Uveitis in tumorji, Friday, May 16 2025, 11:00-12:00
Location: dvorana Grandis
Session: **Uveitis in tumorji / Uveitis and tumours**
Chairs: Nataša Vidović Valentinčič and Saša Počkar

OR-040
Multimodal imaging of primary vitreoretinal lymphoma
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Introduction: Primary vitreoretinal lymphoma (PVRL) remains a diagnostic challenge. Multimodal imaging provides a view of the different phenotypic presentations of PVRL, which not only provides insight into the diagnosis and evolution of the disease but also allows a more accurate identification of all forms. It is also the basis for follow-up and helps in decisions on the type and duration of treatment.
Methods: We present the characteristics of multimodal imaging in our case series of consecutive 13 patients diagnosed with PVRL in Slovenia over the past ten years.
Results: On ophthalmoscopy, retinal signs of lymphomatous involvement were observed as unilateral or bilateral creamy-yellow retinal infiltrates, which appeared punctate or mass-like; optic disc edema was presented in one patient. On fundus autofluorescence (FAF), hypofluorescent spots corresponded to hyperfluorescent spots on fluorescein angiography (FA). Optical coherence tomography (OCT) revealed subretinal lesions located between the retinal pigment epithelium (RPE) and Bruch's membrane. These OCT lesions were hyperreflective, either focal or diffuse, with high variability in size and location. Full thickness retinitis with destruction of retinal layers were also observed. The most common finding, vitritis, can lead to poor quality multimodal fundus imaging.
Conclusions: Multimodal imaging plays a crucial role in guiding the suspicion of PVRL, supporting the need for further invasive procedures, and assessing treatment response, ultimately aiding in timely diagnosis and management.

Multimodalno slikovno diagnosticiranje primarnega vitreoretinlnega limfoma
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Uvod: Primarni vitreoretinalni limfom (PVRL) ostaja diagnostični izziv. Z multimodalnim slikovnim prikazom vidimo različne fenotipske prezentacije PVRL, ki omogočajo ne le vpogled v diagnostiko in razvoj bolezni, ampak tudi natančnejšo prepoznavo vseh oblik; so osnova za spremljanje in odločitve o vrsti in trajanju zdravljenja.
Metode: Predstavitev značilnosti multimodalnih slikovnih preiskav pri naši seriji primerov 13 zaporednih bolnikov z diagnozo PVRL, ki so bili v zadnjih desetih letih obravnavani v Sloveniji.
Rezultati: Pri oftalmoskopiji so se znaki limfomatozne prizadetosti mrežnice kazali kot enostranski ali obojestranski kremasto rumeni infiltrati mrežnice (točkasti, masni); pri enem bolniku je bil prisoten edem papile vidnega živca. Hipofluorescentne lise, ki so vidne na avtofluorescenci očesnega ozadja (FAF), ustrezajo hiperfluorescenčnim lisam na fluoresceinski angiografiji (FA). Optična koherentna tomografija (OCT) pokaže subretinalne spremembe med pigmentnim epitelom mrežnice (RPE) in Bruchovo membrano; le-te so hiperreflektivne, žariščne ali difuzne, z veliko variabilnostjo velikosti in lokacije. Opazili smo tudi retinitis celotne debeline mrežnice s porušenjem njenih plasti. Pogosto je prisoten vitritis, ki lahko močno vpliva na kakovost slik očesnega ozadja.
Zaključki: Multimodalno slikovno diagnosticiranje oftalmologom omogoča potrditev kliničnega suma na PVRL in je v pomoč pri utemeljitvi nadaljnjih invazivnih postopkov. Pomaga lahko tudi pri spremljanu odziva na zdravljenje.