NO-39. INTRAOCULAR LYMPHOMA DEVELOPED AFTER SALVAGE CHEMOTHERAPY FOR RECURRENT PRIMARY CNS LYMPHOMA AND PROMISING THERAPY-A CASE REPORT
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Intraocular Lymphoma (IOL) is a subset of primary central nervous system lymphoma (PCNSL), a rare form of non-Hodgkin’s B-cell lymphoma. The frequency of IOL has been rising in immunocompetent patients. We report the challenges of obtaining a diagnosis and the treatment of a female patient who has developed IOL after three cycles of salvage therapy with intravenous methotrexate for her recurrent PCNSL 5 years after the initial diagnosis of PCNSL. A 68-year-old woman was diagnosed with a large B-Cell central nervous system lymphoma in 2005 by brain tumor biopsy. She was in remission after 3 cycles of high-dose methotrexate for three years. The patient received two additional courses of methotrexate for recurrences 3 and 4 years after the initial diagnosis. Four and a half years after the PCNSL diagnosis, she developed vitritis and received high dose solumedrol with very slight improvement. CSF cytology was negative. A vitreous biopsy of her right eye was performed, and pathology showed positive large B-cells. Immediately following the diagnosis of IOL, we started her on intravenous rituximab and oral temozolomide concomitant with intravitreal injection of rituximab. Eventually, the temozolomide was discontinued because of hematologic toxicities. The patient had a total of 4 intravenous rituximab and 8 intravitreal rituximab treatments in both eyes. Her repeated vitreous biopsy showed no malignant cells. Her visual acuity has no further deterioration. IOL should be suspected in patients who present with vision impairment and have a history of PCNSL. CSF study might be negative in most of the patients with isolated IOL or even with PCNSL. Vitreous biopsy or vitrectomy with corresponding pathology is still the gold standard.
Abstracts

in the diagnosis of primary intraocular lymphoma. Intravitreal rituximab injection concomitant with systemic rituximab and temozolomide might be a promising therapy for IOL. Further study of more cases is warranted.