Regression of Bilateral Choroidal Metastasis from Endometrial Cancer with Chemotherapy

Kemoterapi ile Tama Yakın Yanıt Alınan Bilateral Koroidal Metastazlı Bir Endometrial Karsinom Olgusu

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Case Report *Olgu Sunumu*

ABSTRACT

Choroidal metastasis from endometrial cancer is very rare. We report the case of 50-year-old woman who developed bilateral choroidal metastasis from endometrial carcinoma which was successfully treated with chemotherapy. Interestingly the other metastatic sites did not respond to chemotherapy and the patient died within six months because of disease progression. To our knowledge, this report is the second but the first bilateral case of endometrial adenocarcinoma metastatic to the choroid of the eye. This case highlights the need to thoroughly and promptly investigate the etiology of visual complaints in patients with a history of endometrial cancer even if brain metastasis exists.

Key Words: Choroidal metastasis, endometrial carcinoma.

ÖZ

Endometrium kanserinin koroidal metastazı oldukça nadirdir. Kemoterapi ile iyi tedavi yanıtı alınan bilateral koroidal metastazları olan, endometrial karsinomlu 50 yaşında bir kadın hasta rapor edilecektir. İlginç olarak diğer metastaz bölgeleri tedaviye yanıt vermemiş ve hasta 6 ay içinde hastalık progresyonu nedeniyle kaybedilmiştir. Bu olgu bildiğimiz kadarıyla, endometrium kanserinin koroidal metastazı olarak ikinci, fakat bilateral olması nedeniyle literatürdeki ilk olgu sunumudur. Bu olgu endometrium kanserli hastalarda beyin metastazı olsa dahi görme şikayetleri geliştiğinde hızlı ve tam bir oftalmolojik değerlendirmenin önemini ve gerekliliğini vurgulamaktadır.

Anahtar Kelimeler: Koroidal metastaz, endometrium kanseri.

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INTRODUCTION

Endometrial carcinoma is the most common form of gynecological malignancy. However the majority of patients are diagnosed at an early stage (FIGO I and II), and metastatic disease develops rarely.[1,2] Distant metastasis from endometrial cancer may occur in the pleura, lungs, liver, lymph nodes and the central nervous system and metastasis to the choroid of the eye is extremely rare.[3] Following an extensive literature search, including MED-LINE, we found that the present case is only the second reported case and the first bilateral case of endometrial adenocarcinoma metastatic to the choroid of the eye. In this paper we reported a rare case of bilateral choroidal metastasis from endometrial adenocarcinoma which was regressed with systemic chemotherapy.

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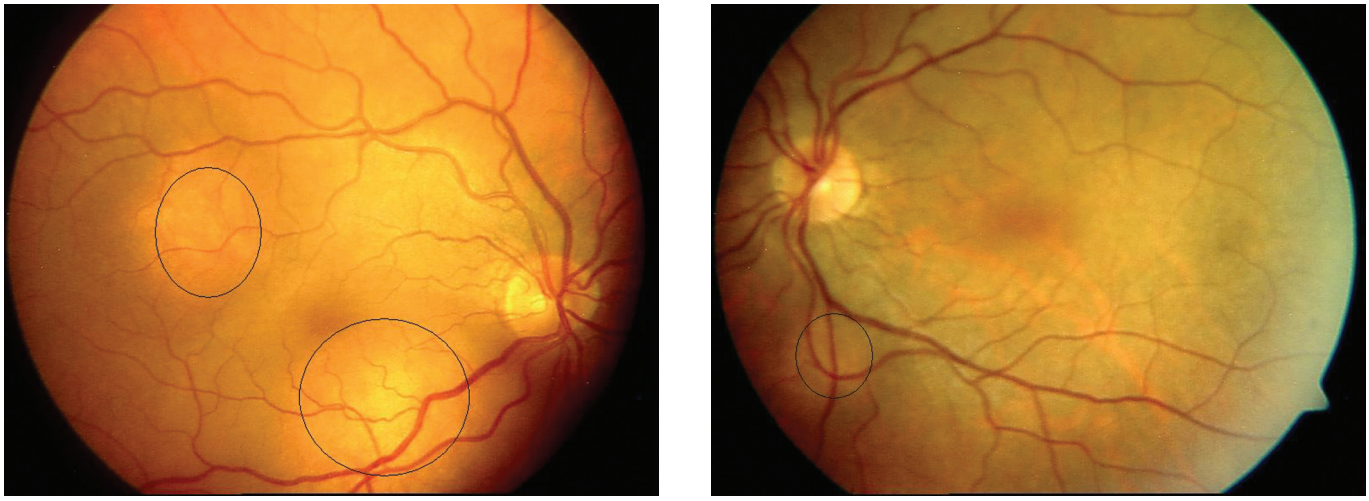

Figure 1a-b: Two choroidal metastatic foci in the right eye (a). Choroidal metastatic foci in the left eye (b).

CASE REPORT

Fifty year old woman was admitted to the gynecology department with inguinal pain. An abdominal ultrasonography revealed cystic lesions in the left ovary and posterior vaginal fornix. She underwent total abdominal hysterectomy and bilateral salpingooferectomy. Pathological evaluation reported an endometrioid type adenocarcinoma of the endometrium and immunohistochemistry staining for estrogen-progesterone receptors (ER-PR) was negative. She was referred to the department of medical oncology.

Bilateral parenchymal metastases in the lungs were determined by chest computed tomography (CT) and the abdominal CT was normal. On the bone scan, however, increased uptakes suggesting metastasis were observed. External radiation therapy (RT) and intravenous (I.V) biphosphonate were given for hypercalcemia (Ca++:12.5 mg/dl) and bone metastases. Because of diplopia a cranial magnetic resonance imaging (MRI) was performed and diffuse metastatic cranial lesions were reported. Cranial RT and dexamethasone I.V were started. As visual complaints persisted, after treatment, an ophthalmologic consultation was requested.

On ophthalmic examination, the visual acuity of the right eye was 4/10 and the left eye was 10/10 lines on the Snellen chart. Anterior segment examination of both eyes was normal and intraocular pressure measurements were in the normal limits. No limitation was detected in the examination of the eye movements. The patient's diplopia symptoms were thought to be due to blurred vision in the right eye.

A fundus examination of the patient showed two choroidal metastatic foci in the right eye (Figure 1a) and another one in the left eye (Figure 1b). A fundus flouresscein angiography showed late phase hyperfluorescence of the lesion areas (Figures 2a and 2b).

A B scan ultrasonography of the right eye showed minimal thickening of the choroid in the lesion area without subretinal fluid. The USG was normal in the left eye. No pathologic evidence was found in orbital MRI. A Combination therapy of cisplatin and doxorubicin was started.

Regression of the diffuse metastatic nodules in the lung parenchyma and brain was detected with chest and cranial CT after three cycles of chemotherapy.

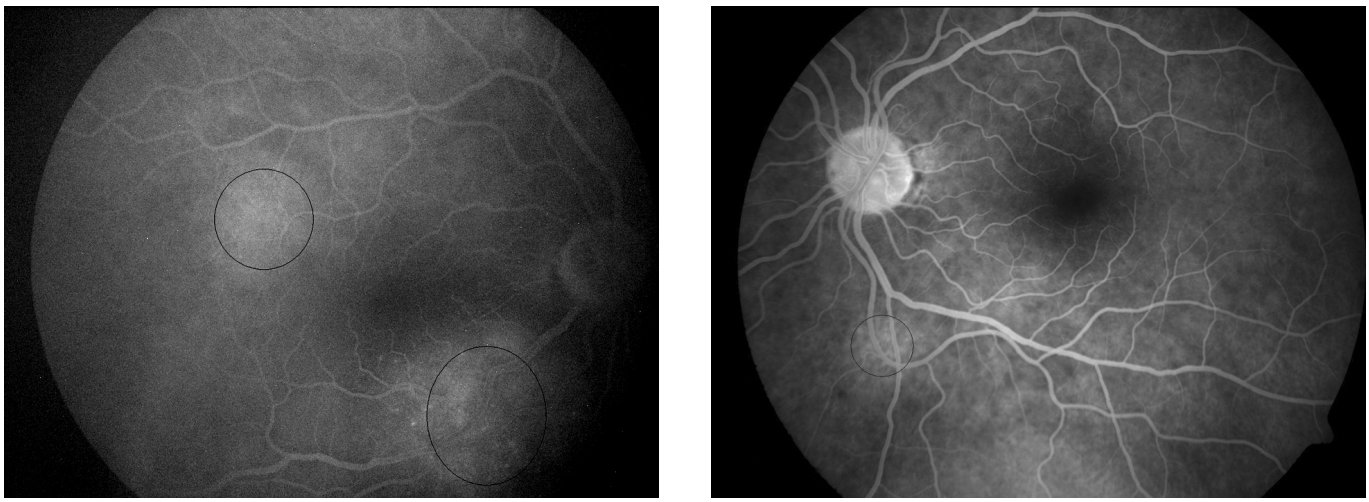

Figure 2a-b: Fundus flourescein angiography showed hyperfluorescence of the lesion areas in the late phase.

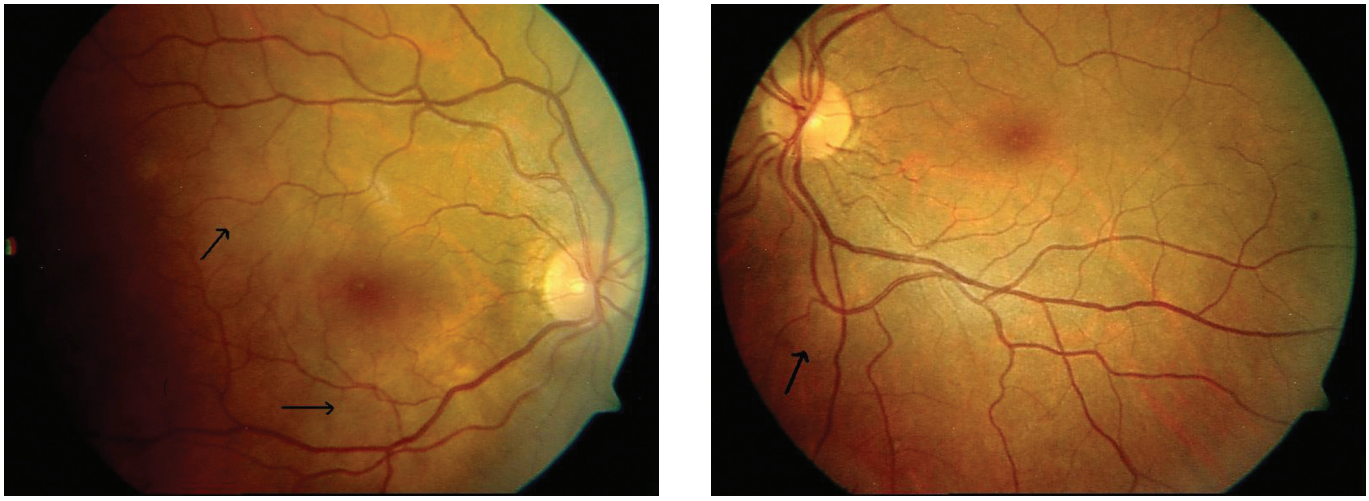

Figure 3a-b: Snellen lines and the size of the metastatic lesions were found to be decreased.

In the ophtalmologic examination after chemotherapy, the visual acuity of the right eye had improved to 7/10 lines on the Snellen chart and the size of the metastatic lesions were found to have decreased (Figures 3a, 3b).

The hyperfluorescence on the angiogram was also found to have decreased (Figures 4a, 4b). The other ocular findings were the same. The thickening of the choroid in the B scan USG of the right eye disapperared.

Although improvement in visual complaints and significant regression of choroidal metastases were observed in the ocular examination, bone lesions had progressed and RT was restarted. As ER/PR was negative, hormonotherapy was not considered and a combination therapy of carboplatin and paclitaxel was planned.

After 20 days of the first cycle of chemotherapy, she was admitted to the medical oncology department with lethargy, weakness and new painful metastatic nodules at the finger tips. There was no new metastatic lesion on the cranial MRI. In the follow up period, fever and pancytopenia developed and wide spectrum antibiotic therapy was started.

Under the antibiotherapy, the fever continued and pancytopenia worsened and multiorgan failure eventually developed. She died 6 months after diagnosis due to multiorgan failure and septic shock.

DISCUSSION

Endometrial carcinoma rarely causes ocular metastases[4-7] and choroidal metastasis of gynecological malignancy in particular is a very rare entity and generally recorded as case reports. A review of the literature revealed six cases of choroidal metastasis from ovarian carcinoma,[8] four cases from cervical cancer[9] and only one case from endometrial cancer.[3]

Cormio et al. reported a case of unilateral choroidal metastasis in a patient who developed metastatic endometrial cancer following conservative management for an adenocarcinoma of the endometrium.[3]

Unlike that case, our patient had bilateral choroidal metastasis since the time of diagnosis. In the case mentioned above, chemotherapy was effective on pelvic and lung disease but not on choroidal metastasis.

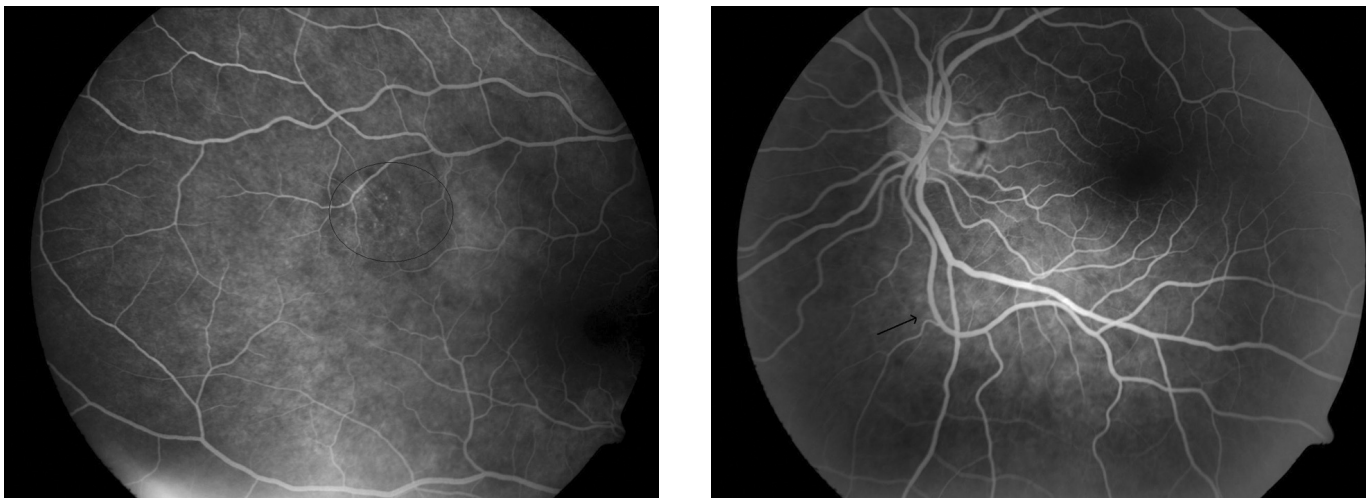

Figure 4a-b: The hyperfluorescence on the angiogram was found to be decreased.

In our case, initially choroidal, lung, brain and bone metastasis were successfully treated with chemotherapy and radiotherapy but the disease progressed rapidly interestingly apart from choroidal metastasis which had almost fully regressed.

When metastatic carcinoma to the choroid is diagnosed, treatment for eye involvement should be considered in order to preserve visual function or relieve pain. Irradiation is the treatment of choice for pain palliation and is usually effective.[4] Systemic chemotherapy is useful particularly when other sites of disease are detected.[10,11] Therefore, our case suggests that chemotherapy should be the first choice for treatment of eye metastasis from endometrial adenocarcinoma.

Choroidal metastasis is the most common malignant neoplasm of the adult eye[12] and because it spreads hematogenously it is often associated with evidence of multiple metastatic diseases, as in our case. The prognosis of patients is very poor and median survival is 6 to 7 months from diagnosis.[12,13] Although in our case a good response to chemotherapy was observed initially, rapid progression developed and the patient died within six months, similar to cases reported in the literature.

Although such metastases are rare, the present case demonstrates the need to thoroughly and promptly investigate the etiology of visual complaints in patients with a history of endometrial cancer. Ophthalmologic evaluation must be done even if brain metastasis exists and may be responsible for visual complaints.

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