

J.D.M. Gass

Unusual retinal pigment epitheliopathy and choroidopathy

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Brink et al. [1] report a 67-year-old woman with a 1-year history of uterine carcinoma that had extended into the adnexa. She was treated for evidence of metastasis to the liver and vagina. She was seen because of visual loss in both eyes associated with yellowish choroidal alterations surrounding the optic disc, leopard-skin-like alterations in the pigment epithelium and exudative retinal detachment. The fundoscopic findings and angiographic findings are typical of those seen in patients with bilateral diffuse uveal melanocytic proliferation [2, 3]. Had the patient not expired soon after the photographs in the article were taken, she would have developed multiple pigmented lesions in the choroid that would have made the diagnosis more clear-cut. The uveal tract in BDUMP is often only minimally thickened, and the

thickening may go unnoticed ultrasonographically. As has been true in other cases of BDUMP, this patient failed to respond to irradiation treatment. The clinical presentation of this patient is quite typical for the early evolution of BDUMP, and such findings should alert the physician to look for uterine or ovarian carcinoma, which has been the inciting carcinoma in virtually every case reported in women.

References

1. Brink H, Deutman A, Beex L (1997) Unusual retinal pigment epitheliopathy and choroidopathy in carcinomatosis: a rare case of cancer-associated retinopathy. *Graefe's Arch Clin Exp Ophthalmol* 235:59-61
2. Gass JDM, Glatzer RJ (1991) Acquired pigmentation simulating Peutz-Jeghers syndrome: initial manifestation of diffuse uveal melanocytic proliferation. *Br J Ophthalmol* 75:693-695
3. Gass JDM, Gieser RG, Wilkinson CT, et al. (1990) Bilateral diffuse uveal melanocytic proliferation in patients with occult carcinoma. *Arch Ophthalmol* 108:527-533

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Reply

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Dear Sir,
I thank Professor Donald Gass for his comments on our paper [1]. After studying the available reports on patients with bilateral diffuse uveal melanocytic proliferations, I agree that the patient presented in our paper bears a resemblance to this syndrome. Especially the fluorescein angiogram is consistent with the diagnosis BDUMP. However, our case is special because of the presentation of symptoms 1 year after diagnosis of carcinoma of the endometrium, while in most patients with BDUMP ocular symptoms precede the detection of the primary cancer.

Reference

1. Brink H, Deutman A, Beex L (1997) Unusual retinal pigment epitheliopathy and choroidopathy in carcinomatosis: a rare case of cancer associated retinopathy. *Graefe's Arch Clin Exp Ophthalmol* 235:59-61

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