Multimodal imaging of posterior uveitis with vasculitis revealing a Hodgkin Lymphoma

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Aim:

To describe an atypical form of posterior uveitis with vasculitis secondary to Hodgkin Lymphoma

Case Report:

A 17-year-old girl, was referred to the Ophthalmology Department of Lariboisière Hospital for a history of blurred vision over the past few weeks.

On presentation, visual acuity was normal, 20/20 on both eyes. There was a mild bilateral vitreous inflammation, associated with bilateral optic disc swelling and diffuse vasculitis with frosted angiitis associated with multiples peripheral scars (Figure1). No macular edema was present on Optical Coherence Tomography (Figure 2). Ultra-Wide Field Fluorescein angiography showed papillitis, associated with vascular staining and leakage, with a typical aspect of frosted retinal periphlebitis (Figure 3). No choroidal anomalies were detected on Indocyanin Green Angiography. Atrophic chorioretinal lesions located in the mid and far periphery were also noticed, responsible for a window defect, and could correspond to scars from former inflammatory lesions (Figure 4). OCT-A was performed and showed no relevant vascular findings in the macular area. (Figure 5)

Neck lymphadenopathy was present, and further investigations diagnosed a Hodgkin Lymphoma, These para-vascular retinal lesions may represent lymphomatous cells deposit, secondary to acute vessel inflammation.

This posterior uveitis associated to Hodgkin lymphoma may be considered as a paraneoplastic syndrome.

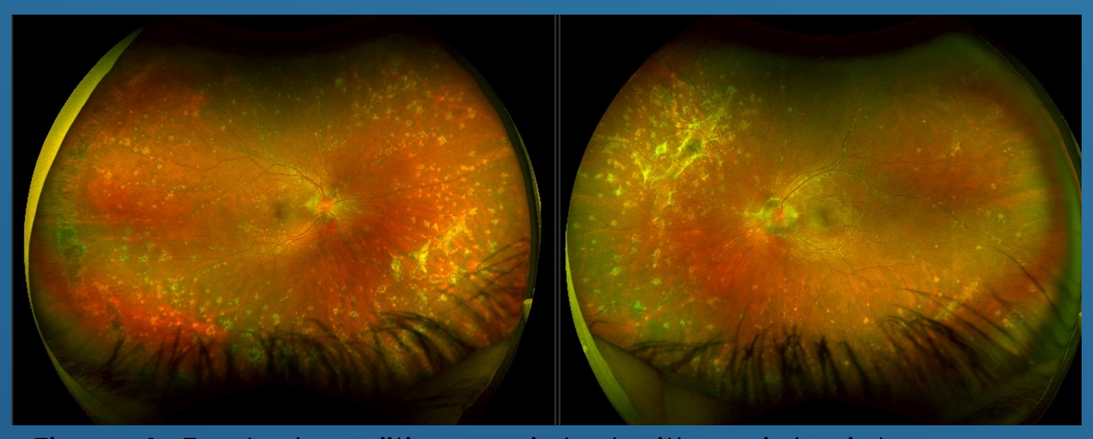

Figure 1. Frosted angiitis associated with peripherial scars

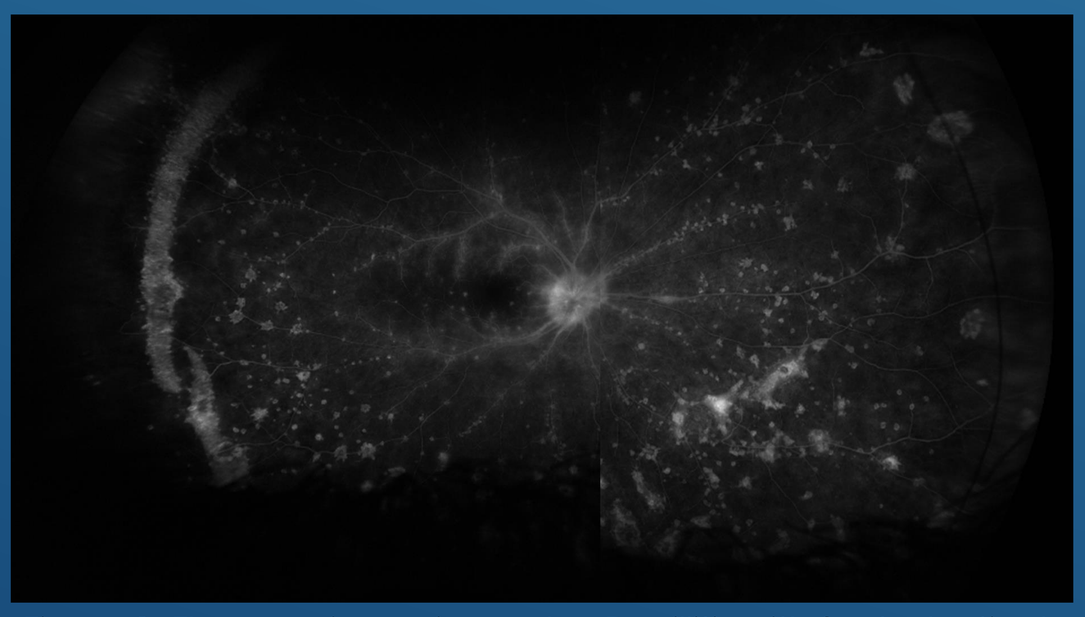

Figure 3. Fluorescein angiography. Papillitis with frosted retinal periphlebitis

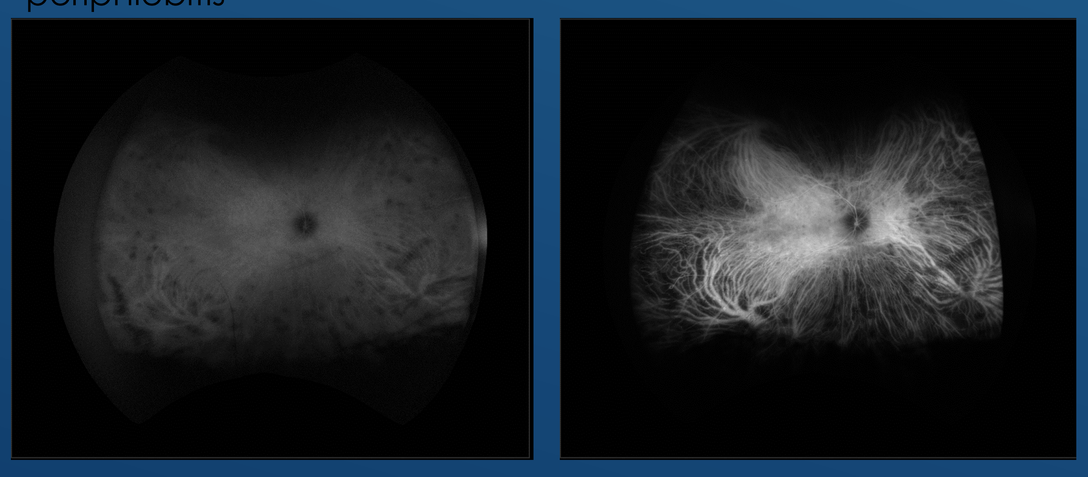

Figure 4. ICG Angiography. Window defect of peripheral scars.

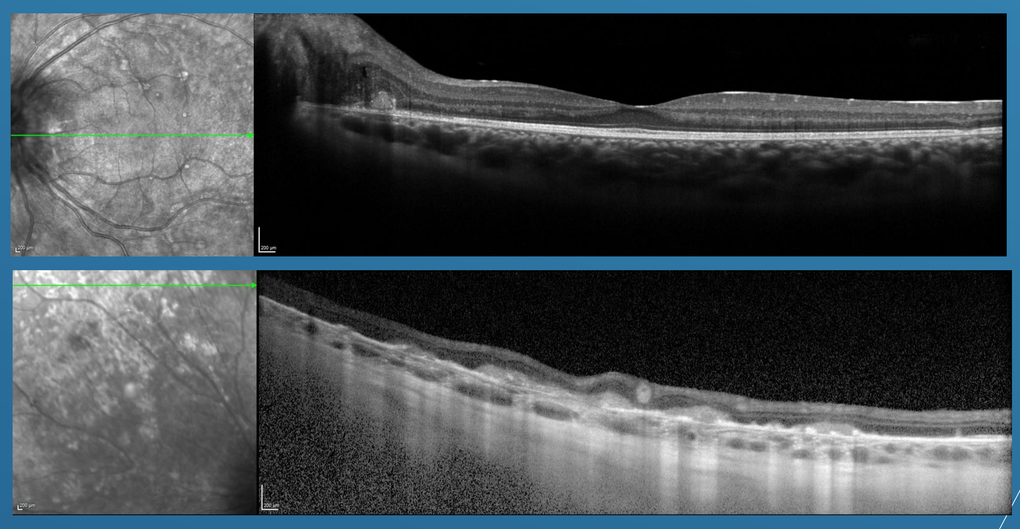

Figure 2. OCT. Normal macular thikness. Lesions located in the deep layers.

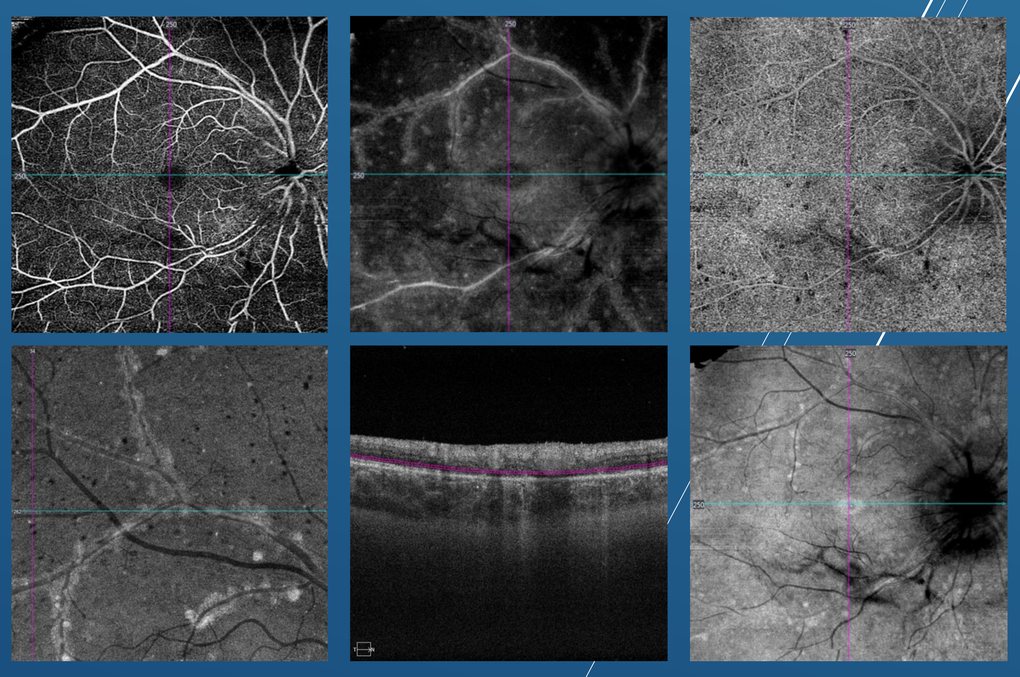

Figure 5. OCT-Angiography. No relevant vascular findings