



Cairo University

Journal of the Egyptian National Cancer Institute

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Case Report

Short course palliative radiotherapy in the management of choroidal metastasis: An effective technique since ages



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Received 22 June 2015; revised 11 July 2015; accepted 11 July 2015

Available online 31 July 2015

KEYWORDS

Choroidal metastasis;
Carcinoma breast;
Palliative radiotherapy;
Uveal metastasis

Abstract Purpose: Uveal tract is the most common site of intra-ocular metastasis. Overall, the reported prevalence of clinically evident uveal metastases in patients with cancer ranges from 2% to 9%, with the majority of the cases being due to breast cancer. We aimed at evaluating the role of palliative radiotherapy in the management of choroidal metastasis from carcinoma breast.

Materials and methods: We describe the clinico-pathologic features, treatment and outcome of ten patients of carcinoma breast who presented to the ophthalmology department at our institution with ocular symptoms attributable to choroidal metastasis.

Results: Nine of the patients were female while one was male. All of them presented with painless progressive diminution of vision. Median duration of symptoms was 2.25 months. Five patients had associated lung metastasis while bone and brain metastases were seen in three and two patients respectively. All of them received palliative radiotherapy (RT) to the involved eye (or eye + brain) by 3D-CRT ($n = 7$), or 2 Dimensional technique ($n = 2$) or electron therapy ($n = 1$). Doses prescribed were 30 Gy/10#/2 weeks ($n = 8$); 20 Gy/5 #/1 week ($n = 2$). Simultaneously they received hormonal therapy ($n = 6$) or systemic chemotherapy ($n = 3$). After a median follow up of 18 months seven patients had complete resolution and two patients had partial resolution of the metastases.

Conclusion: Short course palliative radiation therapy is an effective modality for the management of choroidal metastasis in patients of carcinoma breast. In the current report it led to formidable local control with acceptable radiation induced toxicity.

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Peer review under responsibility of The National Cancer Institute, Cairo University.

<http://dx.doi.org/10.1016/j.jnci.2015.07.003>

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Introduction

Uveal tract is the most common site for intraocular metastasis. The potential reason for such metastasis is the high vascular supply of the uveal tract. Choroidal metastasis accounts for 88% of cases followed by iris and ciliary body. Breast (37–41%), lung (7%) and colon carcinomas [1,2] are common malignancies which throw choroidal secondaries. Multiple treatment modalities exist for the management of choroidal metastasis; the choice depends on the primary, the associated systemic disease burden and the available resources. Palliative radiation therapy has been established as a successful local treatment for uveal metastasis. However no consensus about the adequate dose and technique of radiation therapy has been reached yet. We explored the option of short course



Figure 1 Left eye fundus photograph shows one yellowish lesion at the macula and another along the infero-temporal arcade with surrounding sub-retinal fluid accumulation.

palliative radiation therapy in the management of choroidal metastasis in patients with carcinoma breast.

Description of patients

Patient demographics

We documented the demographics and treatment details of ten patients of carcinoma breast with choroidal metastasis from our departmental archive. The median age of the patients was 50 years (range: 48–64 years). The female: male ratio

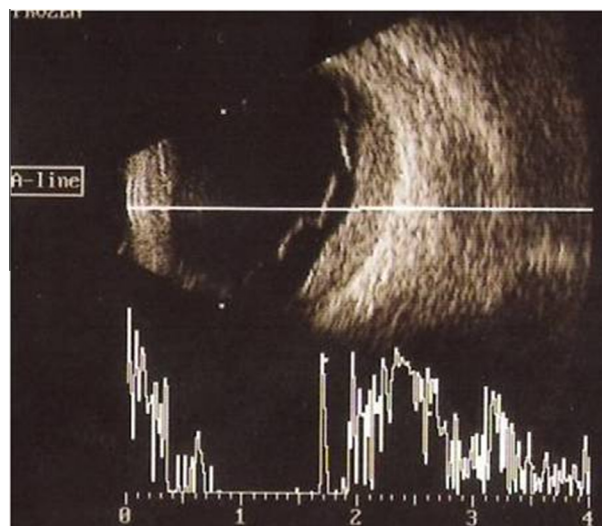


Figure 3 B-scan ultrasonography of a globe with choroidal metastasis shows an echogenic choroidal mass with diffuse ill defined borders and overlying retinal detachment. A-scan shows a 100% spike suggestive of retinal detachment along with moderate to high internal acoustic reflectivity of the choroidal mass.

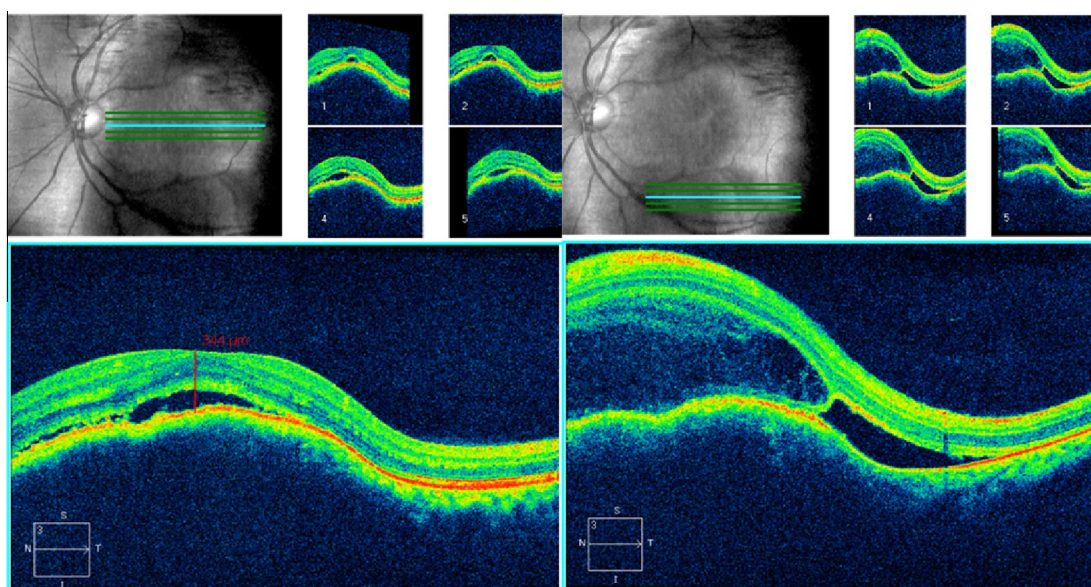


Figure 2 Optical coherence tomography shows a choroidal mass at the macula with sub-retinal fluid (Left) and another sub-retinal mass at the infero-temporal arcade with surrounding sub-retinal fluid (right).

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