

A rare case of Waldenström's Macroglobulinemia masquerading as multifocal chorioretinitis

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Background

Waldenström's Macroglobulinemia is an IgM-dominant lymphoma.

Aims: Highlighting a rare ophthalmic presentation of an undiagnosed, asymptomatic lymphoma.

Case

72-year-old male presented asymptotically for a routine glaucoma review.

PMHx – Tongue Carcinoma (12 years ago), left sided HZO

O/E – Bilateral, multifocal, small, creamy ill-defined lesions around the optic discs (*Figure 1*), with no associated anterior segment inflammation, vitritis, optic disc oedema and normal visual fields.

Investigations

- IgM levels: 31.65 (0.50–20.00)
- Free kappa light chains: 110.80 (3.30–19.40)
- Kappa/lambda ratio: 14.70 (0.26–1.65)
- Plasma viscosity: 2.83 (1.50–1.72),
- Low Hematocrit and platelet count, high lymphocytes.
- HLA29 – Negative (Excluding birdshot chorioretinitis)

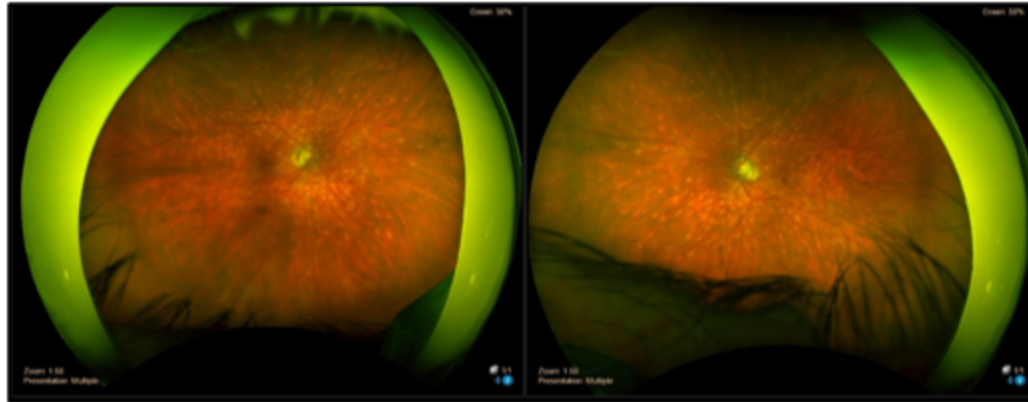


Figure 1 – Patient's retinal imaging

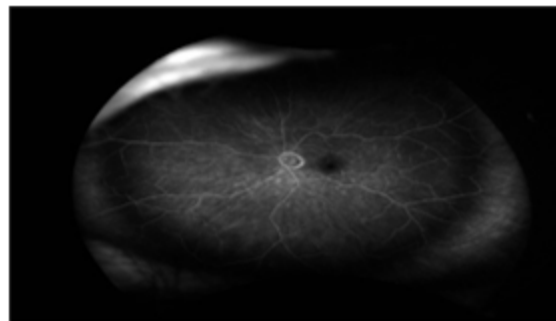


Figure 2 – Left fluorescein angiogram showing no leaks



Figure 3 – Right fluorescein angiogram showing no leaks

Discussion

The blood test results demonstrated that the patient had Waldenström's Macroglobulinemia. From the FA, it was seen that the retinal changes were unlikely to have been caused by intraocular inflammation. The clinical picture was inconsistent with primary retinal lymphoma and very atypical for non-primary CNV/vitreoretinal lymphoma as lesions were not solid or associated with subretinal fluid. It was likely that the retinal changes were secondary to WM.

Currently, the patient remains asymptomatic and is being monitored without medical treatment.

Learning points

- Important to do a thorough systemic investigation for all ophthalmic patients.
- Consider ophthalmic investigations in patients with malignant systemic disease.
- Intraocular leukemic involvement can present in the posterior segment as lymphocytic infiltration.