |
| 15 | Nora Regensburg       | Recurrent Intraocular Lymphoma - Preservation of Visual Acuity by Intravitreal Methotrexate   | 12:07 PM    |
| 16 | Ann Schalenbourg      | Low Grade T Cell Primary Central Nervous System Lymphoma Involving the Choroids and Orbit : A Case Report   | 12:11 PM    |
| 17 | Atsushi Azumi         | Intraocular Masquerade Syndrome by Chronic Lymphocytic Leukemia   | 12:15 PM    |
| 18 | Dan Gombos            | Asymmetric Response of Bilateral Uveal Metastasis Treated with Identical Therapy  | 12:19 PM    |
| 19 | Lakshmana Kooragayala | Natural Course of a Choroidal Carcinoid - A Case Report   | 12:23 PM    |
| 20 | Varsha Nandedkar      | Unusual Small Round Cell Tumor in Young, Pregnant Female  | 12:27 PM    |
| 21 | Carol Shields         | Common Tumor in an Unusual Situation  | 12:31 PM    |
| 22 | Arun Singh            | Limited Photodynamic Therapy of Choroidal Hemangioma Associated with Sturge-Weber Syndrome  | 12:35 PM    |
| 23 | Rajeev Tanawade       | A Case of Choroidal Osteoma with Subfoveal Neovascular Membrane   | 12:39 PM    |
| 24 | Hisayuki Ueno         | Clinicopathological Study of a Retinal Tumor in an Adult Female   | 12:43 PM    |
| 25 | Rohini Kolari         | Choroidal Schwannoma Mimicking an Amelanotic Melanoma   | 12:47 PM    |
| 26 | Saurabh Luthra        | A Case of Optic Nerve Head Tumor - A Diagnostic Dilemma   | 12:51 PM    |

## USE OF THE CAPSULAR TENSION RING IN RADIATION CATARACT SURGERY

Michael Giblin, A Ilan Sebban, Inderjit Singh

Sydney Eye Hospital, Sydney, Australia

The use of a capsular tension ring in the removal of a radiation cataract associated with missing lens zonules, occurring several years after an iridocyclectomy with adjuvant plaque brachytherapy is presented and the management of the peculiarities of radiation cataracts is briefly discussed.

## FREE FLOATING IRIS CYST IN THE ANTERIOR CHAMBER

Amit Mishra, Adaban Khan Amitava

Institute of Ophthalmology, Aligarh Muslim University, Aligarh, India

Pigmented cysts of the iris are occasionally encountered. In the anterior chamber they may be free floating or fixed, although the former is by far extremely rare. Most of them, being asymptomatic, do not require any treatment. We report a dislodged iris pigment epithelial cyst, in anterior chamber, which was surgically removed and discuss its histopathology.

## RAPIDLY GROWING IRIS MELANOCYTOMA

Emilio Balestrazzi, Alessandra Cristiana, Maria Blasi

University of L'Aquila, Coppito-L'Aquila, Italy

**PURPOSE:** To report a case of an iris melanocytoma that showed conspicuous and rapidly progressive growth and normal intraocular pressure. **METHOD:** Slit-lamp biomicroscopy revealed a large pigmented lesion in the superior iris that reached the corneal endothelium. Pigment spreading covered the anterior iris surface inferiorly. IOP was 16 mmHg in both eyes. The gonioscopic view into the chamber angle was obstructed by the mass from 10 to 2-o'clock. Ultrasound examination showed a low internal reflectivity mass measuring 6.06 mm in basal diameter and 2.54 mm in thickness. Transscleral resection of the tumor was performed. **RESULT:** Histopathologic sections revealed large, round or polyhedral deeply pigmented melanocytes with abundant cytoplasm and small nuclei. Mitotic figures were absent. The tumor contained a prominent infiltrate of melanophages. On immunohistochemistry, the pigmented cells stained positive for S-100 protein, only 1% of cells stained positive for the proliferation marker Ki67. Cytologic features were consistent with the diagnosis of iris melanocytoma. **CONCLUSION:** A progressive growth, without malignant transformation, of a similar iris lesion has been described previously only in a case. The case presented is unusual for the impressive expansion and rapidity of growth. Moreover our case presents a remarkable discrepancy between the extensive involvement of the angle and normal intraocular pressure values.

## MANAGEMENT OF MEDULLOEPITHELIOMA OF THE CILIARY BODY

Nils Eide, Peter Jebsen, Hilde Vollestad

Rikshospitalet University Hospital, Eye Department, University of Oslo, Oslo, Norway

**PURPOSE:** To report a ciliary body mass in a teenager diagnosed as a medulloepithelioma by excision biopsy and subsequently treated with brachytherapy, vitrectomy and endophotocoagulation. **METHODS:** A 17 year-old female presented with a vascularized tumor inferiorly in the iris and ciliary body in the left eye. The mass measured 6.8x8.2x5.2 mm. Ultrasound showed variable, high internal reflectivity and

no cystic spaces. The tumor was removed using a lamellar corneo-sclero-irido-cyclectomy. A ruthenium plaque 20 mm was applied to irradiate the excision area with 60 Gy on the apex. A complete vitrectomy with scleral indentation, lensectomy and encircling endophotocoagulation was performed. **RESULTS:** No evidence of regrowth has been seen during the 18 month follow-up period of the malignant, non-teratoid medulloepithelioma. The visual acuity was 1.0 with a soft contact lens, and the intraocular pressure, visual field and ocular motility were normal in both eyes at the last follow-up. **CONCLUSION:** We report a case in which a medulloepithelioma was treated with resection, plaque irradiation and vitrectomy with a favorable response through 18 months follow-up. A longer period is necessary before treatment efficacy and functional visual results can be fully evaluated.

## STRATEGY FOR MANAGING INFANTS AT 100%-RISK FOR RETINOBLASTOMA BY PREMATURE DELIVERY AND CHEMOTHERAPY/LASER THERAPY TO CONTROL TUMOR AND SAVE VISION

Helen Chan, Jane Gardiner, Elise Heon, Andrew Budning, Brenda Gallie

The Hospital for Sick Children, University of Toronto, Toronto, Canada

**PURPOSE:** RB1 mutations may induce retinoblastoma in utero. We examined our success in saving vision without radiation by prematurely delivering infants at 100%-risk for retinoblastoma. **METHODS:** Baby A with retinoblastoma on obstetrical ultrasound and bilateral macular and paramacular tumors at birth at 36-week delivery, received modified low-dose chemotherapy/laser therapy because of immature renal function, stereotactic radiation for relapse at 0.7 years, and high-dose chemotherapy/laser therapy for relapse at 3.8 years. Baby B with amniocentesis-proven RB1 mutation and OS paramacular tumor at 36-week delivery, received laser therapy for this and bilateral tumors developing later. Baby C with amniocentesis-proven RB1 mutation but no tumors at 37-week delivery, received chemotherapy/laser therapy for OS paramacular and 3 smaller tumors developing at 5 months. Baby D with amniocentesis-proven RB1 mutation but no tumors at 37-week delivery, received laser therapy for bilateral tumors developing at 3 months and chemotherapy for OS paramacular tumor developing at 14 months. **RESULTS:** At 4, 3.4, 3.2 and 1.2 years follow-up, all children had at least one 6/6 eye, still followed with frequent examinations under anaesthetic. **CONCLUSION:** Premature delivery of infants at 100%-risk for retinoblastoma and management by a standardized chemotherapy/laser therapy protocol can save vision and may avoid radiation.

## BILATERAL RETINOPATHY OF PREMATUREITY AND BILATERAL RETINOBLASTOMA

Usha Singh, Mangatram Dogra, Surinder Pandav, Amod Gupta

PGIMER, Chandigarh, India

**PURPOSE:** To report clinical presentation and outcome in a case of a premature infant with bilateral retinopathy of prematurity (ROP) and bilateral retinoblastoma, treated with laser therapy and chemotherapy. **METHODS:** A premature infant (29 weeks of gestation, birth weight 1316 gms) presented at 35 weeks post conceptual age with bilateral threshold ROP and a solitary solid mass lesion in the macula of right eye. ROP was lasered in both eyes and subsequently regressed. Serial ultrasonography demonstrated progression. Considering the child's young age, chemotherapy and radiotherapy were not considered, hence the lesion was lasered. Follow up examination did not show regression of the mass. Patient was lost to follow up and presented again seven months later with orbital retinoblastoma in the right eye and

a new lesion in the previously uninvolved left eye. Patient was subjected to chemotherapy (Cyclophosphamide, Vincristine, Cisplatin and Etoposide). The lesion in the left eye was lasered. After 3 cycles of chemotherapy, orbital retinoblastoma in the right eye regressed and the globe became phthisical and was enucleated. **RESULTS:** Retinoblastoma in the right eye did not respond to laser photocoagulation. However it responded very well to combination chemotherapy and there was complete regression in the left eye also. **CONCLUSION:** Retinoblastoma can present at birth, even in prematures. Its association with ROP is rare. Chemotherapy can be used effectively to treat retinoblastoma at this age.

#### **JUVENILE ONSET RETINOBLASTOMA IN A 26-YEAR-OLD PREGNANT FEMALE: A RARE CASE REPORT FROM WESTERN ORISSA, INDIA**

*Sharmistha Behera, Debendranath Bhuyan, Janet Khalko, KC Behera, Savitri Bhagat, Debendra Sahu*

*VSS Medical College, Burla, India*

A 26-year-old pregnant woman presented with a huge mass in her left eye of one-year duration. Incision biopsy revealed retinoblastoma. Her right eye was normal in all aspects. CT scan of brain and orbit was normal. The rarity of such a case has incited this report.

#### **OCCURRENCE OF RETINOBLASTOMA IN THE FELLOW EYE 23 YEARS AFTER ENUCLEATION - A CASE REPORT**

*Sriram Gopal, Mahesh Shanmugam, Sachin Kabra*

*Sankara Nethralaya, Chennai, India*

Retinoblastoma patients are closely monitored for the first 5 years for occurrence of tumors in their fellow eye as most tumors have been reported to occur within this time period. We here present a patient who underwent enucleation for retinoblastoma as a child and presented 23 years later with a new tumor in the previously normal fellow eye. Regression of the tumor was achieved with trans pupillary thermotherapy. This presentation contains a brief case report followed by a discussion of the same.

#### **STAGE-5 RETINOBLASTOMA AFTER VITRECTOMY AND CHEMOREDUCTION SHOWED EXTENSIVE TUMOR REDUCTION - A CASE REPORT**

*Po-Kang Lin, Tzu-Fang, Ching-Chih Liu*

*Department of Ophthalmology, National Yang-Ming University, Taipei, Taiwan*

A 2-year-old boy with profound leucocoria in the right eye was diagnosed as stage-5 retinoblastoma. The vitreous seeding of tumor cells was so extensive that none of retina could be observed. The MRI of orbit revealed a huge nasal endophytic tumor mass. No distant metastasis or local invasion was noted. Enucleation was postponed by the requirement of biopsy. During vitrectomy for biopsy, the heavy snow-like vitreous seeding was removed and multiple small exophytic tumors were noted diffusely across whole retina. The nasal optic disc involvement was also suspected. The cytology examination proved malignancy. Then the victim received two courses of chemoreduction therapy with vincristine, etoposide, and carboplatin. Afterwards, enucleation was performed. Extensive tumor shrinkage and reduction was disclosed upon pathological preparation. Though H&E stain still showed rosettes and pseudorosettes with atypia over tumor sites, it was actually difficult to find the once diffusely dispersed tumors. Even the nasal part tumor was markedly shrunk. The optic nerve cut edge demonstrated no tumor. The patient received chemotherapy after enucleation and is stable.

#### **EXTENSIVE PERIPHERAL RETINAL NON-PERFUSION IN DIFFUSE INFILTRATING RETINOBLASTOMA**

*A Linn Murphree*

*The Retinoblastoma Center, Childrens Hospital Los Angeles, University of Southern California, Los Angeles, CA, USA*

A 5-year-old boy presented with a blind eye and leucocoria. At staging EUA, a fluorescein angiogram showed remarkable abnormalities in the retinal vasculature. There was a striking peripheral retinal non-perfusion for 360 degrees. A diagnosis of Coats' disease was considered but white tumor masses anterior to retinal vessels were more consistent with retinoblastoma. There were no intraocular masses and no intraocular calcium. Pathology revealed a diffuse infiltrating retinoblastoma with no evidence of necrosis. There was no tumor invasion of the choroid or optic nerve.

#### **BILATERAL MANTLE CELL LYMPHOMA OF THE IRIS**

*Stefan Seregard, Eva Dafgård Kopp*

*St Eriks Eye Hospital and Karolinska Institute, Stockholm, Sweden*

A 71-year old man previously treated for localized mantle cell lymphoma (MCL) presented with right iris deformity and several whitish lesions of both irides. Incisional biopsy confirmed bilateral iris MCL involvement. Treatment was initiated with high dose fludarabine and cytosine arabinoside combined with intrathecal methotrexate. The iris MCL regressed, but 5 months after the first signs of ocular involvement iris recurrence prompted a change to rituximab combined with external beam radiotherapy. Both eyes had phacoemulsification for radiation-induced cataract, but 10 months after presentation there were no signs of active iris MCL. However, the patient's condition gradually declined and paratracheal MCL became evident. He died 16 months after presentation of iris MCL without signs of recurrent ocular disease. Once believed to represent a rather indolent lymphoma subtype, MCL is now recognized as an aggressive, difficult to treat, B-cell lymphoma. Overall prognosis is poor, but recently some evidence of additional benefit has been shown monoclonal antibody-based therapies like rituximab, a chimeric antibody that selectively targets CD20 positive cells).

#### **DISSEMINATED INTRAOCULAR LYMPHOMA**

*Yiing Wong, Doric Wong, Han Chang Toh, Marina Chua, Allan Fong, Kong Yong Goh*

*Changi General Hospital, Singapore*

A 62-year-old Malay gentleman presented with blurring of vision in the left eye for two months and was admitted for investigation of bilateral multiple peripheral 'choroidal' masses with vitritis. There was no systemic symptom. Extensive systemic investigations including blood tests, computed tomogram scans (head, thorax, abdomen), magnetic resonance imaging (brain) and lumbar puncture were normal. However, gastric, rectal and bone-marrow biopsies revealed diffuse malignant large B-cell lymphoma. In retrospect, the fundus appearance was highly suggestive of primary intraocular lymphoma (with involvement of extranodal sites and bone marrow) and was further supported by fundus fluorescein angiogram (FFA) and B-scan ultrasound findings.

#### **RAPID RESPONSE OF OCULAR LYMPHOMA TO INTRAVITREAL METHOTREXATE**

*Anita Agarwal, Alex Hunyor, Donald Gass*

*Vanderbilt University, Nashville, TN, USA*

Seventy year old woman with known CNS lymphoma presented post prophylactic radiation to the orbit, with bilateral sub-retinal pigment epithelial (RPE) and optic nerve infiltrates. The multifocal tumors regressed completely following intravitreal methotrexate.

#### **RECURRENT INTRAOCULAR LYMPHOMA - PRESERVATION OF VISUAL ACUITY BY INTRAVITREAL METHOTREXATE**

*Nora Regensburg, Marc*

*Academic Medical Center, Amsterdam, The Netherlands*

Multifocal non-Hodgkin lymphoma is treated with systemic chemotherapy. If an intraocular lesion is present, or no more systemic chemotherapy can be given, 0.1-ml intravitreal methotrexate (4 mg/ml) can preserve vision. We present a patient with NHL who had received chemotherapy 4 times in the course of 7 years. After the last chemotherapy, he had a recurrence in his right eye. The left eye was amblyopic. Intravitreal injections of methotrexate and dexamethasone resulted in resolution of the lesion preserving a fairly good visual acuity.

#### **LOW GRADE T-CELL PRIMARY CENTRAL NERVOUS SYSTEM LYMPHOMA INVOLVING THE CHOROIDS AND ORBIT: A CASE REPORT**

*Ann Schalenbourg, Chi-Chao, Yan Guex-Crosier, DeFen Shen, Rene-Olivier Mirimanoff, Leonidas Zografos*

*Jules Gonin Eye Hospital and University Eye Clinic of Lausanne, Lausanne, Switzerland*

A 49-year old female developed sudden loss of visual acuity in her left eye. She had a 8-year history of presumed low grade T cell primary central nervous system (CNS) lymphoma, though pathology report of the left IVth ventricle roof biopsy at that time could not exclude a granulomatous pseudotumor. Clinical course had been atypical as CNS lesions had regressed spontaneously, therefore the patient rejected radiation or chemotherapy. Clinical and ultrasonic examination of the left eye showed a non-pigmented choroidal mass with secondary retinal detachment and orbital extension. Microscopic examination of the orbital biopsy revealed diffuse non-necrotic granulomatous infiltrates with foci of T-lymphocytic aggregation. Microdissection and PCR of the focal T aggregates detected TCRg and TCRg-CDR3 gene rearrangement, confirming low grade T cell primary CNS lymphoma with choroidal and orbital extension. To our knowledge, this is the first report of such a case.

#### **INTRAOCULAR MASQUERADE SYNDROME BY CHRONIC T-LYMPHOCYTIC LEUKEMIA**

*Atsushi Azumi, Satoshi, Hinako Kubotani*

*Kobe University Graduate School of Medicine, Kobe, Japan*

**PURPOSE:** To report a case of chronic T-lymphocytic leukemia with intraocular involvement, mimicking intraocular-central nervous system malignant lymphoma. **METHODS:** Flow cytometric analysis and genetic analysis were performed using the intraocular cells and peripheral blood of a patient, 68 year-old male, suffering for more than 1 year from bilateral idiopathic uveitis which was suspected to be intraocular malignant lymphoma. **RESULTS:** Cytologic examination revealed the high-grade atypia of the intraocular cells collected at the time of the initial visit, and flow cytometry showed the dominance of T cells. Though leukocytes in the peripheral blood did not have any oncogenic feature, CD4 T-cells accounted for 90% of the lymphocytes and Southern blot hybridization for T-cell receptor beta-chain demonstrated the rearrangement bands. Stored vitreous samples from both eyes, which were

collected during the former vitreous surgery, were too small for Southern blot hybridization, but finally proven to have the same gene rearrangement band as the peripheral blood after gene amplification by PCR. **CONCLUSION:** These results suggested that the underlying chronic T lymphocytic leukemia invaded the intraocular tissue, where the tumor cells transformed. Since the findings resemble to those of intraocular malignant lymphoma, chronic T-lymphocytic leukemia is important for differential diagnosis of intraocular malignant lymphoma.

#### **ASYMMETRIC RESPONSE OF BILATERAL UVEAL METASTASIS TREATED WITH IDENTICAL THERAPY**

*Dan Gombos, Jade Schiffman, Rosa Tang, Ulysses Dorotheo*

*MD Anderson Cancer Center, Houston, TX, USA*

**PURPOSE:** To report two cases of bilateral uveal metastasis treated with identical therapy and asymmetric response between each eye. **METHODS:** Case Report **RESULTS:** Two patients with systemic solid tumor malignancies developed bilateral uveal metastasis. Patients received identical therapy to both eyes. In one case, external beam radiotherapy, the other systemic chemotherapy. In both patients there was a significant difference in tumor response between the two eyes. Post-mortem pathologic confirmation was obtained in one case. **CONCLUSION:** Bilateral uveal metastasis from the same malignancy can vary significantly in their response to the identical therapies.

#### **NATURAL COURSE OF A CHOROIDAL CARCINOID – A CASE REPORT**

*Lakshmana Kooragayala, Monali Sakhalkar, Raghunath Misra, Anil Veluvolu, Hau Nguyen, Bryan Vekovius*

*Louisiana State University Health Sciences Center, Shreveport, LA, USA*

A 59-year-old healthy male initially presented with good visual acuity and localized choroidal mass. The mass was pigmented with overlying exudative retinal detachment. At that time no other primary tumor was known. An initial diagnosis of choroidal melanoma was made. Tumor progressed rapidly to involve the whole eye with vitreous hemorrhage, rubeosis and loss of vision over the period of one year during which patient did not pursue any treatment. Enucleation was performed about 18 months after initial presentation due to increasing ocular pain and proptosis. Histopathology was consistent with carcinoid tumor with scleral extension. During the same time interval, lung and liver carcinoid were detected. No systemic therapy was opted by patient. Fellow eye developed choroidal metastasis one year after enucleation of the presenting eye. Choroidal metastases are the commonest form of intraocular malignancy in adults but ocular metastases from carcinoid tumors are extremely rare. Slow progression and good long-term prognosis characterizes these tumors. In our patient, the tumor progressed aggressively to involve the sclera of the initial presenting eye in addition to metastatic spread to the fellow eye. We would like to highlight the aggressive nature of this rare ocular carcinoid.

#### **UNUSUAL SMALL ROUND CELL TUMOR IN A YOUNG, PREGNANT FEMALE**

*Varsha Nandedkar, Anil Ranganath, Vila Wangikar, Kashinath Bhople*

*Government Medical College, Aurangabad, India*

A 21 years female presented in second trimester of pregnancy with sudden loss of vision and pain and redness in OD. On examination OS was normal. OD showed ciliary congestion, pupil was dilated and fixed. Lens was clear. There was evidence

of exudative retinal detachment and vitreous hemorrhage and exudate. After 4 days she developed further increase in detachment with aqueous cells, shallowing of anterior chamber with increased intraocular pressure and vitreous hemorrhage. CECT orbit showed evidence of vitreous hemorrhage with retinal detachment. CECT brain was normal. After termination of pregnancy she reported with development of ciliary staphyloma and picture like endophthalmitis. Her enucleation was performed. On gross examination, the tumor occupied almost whole of the posterior chamber with grayish white and chalky areas. Microscopically it showed small round cells with hyperchromatic nuclei. The cells were arranged in sheets and rosettes with areas of necrosis. The optic nerve was infiltrated. Immunohistochemistry showed positivity for NSE, NFP and Synaptophysin. EMA and Desmin were negative. With these features the diagnosis of malignant round cell tumor retinoblastoma was considered.

#### **COMMON TUMOR IN AN UNUSUAL SITUATION**

*Carol Shields*

*Wills Eye Hospital, Philadelphia, PA, USA*

A 61-year-old healthy nonsmoker male presented with painless blurred vision in the right eye and was found to have a yellow choroidal mass.

#### **LIMITED PHOTODYNAMIC THERAPY OF CHOROIDAL HEMANGIOMA ASSOCIATED WITH STURGE-WEBER SYNDROME**

*Arun Singh, Paul Rundle, Stephen Vardy, Ian Rennie*

*Cole Eye Institute, Cleveland Clinic Foundation, Cleveland, OH, USA*

Result of limited photodynamic therapy in a case of diffuse choroidal hemangioma associated with Sturge Weber syndrome will be presented.

#### **A CASE OF CHOROIDAL OSTEOMA WITH SUBFOVEAL NEOVASCULAR MEMBRANE**

*Rajeev Tanawade, Dhananjey, S Manoj, Kim Ramaswamy*

*Aravind Eye Hospital, Madurai, India*

A healthy young female presented with metamorphopsia and defective vision in left eye (BCVA- 6/24) of 6 months duration. Fundi in both eyes showed yellow orange well defined lesion with overlying vascular tufts. Left eye showed an active subfoveal choroidal neovascular membrane (CNVM) with hemorrhage. Ultrasonogram and computed tomography confirmed the clinical diagnosis of choroidal osteoma. CNVM was subjected to trans pupillary thermotherapy (TTT) following which vision stabilised at 6/36p. This illustrates choroidal osteoma should be considered in the differential diagnosis of atypical choroidal lesions and TTT may prove to be a useful modality in treatment of associated subfoveal CNVM.

#### **CLINICOPATHOLOGICAL STUDIES ON RETINAL TUMOR IN AN ADULT FEMALE**

*H Ueno, N Hayashi, K Nishino, Y Koura, J Takami*

*Department of Ophthalmology, Kochi Medical School, Kochi, Japan*

There are many different kinds of tumors originated from the retina, for example, retinoblastoma, astroglioma, capillary hemangioma, cavernous hemangioma, and so on. We report a very rare case of solitary retinal tumor, histopathological

diagnosis of vasoproliferative tumor of the ocular fundus, seen in an adult female. A 67-year-old female noticed blurred vision of her left eye in January 2002. She visited on local ophthalmologist and was referred to our university hospital with diagnosis of epimacular membrane, OS, on August 29, 2002. Her best-corrected visual acuity was 0.8, OD, 0.2, OS and IOPs were normal in both eyes. Fundus examination disclosed epimacular membrane at the macula and a retinal tumor, sized 3.5 × 4.0 disc diameter, extruding into the vitreous, at the nasal superior portion, OS. Some hemorrhages were recognized in the tumor, but no dilated and / or tortuous vessels seen. Serum and MRI, CT examinations in the whole body for detection of primary cancerous lesion were unremarkable. After laser photocoagulation around the base of retinal tumor, phacoemulsification, pars plana vitrectomy, epimacular membrane peeling, and retinal tumor extraction were performed without complications on September 30. Histopathologically, proliferation of large and small vessels, and moderate-to-marked gliosis are recognized in the tumor. In some vessels, hyalinization is noted. Small portion of sensory retina with gliosis is present. Histopathological diagnosis is vasoproliferative tumor of the ocular fundus.

#### **CHOROIDAL SCHWANNOMA MIMICKING AN AMELANOTIC MELANOMA**

*Rohini Kolari, Santosh Honavar, Geeta Vemuganti*

*LV Prasad Eye Institute, Hyderabad, India*

A 33-year-old female presented with a history of decreased vision in the right eye of two years duration. On examination she was found to have a small non-pigmented tumor on the optic nerve head of the right eye. A diagnosis of amelanotic melanoma was considered based on the clinical appearance, FFA, and USG. The patient reported back after 2 years with pain, neovascular glaucoma and absent perception of light. The eye was enucleated. Histopathology revealed a benign nerve tumor of the choroid, a choroidal schwannoma.

#### **A CASE OF OPTIC NERVE HEAD TUMOR - A DIAGNOSTIC DILEMMA**

*Saurabh Luthra, Gaurav, Mukesh Luthra*

*Drishti Eye Hospital, Dehradun, India*

A 36-year-old lady presented with decreased vision in the right eye since 3 years. She had no systemic disease. Best-corrected visual acuity was 6/24. Her anterior segment and intraocular pressure were normal. There were cells in the anterior vitreous and the fundus showed a large brown mushroom-shaped lesion in the region of the optic disc projecting into the vitreous cavity with surrounding retinal detachment and crystalline subretinal deposits in the peripapillary region and at the posterior pole. Fundus in the asymptomatic left eye showed few crystalline subretinal deposits at the posterior pole. Fundus fluorescein angiography of the right eye showed early blocked fluorescein with late surface leakage. Ultrasound showed large dome shaped lesion at the optic disc. Differential diagnosis will be discussed.