

OR-101

Long distance relationship

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The purpose of the report is to present a case of a 77-year old patient with acute blindness as the first presentation of metastatic ovarian carcinoma, most likely as a part of paraneoplastic retinopathy.

The patient had bilateral severe visual acuity loss with finger perception in front of the eyes in the central part of the visual field. Multimodal ocular imaging revealed a preserved photoreceptor layer only in the central part of the macula, cystoid macular edema, and signs of progressive occlusive vasculopathy. Scotopic and photopic electroretinography recorded signs of generalized retinal damage. Visual evoked potentials showed reduced amplitudes and prolonged conduction latencies along the visual pathway. Extensive laboratory blood tests revealed elevated tumor marker CA 125, mildly elevated inflammatory parameters, and highly elevated paraneoplastic anti-ZIC4 antibodies. With extended imaging diagnostics and pathohistological examinations of the cervical lymph node, temporal artery and removed uterus with adnexa, we diagnosed metastatic high grade serous carcinoma of the left ovary. Therapy with corticosteroids, mycophenolic acid and chemotherapy regimen with paclitaxel/carboplatin, we managed to maintain good visual acuity in the central 10° part of the visual field.

Paraneoplastic retinopathy is a syndrome in which autoimmune antibodies cross-react with tumor and retinal cells, leading to retinal degeneration, which clinically most often manifest with visual disturbances. The presence of anti-ZIC4 in ovarian adenocarcinoma with a clinical picture of paraneoplastic cerebellar syndrome has been reported in the literature. There is no data on the potential retinal toxicity of anti-ZIC4. Based on the effective immunomodulatory therapy response we concluded that the patient has a paraneoplastic disorder.

Zveza na daljavo

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Namen prispevka je prikaz primera 77-letne bolnice pri kateri je bila akutno nastala slepota prvi simptom metastatskega karcinoma jajčnika domnevno zaradi paraneoplastične retinopatije.

Pri bolnici smo ugotavljali obojestranski izrazit upad vidne ostrine z zaznavanjem prstov pred očmi v centralnem delu vidu polja. Z multimodalno očesno slikovno diagnostiko smo zaznali ohranjen sloj fotoreceptorjev zgolj v centralnem delu makul, cistoidni makularni edem ter znake progresivne okluzivne vaskulopatije. S skotopično in fotopično elektroretinografijo smo zaznali generalizirano okvaro mrežnice. Z vidnimi evociranimi potenciali smo zaznali znižane amplitude in podaljšane latence prevajanja po vidni poti. V razširjenih laboratorijskih preiskavah krvi so izstopali zvišani tumorski marker CA 125, blago zvišani vnetni parametri in izrazito povišana paraneoplastična protitelesa anti-ZIC4. Z razširjeno slikovno diagnostiko ter patohistološkimi preiskavami vratne bezgavke, temporalne arterije in odstranjene maternice z adneksi smo diagnosticirali metastatski serozni karcinom levega jajčnika visoke stopnje. Ob terapiji s kortikosteroidi, mikofenolno kislino in kemoterapijo po shemi paklitaksel/karboplatin smo bolnici uspeli ohraniti dobro vidno ostrino v centralnem 10° otočku vidnega polja.

Paraneoplastična retinopatija je sindrom, pri katerem avtoimuna protitelesa navzkrižno delujejo na tumorske in retinalne celice, kar vodi do retinalne degeneracije, ki se klinično najpogosteje kaže z motnjami vida. V literaturi so poročali o prisotnosti anti-ZIC4 pri adenokarcinomu jajčnika s klinično sliko paraneoplastičnega cerebelarnega sindroma. Ni podatkov o potencialni retinalni toksičnosti anti-ZIC4. Na podlagi učinkovitega odziva na imunomodulatorno terapijo sklepamo, da gre pri bolnici za paraneoplastično dogajanje.