Letters to the Editor

Orbital MALT lymphoma in a patient diagnosed with non-Hodgkin lymphoma

Linfoma orbitario tipo MALT en paciente diagnosticado de linfoma no Hodgkin

Dear Editor,

Orbital tumors are an infrequent disease in our environment, the etiology of which could be primary to the orbit or secondary. The most frequent tumors are lymphomas which, according to several publications, account for 11% of orbital tumors and 55% of malignant tumors. These slow-growing tumors can be silent or could generate reversible ocular lesions such as compressive neuropathy, accompanied by evident symptomatology. Male, 84, diagnosed in 1992 with non-Hodgkin lymphoma (NHL) stage IV, treated with cyclophosphamide, vincristine and prednisone (CVP) as well as interferon alfa 2B during one year, with complete remission. He suffered 3 relapses with involvement of ganglions, lungs and skin respectively. Anatomopathological samples confirmed a MALT-type lymphoma.

Subsequently, the patient visited our practice for the first time for an assessment on cataract surgery. Examination revealed dermatochalasis in both eyelids and ectropion (Fig. 1), with the rest of the examination being normal, including ocular fundus. Cataracts were diagnosed and the patient operated in both eyes. One year later, a routine ophthalmological examination identified increased hardness upon palpation of palpebral bags, with the rest of the exploration being normal.

Taking into account the patient history related to lymphoma, CAT was carried out with orbit contrast the sections of which revealed bilateral orbital masses suggesting lymphoma (Fig. 2). Orbit conjunctival biopsy was taken, and the anatomopathological diagnostic was of orbit MALT NHL. Due to the existing disease, the patient was referred to Hematology where it was decided to establish treatment with R-chlorambucil cycles.

MALT NHL B are the most frequent orbital tumors in adults, appearing with greater frequency between the fifth and sixth decade of life, with slight preference for females (ratio 1.5–2:1). Imaging studies can provide pointers on the malign nature of these tumors and the invasion of adjacent structures.

As ophthalmologists, it is important to consider this orbital disease because on many occasions the patient comes to us first. Early detection is very important as it is a potentially curable disease, the incidence and prevalence of which has increased in the last decade. Local radiotherapy is useful in localized tumors and can be used as adjuvant in primary lymphomas of systemic origin. Strict monitoring of all organs and systems of patients with NHL history is crucial for the early detection of relapses.

REFERENCES


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Lithium carbonate induced idiopathic intracranial hypertension

Hipertensión intracraneal idiopática asociada a carbonato de litio

Dear Sir,

Lithium carbonate (LC) is a mood-stabilizing drug mainly used for treating bipolar disorder. Papilledema has been described as a side effect of LC, and could exceptionally appear in patients using LC.

We present the case of a 25-year-old patient, diagnosed with bipolar disorder and treated with lithium for 9 months, who visited the ophthalmology practice referring bilateral blurred vision with progressive onset during the past 3 weeks. Visual acuity was 0.8 in both eyes. Biomicroscopy, intracocular pressure and campimetry were normal. Ocular fundus examination revealed bilateral papilla edema (Fig. 1) and optic coherence tomography (OCT) of the optic nerve exhibited increased fiber layer thickness in both eyes (Fig. 2).

The patient denied experiencing headaches and the examination carried out by the Neurology Department was normal. Her body mass index was normal and she did not exhibit other risk factors. A lumbar puncture was carried out which produced a translucent liquid with an outgoing of 300 mm H2O and normal cytology. After discarding other pressure causes of intracranial hypertension through magnetic resonance, the patient was diagnosed with idiopathic intracranial hypertension.

It was decided to suspend LC treatment and replace it by another mood stabilizer. However, a few days later the patient exhibited a severe psychotic outbreak which required admission to the Psychiatry Unit and reinstatement of the LC treatment. At present, the patient remains psychiatrically stable with persistence of the visual clinic and papilledema. She remains in follow-up with regular checkups including campimetry, ocular fundus and OCT analysis.

Despite the broad experience with the use of LC as mood stabilizer, there are very few reports in the literature describing LC-induced papilledema. Said reports describe adverse effects with lithemia in therapeutic range1–3 and in the absence of analytic alterations induced by lithium. Suspending lithium treatment in all patients produced rapid improvement of symptoms and disappearance of papilledema, in some cases leaving residual papillary atrophy1–3 but in most cases worsening the psychiatric disease.1–3