Secondary Ocular Metastasis To Neuro Endocrine Carcinoma, Acoustic Neuroma: Case Report

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Background: neuro endocrine system. Most develop in the gastrointestinal tract, pancreas, and lung. ¹ can be a low-grade malignancy (carcinoid tumor); Rarely metastasizes to the ocular región, However, when this does occur, gastrointestinal NET typically spreads to the orbit, whereas bronchial NET classically metastasizes to the choroid. ² Bilateral, multifocal metastases are most often secondary to breast cancer, whereas unilateral, unifocal metastasis are more commonly with lung cancer.

The treatment of choroidal metastasis depends on the systemic status of the patient, number, location, and laterality of the choroidal tumors.³

Patients & Methods: Case description.

Results: Neuroendocrine tumors arise from the diffuse neuroendocrine system in the gastrointestinal tract, bronchopulmonary system, and the urogenital tract, have been referred by the World Health Organization has reclassified them based on size, proliferative rate, localization, differentiation, and hormone production, can be a low-grade malignancy (carcinoid tumor)1 or more aggressive variant. Arepalli Et al said, Breast carcinoma is the most common prymary source of choroidal metástasis (40-53%), while lung cáncer was in the second place. Was Affirmed by Trichopoulos and Augsburger in their case serie where they show 4 cases, all of them was metastasis from lung and mediastinic .Nevertheless, in this case inusual presentation was showed beacuase the difference in the primary tumor, and another unusual feature was the presentation as a second metástasis after hepatic and pancreatic tumors, despite the sistemic chemotherapy, It was not necessary the evisceration in our case, but it was necessary an increase in chemoterapy treatment and start with ocular brachyterapy the visión was blurred in all time of the treatmente but was preserve.

At present this is the first report of a NET orbital metastasis secondary to an acoustic neuroma, and as the 2nd metastatic event. In the actual literature did not found reports any case similar to ours.

Case:

Case 1:

A 70-year-old woman who had facial palsy later was diagnosed with a neuroendocrine tumor (acoustic neurinoma) had undergone stereotaxic surgery associated with chemotherapy (capecitabine temozolimide), 2 years later presented, hepatic and pancreatic metástasis and was under observation;

2016 comes by dry eye, lagophthalmos

RE: Clear Cornea, opacity in crystalline N2, exc 0.2 good neural ring, AV 2: 3 healthy macula. LE: clear cornea, opacity in crystalline N1,exc 0,3 retinal exudative detachment and vascularizate superior retina. Elevated circular lesion in upper temporal area hypopigmented. It was realized facoemulsification + IOL in RE, meantime the chemoterapy and ocular Brachyterapy; 6 months after that shows bilateral blurred vision.

AGF: Lesion in dome very compatible with metastasic lesion in superior temporal sector

MRN: Hypodense lesion in the posterior sector of the left eye, temporal Bone and meningeal neoplasic residual

Macular OCT 2 show bilateral macular Edema RE: 364 Mμ LE: 387 Mμ and Improvement of the dome injury, We proposed treatment with IV antiangiogenic in RE and with IV Dexamethasone in LE, the patient refuse this one.

Therapy and Outcome:

chemoterapy and ocular Brachyterapy

Comments:

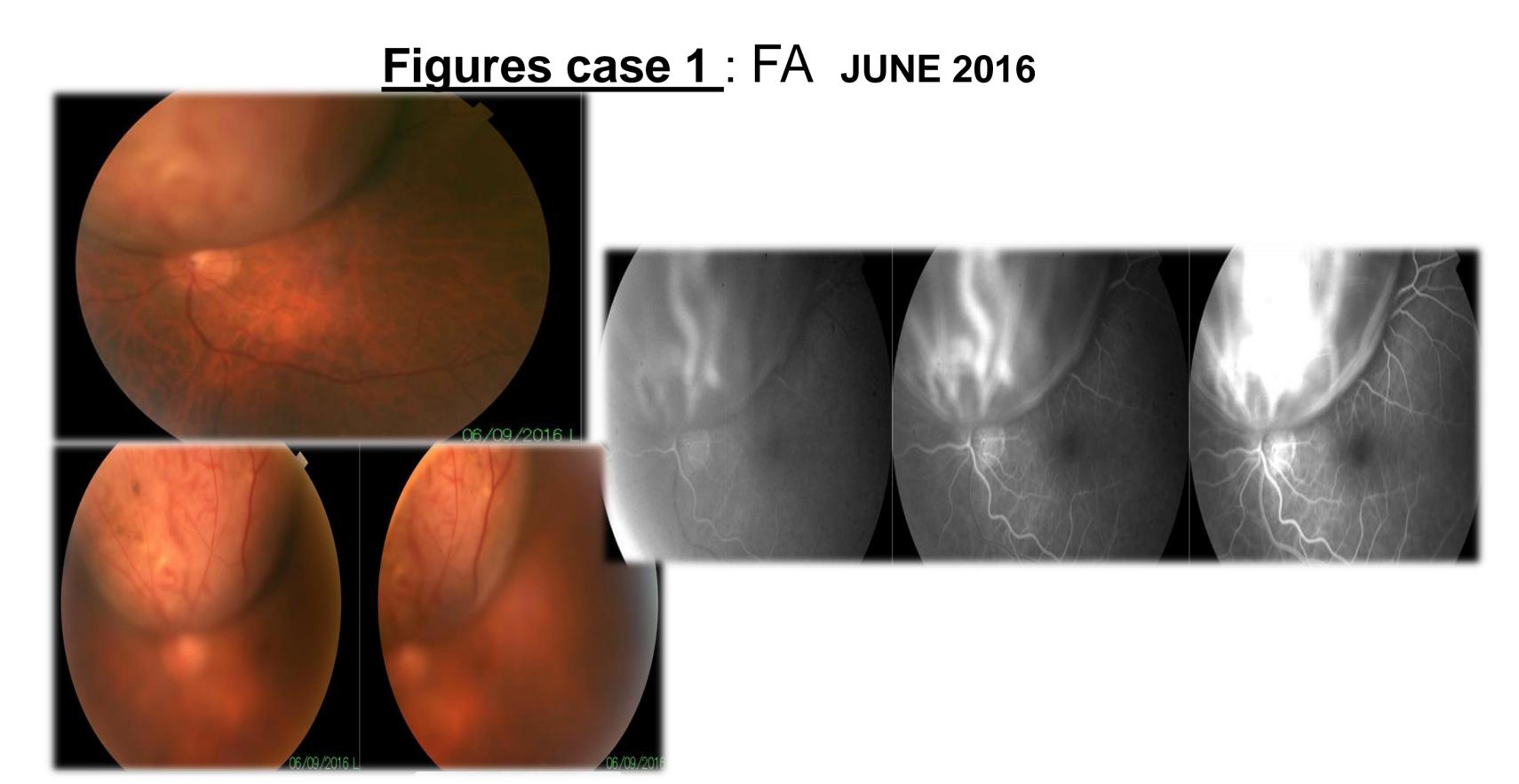
Is not necessary the evisceration in choroidal metastasis always.

Follow up and tests were helpful in allowing diagnosis and treatment.

Conclusions:

This case demonstrates that disseminated neuro endocrine tumors (acoustic Neurinoma) may rarely cause ocular metastasis despite systemic treatment with chemotherapy and surgery of the primary lesion.

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Figures case 1: MRN JUNE 2016

AHR Ref: / Perf: Ru

Figures case 1: FA Feb 2017

