

Short Report

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**Progressive bilateral visual loss diagnosed as
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Abstract

A 50 year old female presented with rapidly progressive decline in visual acuity in both eyes over 1 month. There was no other associated features of headache, weight loss, cough, hemoptysis or bone pain. Magnetic Resonance Imaging (MRI) brain showed altered signal intensity in temporal aspect of left choroid and nasal aspect of right choroid, along with multiple space-occupying cortical lesions in brain parenchyma suspicious of metastases. To detect the primary malignancy, F-18 FDG PET/CT was done that revealed lung mass as primary malignant site with multiple distant metastases. This finding was further confirmed on the histopathological examination.

Keywords: Choroidal metastases; Adenocarcinoma; lung; F-18 FDG PET/CT.**Abbreviations:** F-18: Fluorine -18; FDG: 2-Fluoro 2 Deoxy D-Glucose; PET/CT: Positron Emission Tomography; H&E: Hematoxylin & Eosin; CK-7: Cytokeratin 7; TTF-1: Thyroid Transcription Factor 7.**Description**

Choroidal metastases are not uncommon, and usually symptomatic with common complaints of blurred vision, flashes, floaters or pain. It is the most common site of uveal metastases [1]. It is usually clinically apparent late in the course of the disease and has disseminated by the time of presentation [2]. The most common primary malignancies include breast and lung [1-3]. Bilateral and multi focal choroidal metastases are most commonly reported in Carcinoma breast [4], whereas unifocal and unilateral metastases are seen in carcinoma lung [5]. In our case, unifocal bilateral choroidal metastases were seen in adenocarcinoma lung that presented as progressive visual loss as the initial presentation.

Declarations

Authors' contributions: SS and DD conceived the idea of manuscript. SS wrote the first draft. RK compiled the PET/CT images and DD helped in taking the clinical history of the patient. VV provided the pathological images of the patient. DD edited the manuscript and made the final draft of the manuscript.

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