

Scleritis Masquerading Posterior Choroidal Tumors

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Financial interests: none

Background:

Differential diagnosis of a choroidal amelanotic masses could be challenging and includes a myriade of lesions including inflammatory, infectious, degenerative, or neoplastic origins.

Patients & Methods:

Five patients who were referred to our Ocular Oncology Department (TumorEye) for posterior uveal melanoma were included in our analysis.

Results:

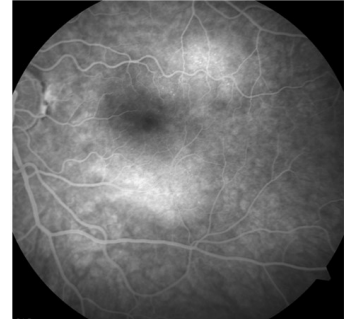
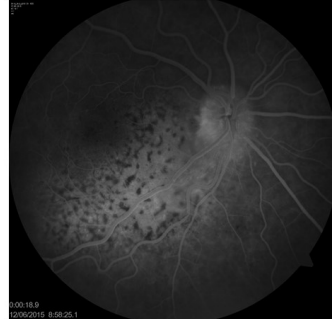
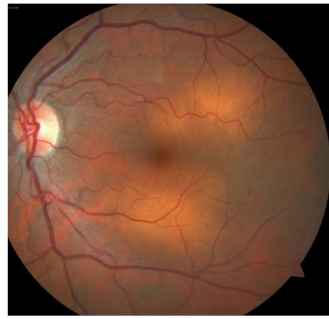
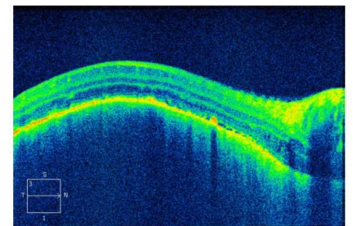
Three patients had multiple posterior elevated mass. These mass lesions were located on macular and perifoveal regions. Two eyes had serous retinal detachment. One case had bilateral involvement (Case 1). While anterior uveal inflammation was noted in only one eye there was orbital pain and inflammation in two cases. Ocular Ultrasound showed medium internal reflectivity similar to a choroidal hemangioma. Orbital MR imaging was helpful only in two cases showing whole thickness scleral indentation, not a choroidal tumor. Orbital biopsies were performed in these two cases confirmed idiopathic orbital inflammation and scleral abscess formation in each. All patients responded well to systemic corticosteroids and oral immune suppressants.

Case 1 :

- 55 y/o Caucasian female presented with decreased vision and metamorphopsia in both eyes. She had no previous history of ocular tumor, systemic malignancy and other systemic disease. She had mild pain with movements in both eyes.

Figures case 1 ODS:

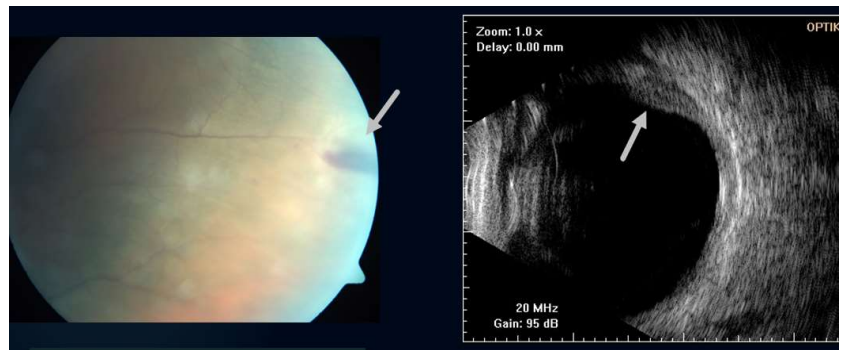
Please note choroidal thickening and multi-centric involvement with serous retinal fluid accumulation.



Case 2:

- A 44 year-old man with a history of uveitis on OS presented with blurred vision and ocular inflammation

Figure case 2 OS: The decreased vision on OS and the patient had intraocular mass lesion. We decided FNAB in this case. When the conjunctiva was dissected we noticed multiple scleral abscess formation.



Conclusions:

Scleritis may represent as an intraocular tumor due to whole thickness eyewall inflammation or external scleral indentation due to co-existent orbital inflammation and scleral thinning. The clinical differential diagnosis of these cases is challenging and needs careful evaluation of the clinical and radiological findings.

