Uveitis in tumorji, Friday, May 16 2025, 11:00-12:00
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Chairs: Nataša Vidović Valentinčič and Saša Počkar

OR-041

Iris Lymphoma: A Case Report

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Objective: To present the treatment of a patient with iris lymphoma.
Results: A 72-year-old patient was referred for evaluation of a lesion in the right iris, following a progressive decline in visual acuity over several weeks. Ophthalmologic examination revealed a highly vascularized, pink lesion located in the temporal and inferior portion of the iris, resulting in anterior iris bulging. Additionally, corectopia, endothelial precipitates, and cataract were observed. Ultrasound biomicroscopy (UBM) demonstrated a thickened and infiltrated iris and ciliary body with circumferential (360°) involvement. Cytopathological analysis of the iris biopsy confirmed a diagnosis of large B-cell lymphoma with moderate CD20 expression.
During systemic workup at the Oncology Institute, multiple lymphoma infiltrates were identified throughout the body. First-line chemotherapy was initiated using the R-pola-CHP regimen. The patient subsequently received a total of six cycles of chemotherapy, supplemented by two additional cycles of rituximab, four cycles of medium-dose methotrexate, and seven intrathecal applications. In addition, six intravitreal injections of methotrexate (0.1 mL) were administered. The most recent PET-CT scan demonstrated complete remission of the disease, while a reduction in the iris and ciliary body infiltrates was documented during subsequent ophthalmological examinations. No signs of recurrence were observed during follow-up visits.
Conclusion: Iris lymphoma is an extremely rare neoplasm that may present either as a primary lesion or as a secondary tumor involving the iris, most commonly in association with systemic non-Hodgkin lymphoma. In elderly patients with persistent anterior uveitis unresponsive to conventional therapy, this diagnosis should be considered. Cytopathological evaluation of an iris biopsy is crucial for establishing the diagnosis, and a multidisciplinary approach involving ophthalmologists, oncologists, and pathologists is essential for optimal management.

Limfom šarenice: Prikaz primera

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Namen: Prikaz zdravljenja bolnika z limfomom šarenice.
Rezultati: 72-letni bolnik je bil napoten zaradi lezije šarenice na desnem očesu. Poslabšanje vidne ostrine je opažal nekaj tednov. Oftalmološki pregled je pokazal močno ožiljeno in rožnato lezijo šarenice v temporalnem in spodnjem delu, ki je povzročila anteriorno izbočenost šarenice. Prisotni so bili korektopija, precipitati na endotelu ter katarakta. Ultrazvočna biomikroskopija (UBM) je razkrila zadebeljeno in infiltrirano šarenico in ciliarnik v obsegu 360°. Citopatološka analiza biopsije šarenice je potrdila diagnozo velikoceličnega B-limfoma z zmerno ekspresijo CD20.
V okviru sistemske diagnostike na Onkološkem inštitutu so bili pri bolniku ugotovljeni številni limfomski infiltrati po telesu. Uvedena je bila kemoterapija prve linije po shemi R-pola-CHP. Bolnik je prejel skupno 6 ciklusov kemoterapije, dodatno 2 ciklusa rituksimab terapije, 4-krat srednje doze metotreksata ter 7-krat intratekalno aplikacijo. Skupno je prejel tudi 6 intravitrealnih injekcij metotreksata (0,1 ml). Zadnji PET-CT pregled je pokazal popolno remisijo bolezni, ob tem je prišlo tudi do zmanjšanja infiltrata šarenice in ciliarnika. Znakov recidiva pri nadaljnjih kontrolah niso opažali.
Zaključek: Limfom šarenice je izjemno redka oblika neoplazme. Pojavi se lahko kot primarna lezija ali kot sekundarni tumor, ki vključuje šarenico in je najpogosteje povezan s sistemskim ne-Hodgkinovim limfomom. Pri starejših bolnikih s perzistentnim anteriornim uveitisom, ki ne odgovarja na zdravljenje, je potrebno pomisliti tudi na to diagnozo. Ključno vlogo pri diagnostiki ima citopatološka analiza biopsije šarenice. Multidisciplinarni pristop, ki vključuje oftalmologe, onkologe in patologe, je bistven za optimalno obravnavo teh bolnikov.