

Anterior Segment

**WHEN THE ACUTE ANGLE CLOSURE ATTACK HIDES A BIGGER PROBLEM –
IRIS METASTASES OF LUNG ADENOCARCINOMA**

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PURPOSE: To report a case of iris metastases of lung adenocarcinoma in a male patient.

METHODS: Iris metastases are rare among uveal malignancies and a third occur before the primary tumor is diagnosed. Lung carcinomas are one of the most common primary tumors to metastasize to the eye. We present a case of a 62-year-old caucasian male with hepatitis C and heavy smoking history, who presented to our emergency department with complaints of pain and redness in the right eye (OD) for a week.

RESULTS: Slit lamp biomicroscopy revealed multiple iris nodules associated with anterior chamber reaction, posterior synechiae, and corneal edema OD. Intraocular pressure (IOP) was 56 mmHg, but despite medical treatment, the response was poor. Ocular ultrasound was normal but ultrasound biomicroscopy confirmed a diffuse infiltration of the iris by multiple lesions and enlargement of the ciliary body. Systemic screening with thoracic-abdominopelvic computer tomography revealed 2 pulmonary nodules which were confirmed to be lung adenocarcinoma by bronchoscopy. The PET scan revealed brain and spine involvement. Due to persistent elevated IOP and to avoid more dissemination, he underwent micropulse transscleral cyclophotocoagulation, controlling the IOP and even reducing the size and number of iris nodules. He is now under systemic chemotherapy, radiotherapy, and ophthalmic surveillance.

CONCLUSIONS: Iris nodules have multiple etiologies which pose a diagnostic challenge. Iris metastases are uncommon but require prompt referral to the oncologist to improve the poor overall survival rates. Systemic treatment is essential, but care should be given to the ocular symptoms.

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