Ocular Adnexal Lymphoma

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Abstract: A 79 year old female presents with redness, irritation, and a “bump” in her eye. Examination reveals bilateral chronic follicular conjunctivitis. A biopsy confirms the diagnosis of ocular adnexal lymphoma.

I. Case Hx:
- Patient Demographics: 79 year old African American female
- Chief Complaint: "pimple-like" bump with redness nasally near lower lid in right eye
  - Referred by local practitioner
  - First occurrence x 2 months ago, reappeared x 2 weeks ago.
  - Intermittent foreign body sensation and irritation.
  - Denies vision changes, photophobia, tearing, or discharge
- Ocular History: H/o conjunctival chalasis and chemosis OD, h/o uveitis OU, h/o complicated CE/IOL with vitreous prolapse OS, macular scar OS
- Medical History: unremarkable
- Medications: amlodipine, atenolol, calcium carbonate

II. Pertinent findings
- Clinical
  - VA: 20/30-2 NIPH OD, CF at 5’ NIPH OS
  - Pupils, EOM’s, Confrontation VF’s - WNL OD, OS
  - Slit Lamp -
    i. Conjunctival chalasis, cystic chemosis, mild hyperemia of bulbar conjunctiva OU
    ii. 4+ follicles in inferior palpebral conjunctiva OU
  - Goldmann IOP: 16 mmHg OD, 4 mmHg OS
  - Posterior Segment -
    i. WNL OU with exception of macular scar OS
- Conjunctival Biopsy: grade 1-2 B-cell follicular lymphoma

III. Differential diagnosis
- Primary/leading – ocular adnexal lymphoma OU
- Others - inclusion conjunctivitis (chlamydia), Herpes Simplex Virus, bacterial conjunctivitis, toxic conjunctivitis (molluscum contagiosum), allergic conjunctivitis, blepharoconjunctivitis, Parinaud’s oculoglandular syndrome, reactive lymphoid hyperplasia

IV. Diagnosis and discussion
- Diagnosis: Ocular Adnexal Lymphoma
  - Conjunctival “salmon-pink” swelling, redness, and irritation
  - May present with proptosis, diplopia, ptosis
  - Most commonly B-cell non-Hodgkin lymphoma
  - Occurs at all ages, most commonly seen in fifth to seventh decades of life, affects women more than men
Occurs most frequently in the orbit, followed by conjunctiva, and the eyelids.

V. Treatment and management
  ● Initial visit: Lotemax QID OU to decrease inflammation
    ○ Patient was not originally treated for inclusion conjunctivitis as there were no supporting signs/symptoms.
    ○ Due to chronic nature, conjunctival biopsy was performed for lymphoma workup
  ● At 1 month follow-up: clinical appearance and symptoms remained stable
    ○ Biopsy confirmed grade 1-2 B-cell follicular lymphoma
    ○ Patient referred to oncology to rule out systemic involvement
    ○ Consider treatment with Rituximab pending results from CT C.A.P. and PET scan
  ● Bibliography

VI. Conclusion
  ● Patients may present with a wide range of duration of symptoms. Make sure to rule out other causes of chronic conjunctivitis.
  ● There are few signs and symptoms that distinguish malignancy.
  ● It is important to establish staging of disease before initiating treatment. This information also allows us to predict the prognosis more accurately.