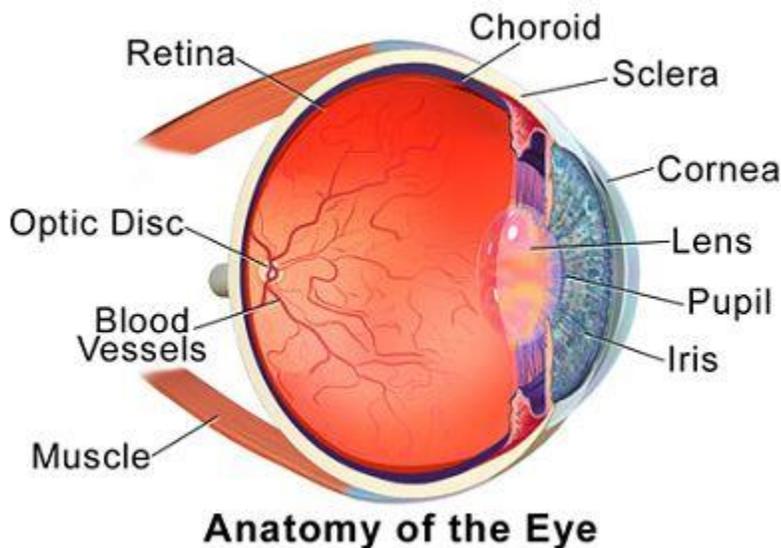


What You Should Know About Choroidal Metastasis

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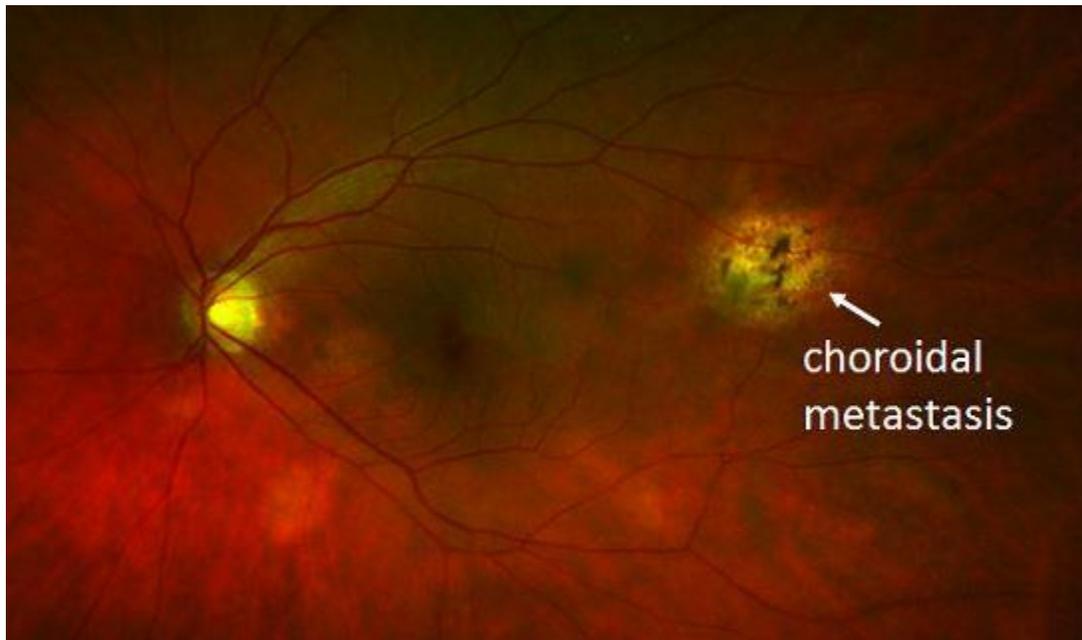
A choroidal metastasis is a malignant tumor that has spread to the choroid of the eye from a primary tumor somewhere else in the body. The choroid is the vascular layer just inside the white sclera of the eye (figure 1). The most common primary tumor in men that leads to choroidal metastasis is lung cancer. The most common primary tumor in women that leads to choroidal metastasis is breast cancer. Almost any primary cancer that has the ability to spread can do so via the bloodstream to the choroid.

Figure 1 Anatomy of the Eye



A patient with a choroidal metastasis may have the tumor detected on a routine eye examination. In other words, the problem may be asymptomatic. Other times patients will have blurred vision if the metastasis is under the center of the retina, adjacent to or pressing on the optic nerve, or if it is associated with overlying fluid. Choroidal metastases may be multiple and may involve both eyes. Figure 2 shows the appearance of a choroidal metastasis as seen by the ophthalmologist during a dilated fundus examination. It is standard procedure to take a photograph of the appearance of a choroidal metastasis for comparison in future examinations. Evidence of growth or development of overlying fluid often leads to treatment.

Figure 2 Appearance of a Choroidal Metastasis on Examination



How is a Choroidal Metastasis Treated?

An asymptomatic choroidal metastasis may simply be observed. If there is evidence of growth or development of overlying fluid treatment may involve photodynamic therapy (often called cold laser) or radiation treatment with an iodine - 125 plaque sewn to the surface of the eye over the lesion. The plaque is placed during a surgical procedure that may be associated with a hospital stay of a few days. Serial monitoring with photographic documentation is done to assess the behavior of the tumor. Sometimes ultrasound is done to measure the thickness of the tumor and its internal sonic characteristics. Chemotherapy for the underlying primary cancer can have beneficial effects on the choroidal metastasis.

Final Comments

Finding a choroidal metastasis is not good news, but it need not signal terrible news either. Much depends on the nature of the primary cancer. The ophthalmologist works in concert with the oncologist and the patient's primary

care physician with the goal to retain as much vision as possible while the underlying cancer is treated.

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