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## Short communication

# Radiation retinopathy secondary to treatment of maxillary sinus carcinoma: A dramatic case<sup>☆</sup>



J. Galindo-Bocero<sup>a,\*</sup>, S. Macías-Franco<sup>b</sup>, S. Sánchez-García<sup>c</sup>, M. Fonollá-Gil<sup>b</sup>,  
A. García-Alonso<sup>b</sup>

<sup>a</sup> Servicio de Oftalmología, Fundación Hospital de Jove, Gijón, Asturias, Spain

<sup>b</sup> Servicio de Oftalmología, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

<sup>c</sup> Servicio de Radiodiagnóstico, Hospital Universitario Central de Asturias, Oviedo, Asturias, Spain

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## ABSTRACT

**Clinical case:** A 53-year old male presented with visual impairment in right eye after irradiation of right maxillary sinus carcinoma. Funduscopy shows radiation retinopathy: hemorrhages, exudates, macular edema, and peripheral retinal ischemia. A poor outcome was achieved despite laser treatment and intravitreal injections of bevacizumab, resulting in evisceration of the affected eye.

**Discussion:** Radiation retinopathy must be considered in any loss of vision after head and neck irradiation. Ophthalmological long-term follow-up of these patients is essential for an early diagnosis.

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## Retinopatía por radiación secundaria a tratamiento de carcinoma de seno maxilar: un caso dramático

## RESUMEN

**Caso clínico:** Un varón de 53 años consulta por pérdida de visión en ojo derecho tras irradiación de carcinoma de seno maxilar derecho. La exploración fundoscópica muestra hemorragias, exudados, edema macular e isquemia retiniana periférica, compatibles con una retinopatía por radiación. La evolución es tórpida a pesar de tratamiento con láser e inyecciones intravítreas de bevacizumab, finalizando en evisceración del ojo afecto.

### Palabras clave:

Evisceración ocular

Carcinoma de seno maxilar

Irradiación de cabeza y cuello

Radioterapia

Retinopatía por radiación

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\* Corresponding author.

E-mail address: javiergalindobocero@hotmail.com (J. Galindo-Bocero).

**Discusión:** La retinopatía por radiación debe tenerse en cuenta ante cualquier pérdida de visión tras irradiación de cabeza y cuello. El seguimiento oftalmológico a largo plazo de estos pacientes es fundamental para conseguir un diagnóstico precoz.

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## Introduction

Radiation toxicity could affect any structure of the eyes. One of the most feared expressions is radiation retinopathy that courses with severe and insidious vision impairment, which could develop after intraocular tumor radiotherapy or irradiation of malign sinus, orbital or pharyngeal neoplasias.<sup>1</sup>

## Clinical case

Male patient, 53, diagnosed with undifferentiated right maxillary sinus carcinoma in stage IV (T4N0M0), with a size of approximately 60 mm × 55 mm × 45 mm (Fig. 1). The tumor is considered to be non-resectable and it was decided to apply 4 chemotherapy cycles with the TPF regime (docetaxel + cisplatin + fluorouracyl) with minimum response, which led to the application of radical radiotherapy with a total dose of 70 Gy (divided in 35 sessions of 2 Gy each).

The patient began to exhibit progressive visual acuity (VA) loss in the right eye 18 months after irradiation. Exploration confirmed diminished VA in right eye (0.6) when compared to the left eye (1.0). Right eye examination revealed scleral vessel dilatation, posterior subcapsular cataracts, incipient macular edema, cotton wool hemorrhages and exudates in the nasal and inferior retina as well as inferior peripheral ischemia in

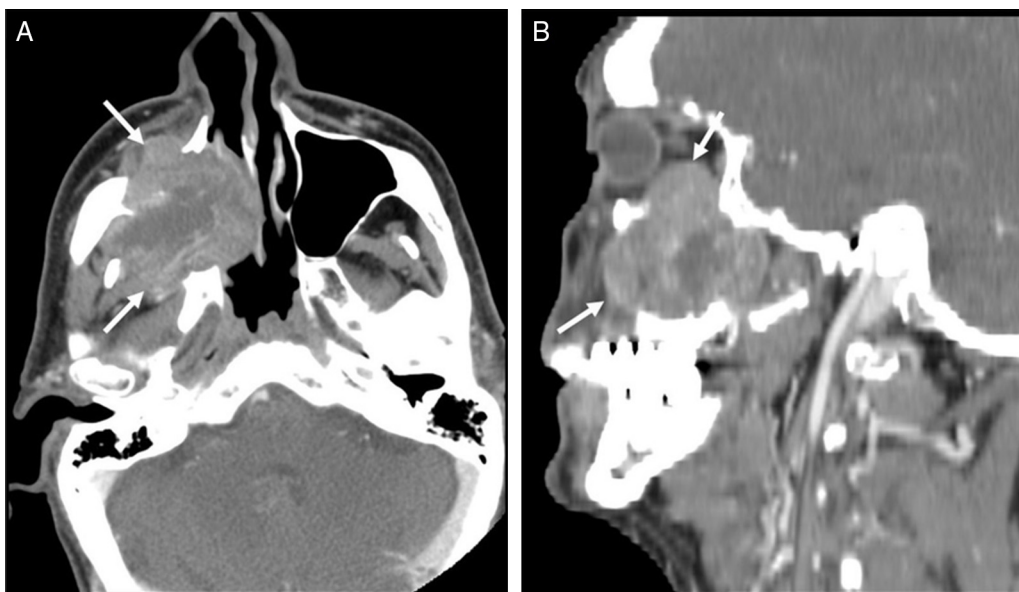
angiography (Fig. 2). No alterations were observed in the left eye. Computerized action tomography and magnetic nuclear angioresonance discarded progression of the tumor and other possible causes. Accordingly, clinic pointed to ocular toxicity secondary to radiation.

Retinal panphotocoagulation and focal laser were performed sequentially, followed by cataract surgery with intraocular lens implant in posterior chamber and 4 intravitreal injections of bevacizumab. Despite said treatment, VA progressively deteriorated in the course of 12 months follow-up, with panretinal ischemia extension and macular edema worsening, with VA diminishing to <0.01.

Evolution was torpid and evolved to massive subretinal exudation in posterior pole and nasal retina (Fig. 3), leading to complete exudative retina detachment, hemophthalmos and secondary malign glaucoma. The patient did not perceive light and medical treatment failed to control intraocular pressure. Accordingly, evisceration was decided due to painful blind eye 4 years after onset of symptoms and nearly 6 years after irradiation.

## Discussion

Radiation retinopathy was described by H.B. Stallard in 1933. At that time, the retina was considered to be radio-resistant tissue together with the central nervous system.<sup>2</sup>



**Fig. 1** – Facial CAT with intravenous contrast. Right maxillary tumor (arrows) involving the destruction of all maxillary sinus walls with medial extension toward the nasal fossa (A) and cranial toward the orbit (B).

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