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## CASE REPORT

### A RARE CASE OF CHOROIDAL SECONDARIES IN A KNOWN CASE OF CERVICAL CANCER

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Cancer, Orbital Metastasis.

#### ABSTRACT

Cervical cancer is the most common cancer among females in India. Cervical cancer usually spreads by local extension and through the lymphatic drainage to the lymph nodes. Choroidal metastasis is a very rare kind of hematogenous metastasis seen in cervical cancer. We report a case of a 50-year-old woman who presented with unilateral right sided progressive visual impairment since 40 days. Fundoscopic examination revealed presence of multiple choroidal masses and posterior exudative retinal detachment, suspicious of choroidal metastasis. Metastatic work up with CT scan of brain, thorax and abdominopelvic region was unremarkable. Unilateral choroidal metastasis arising from a squamous cell carcinoma of the cervix is extremely rare. Although uncommon, choroidal metastases may be the presenting feature of primary cervical malignancy. Furthermore, cervical malignancy must be ruled out in women who present with orbital or choroidal metastasis arising from unknown primary.

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## INTRODUCTION

Choroidal secondaries are the most common intraocular malignancies with most frequent source of primary being breast and lung (Shields, 1997). Metastasis to choroid from uterocervical carcinoma is an exceedingly rare manifestation. Here we report a case of isolated unilateral choroidal metastasis from treated squamous cell carcinoma of uterine cervix without evidence of metastasis elsewhere in the body.

#### Case Description:

A 62 year old woman presented with history of unilateral right sided progressive visual impairment since 30days. Nineteen months earlier, she was diagnosed with moderately differentiated squamous cell carcinoma cervix stage III B (FIGO). She had no other comorbidities. She received chemoradiation over seven weeks. She was on regular follow up and locally disease free when she developed progressive right sided visual loss. On ophthalmic evaluation, she had 6/15 vision in right eye.

**Fundoscopic examination:** revealed presence of multiple choroidal masses and posterior exudative retinal detachment.

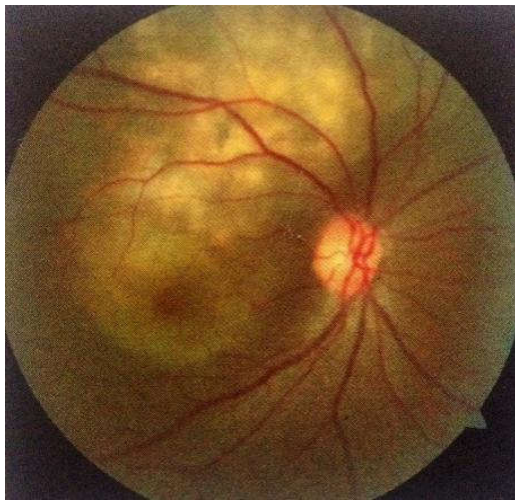
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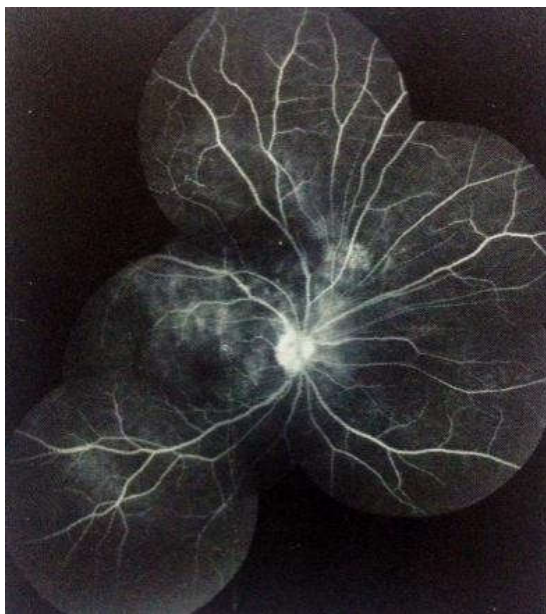
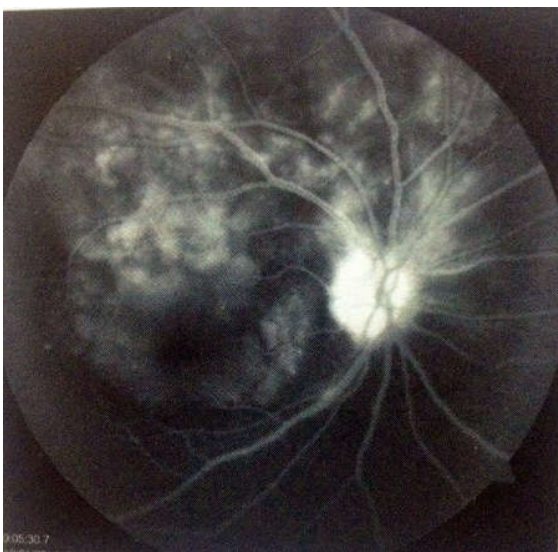
**Fluorescein angiogram:** Showed early hyperfluorescence and late mottled hyperfluorescence involving foveo-macular and superior quadrant of right eye. Hence, diagnosis of unilateral choroidal metastasis was arrived in view of her known history of carcinoma cervix. Thorough search for metastases elsewhere with CT scan of brain, thorax and abdominopelvic region was unremarkable and failed to provide evidence of metastasis anywhere else the body. She was treated with 6MV photons for choroidal metastasis with palliative intent to a dose of 40Gy in 20 fractions over four weeks. One month later, there was marginal improvement in the vision of affected eye. But sadly at the time of this report, her vision had reduced to finger movement.

## DISCUSSION

Carcinoma cervix is second most common malignancy in Indian women (National cancer registry, 2011) accounting for 17.41% of total cancer incidence among females. The staging of carcinoma cervix represents the natural pattern of progression of tumor, direct paracervical spread preceding dissemination to regional lymph nodes. The incidence of distant failure increases with clinical stage of the tumor and most common site of metastasis are extrapelvic lymph nodes, lung, abdominal cavity, bones (Fagundes, 1992). Though choroid is not an uncommon site of secondaries with its rich vascularity making it fertile ground for metastasis especially from breast in women and lung in men (Shields, 1997).



**Figure 1. Shows fundoscopic picture of right eye with choroidal masses and exudative retinal detachment**



**Figure 2 and 3. fluorescein angiogram picture of the same**

But, choroidal metastasis from carcinoma of the uterine cervix are an extremely rare manifestation and it is considered a prerequisite that pulmonary secondaries should precede choroidal spread (10).

Extensive literature search shows that only four such cases have been reported earlier and each of them had widespread metastatic disease (Wiegel, 1995; Inoue, 2000; O'Sam, 2014; Wiegel, 2002). Wiegel T and colleagues reported left eye solitary choroidal metastasis secondary to adenocarcinoma of cervix with pulmonary Mets (Wiegel, 1995). K. Inoue et al reported a case of squamous cell carcinoma of cervix manifesting as bilateral choroidal Metastasis with disseminated disease in lung and cerebellum (Inoue, 2000). O'Sam Shibebe et al recently reported a case of progressive bilateral visual loss due to choroidal metastasis with no prior knowledge of primary which on work was found to be ca cervix (O'Sam, 2014). Indication for treatment include palliation of visual impairment, anterior chamber involvement and orbital involvement associated with diplopia, pain or optic neuropathy. External beam radiotherapy appears to be safe and effective treatment with dose 30- 40Gy over three to four weeks and regression is seen in majority of patients (Wiegel, 2002). Some lesions may be treated with plaque brachytherapy (Shields, 1997). Some authors advocate use of only chemotherapy for palliation as in disseminated Ca breast (Letson, 1982). The prognosis of these patients is generally poor, depending on the site of primary and extent of metastatic disease.

### Conclusion

Ocular symptoms may be initial presentation of recurrence in patients with recognized Carcinoma cervix in rare situations and should be worked up with a suspicion of choroidal Mets.

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