OCULAR METASTASES


Take home points:  
1. Ocular mets are common and usually present with decreased visual acuity  
2. Breast and lung are the most common cancers that metastasize to the eye  
3. Choroid most often involved because of high vascularity  
4. DDx of choroid mets: amelanotic nevus/melanoma, hemangioma, hemorrhage, choroiditis  
5. XRT most common treatment  

Epidemiology  
- Frequency of ocular mets is increasing as patients with cancer live longer (2-7% of patients with cancer have choroids mets)  
- Ocular mets are the #1 most common malignancy of the eye  
- 46% of patients in one study had symptoms from ocular mets prior to detection of primary cancer  
- Breast and lung are the most common cancers that metastasize to the eye  

Site of intraocular metastases  
- Any portion of the eye can be involved in metastatic disease  
- The most common tissue involved is the choroids (Why? Because it is a highly vascular tissue)  
- Uveal metastases are second most common  

Clinical presentation and findings on ophtho exam  
- Most patients present with decreased visual acuity  
- Other symptoms: diplopia, photophobia, ptosis, blepharitis, pain, flashes, floaters, uveitis, exophthalmos, detached retina  
- Ophtho exam: appear solid, flat, plaque like, yellow lesions  

Differential diagnosis of choroidal lesion  
- Ocular metastases  
- Amelanotic nevus  
- Amelanotic melanoma  
- Choroidal hemangioma  
- Hemorrhage  
- Choroiditis  
- Harada’s disease  

Work-up  
- Ultrasononography and fluorescein angiography can be helpful  
- CT/MRI brain – helpful because 22% of patients diagnoses with choroidal mets had concurrent CNS mets; CT/MRI can also be used to image eyes  
- FNA and wedge-biopsy are possible  

Management  
- Therapy based on type of tumor (if known), prognosis, and patient preferences  
- Most commonly used therapy is external beam radiotherapy