

An unusual case of floaters

S.Kolb, S.Thomas

Department of Ophthalmology

Darlington Memorial Hospital

simonkolb@doctors.org.uk

A 67 year old lady presented to her optician with a 3 month history of floaters and blurred vision in the left eye, previous acuity of 6/5. She was referred to the ophthalmology department and diagnosed with asteroid hyalosis, a benign degenerative condition of hydroxylapatite crystals deposited in the vitreous. She was given a follow up appointment in one month.

On follow up, examination revealed pan uveitis which did not fit with the initial diagnosis. The medical history was carefully revisited, and it was discovered that a severe headache three years ago was eventually diagnosed as cerebral non-Hodgkin's lymphoma and treated with radiotherapy. The patient had not thought to mention this in the first instance as this time her symptoms were very different. In light of this information she subsequently underwent vitreous biopsies confirming a diagnosis of ocular NHL. One year after further radiotherapy and cataract extraction to the right eye her vision is counting fingers with no vitreous inflammation.

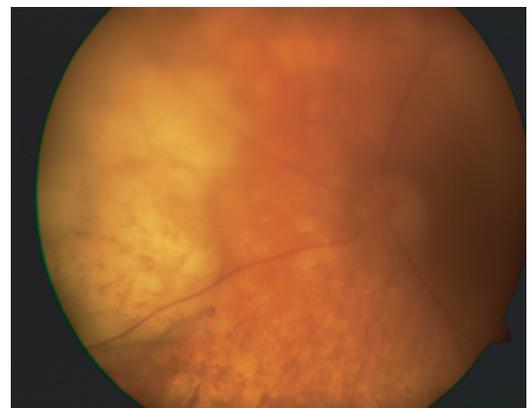
In ophthalmology it is easy to turn to the slit lamp for diagnosis, sometimes neglecting to take a careful history. This case illustrates how the age-old skill of eliciting a thorough medical history should always be the first priority, even in a specialty which is highly reliant upon diagnosis on examination of the images through a slit lamp.

Primary CNS Non-Hodgkins lymphoma is rare. One Danish study showed an incidence of 15.6 cases per million over 10 years (1.6/100000/yr)¹. Median age is between 50 and 60 years. Immunosuppression appears to be a risk factor with increased incidence in patients with AIDS. Ideal therapy is not yet proven, however radiotherapy is shown to improve outcome. Radiotherapy with intrathecal chemotherapy such as methotrexate is more effective than radiotherapy alone and reduces cognitive loss

due to post radiation leukoencephalopathy. Steroids produce substantial but temporary remission and can hinder investigation and diagnosis². This is particularly pertinent to this case as pan uveitis may be treated with steroids. If the history of NHL had not been elicited steroids may have temporarily improved symptoms but delayed diagnosis and definitive management.

Vitreous biopsy is needed for diagnosis; however special laboratory techniques need to be employed for detection of lymphoma cells. Investigation for other CNS sites should be included such as MRI and lumbar puncture.

Prognosis varies depending on non ambulatory performance status, age and immunodeficiency. Overall survival for treated patients is 18.9 months and for those with AIDS is 2.6 months².



Ocular Non-Hodgkin's Lymphoma³

References:

1. M. Krogh-Jensen et al, clinicopathological features and outcome of central nervous system lymphomas, Population-based data from a Danish primary lymphoma registry, *Annals of Oncology* 5:349-354, 1994
2. <http://cancerweb.ncl.ac.uk/cancernet/104272.html>
3. Medical Illustrations department, County Durham and Darlington Foundation trust