

Sistema Socio Sanitario



Regione
Lombardia



Fondazione IRCCS
Policlinico San Matteo

ASST Pavia

ATS Pavia



UNIVERSITÀ
DI PAVIA

GRAND ROUNDS CLINICI DEL MERCOLEDÌ

con il Policlinico San Matteo

Aula Magna "C. Golgi" & WEBINAR

Coinvolgimento oculare nella leucemia linfoblastica acuta

Carlo Di Biase, MD, FEBO

S.C. Oculistica

Primario: Prof. Paolo Rama



Presentazione del caso

Uomo, 54 anni

Rossore oculare da alcuni giorni associati a **calo visivo**

Nei mesi precedenti episodi simili, **autorisolti**

Leucemia Acuta Linfoblastica B, Philadelphia negativa, da Marzo 2022 . 1° remissione da Dicembre 2022. Recidiva Settembre 2023

In remissione da **Novembre 2023**, in **attesa di trapianto allogenico**.

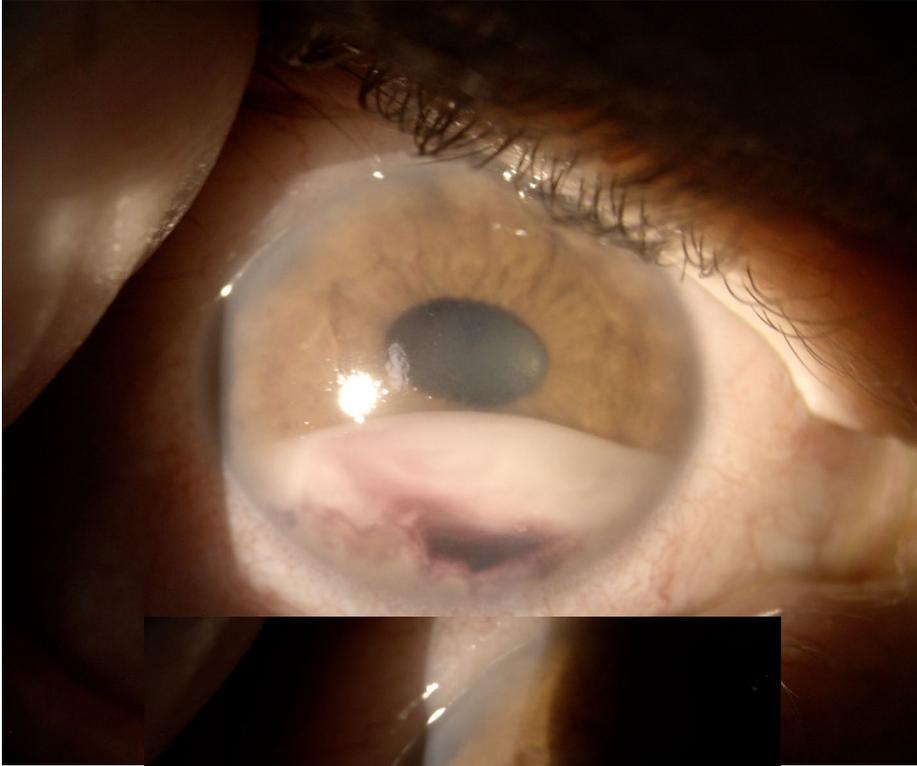
Long Covid da 3 mesi, ricoverato da 10 giorni e in terapia con **Nirmatrelvir**



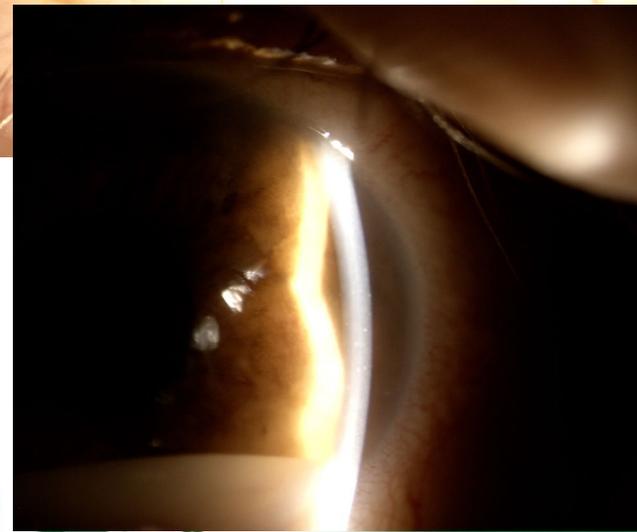
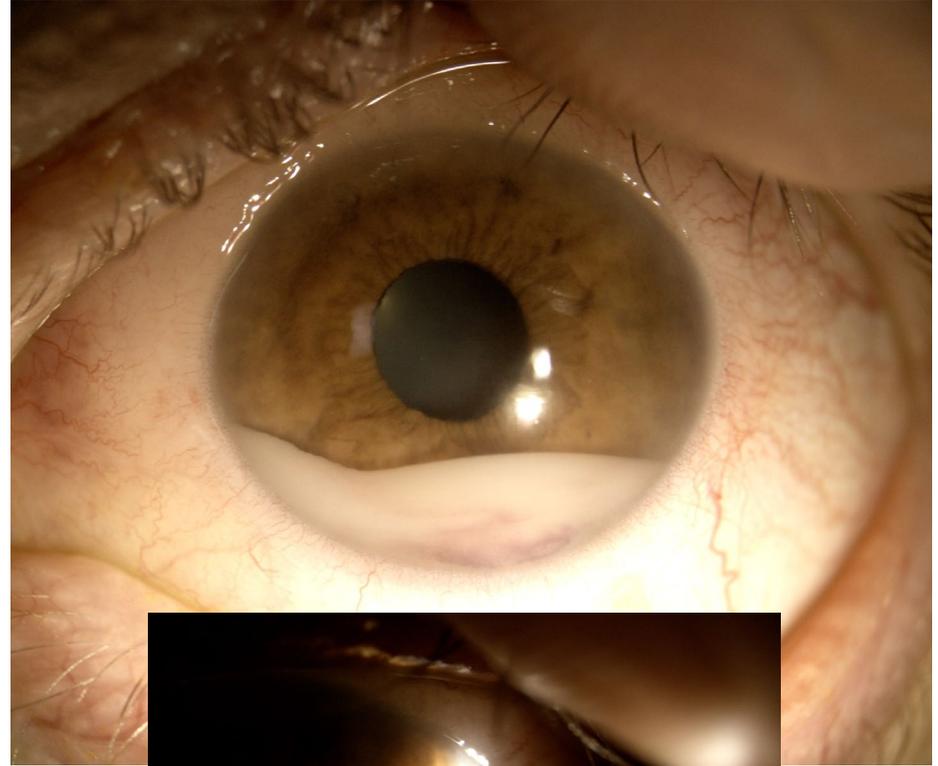
Segmento anteriore

22.01.24

Visus OD
3/10



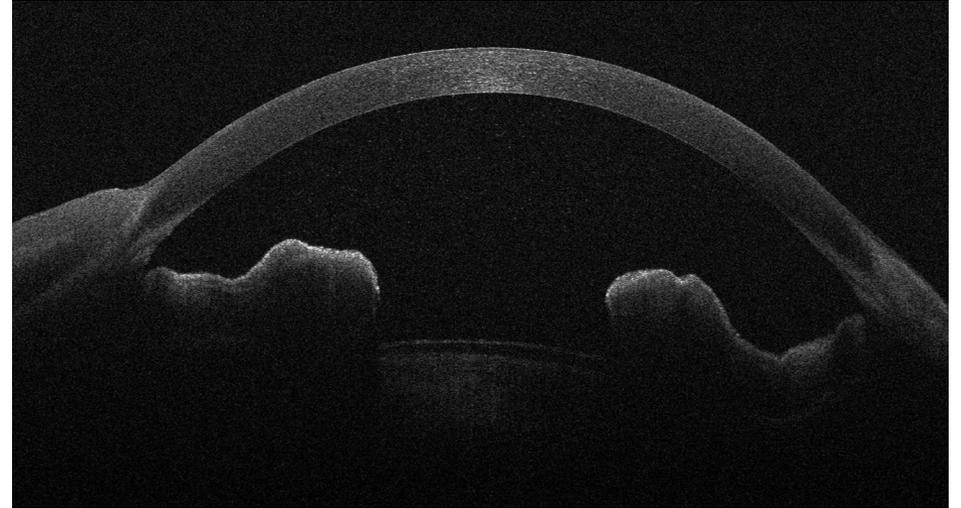
Visus OS
7/10



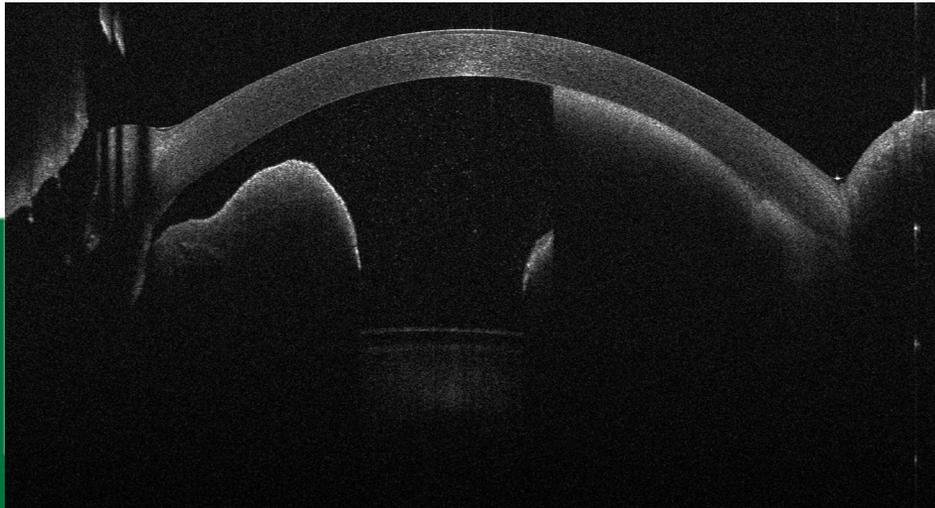
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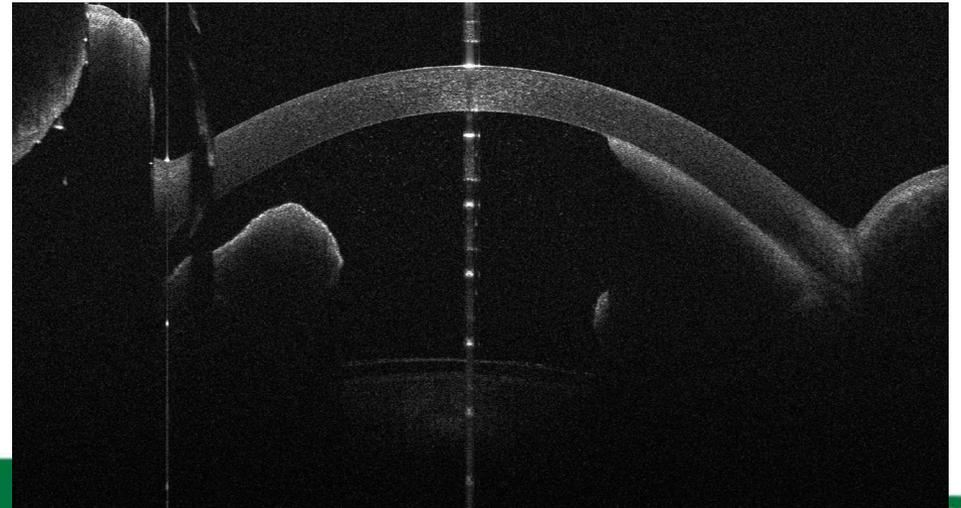
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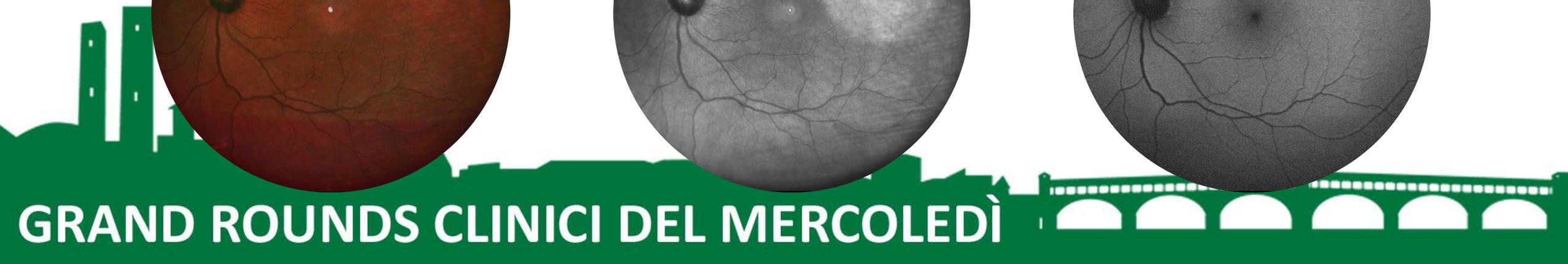
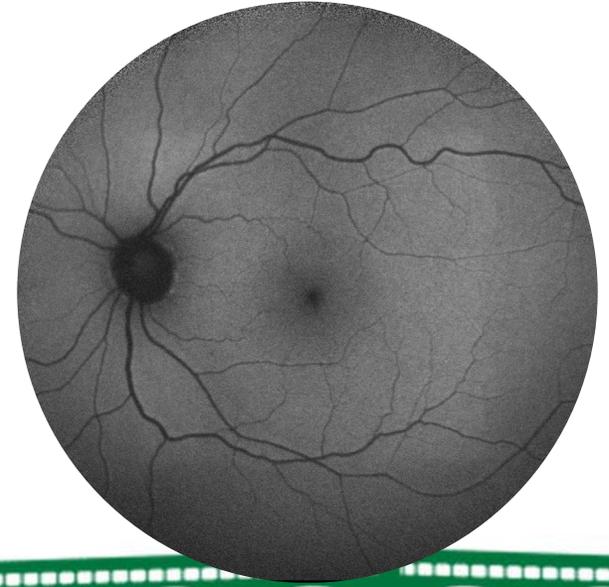
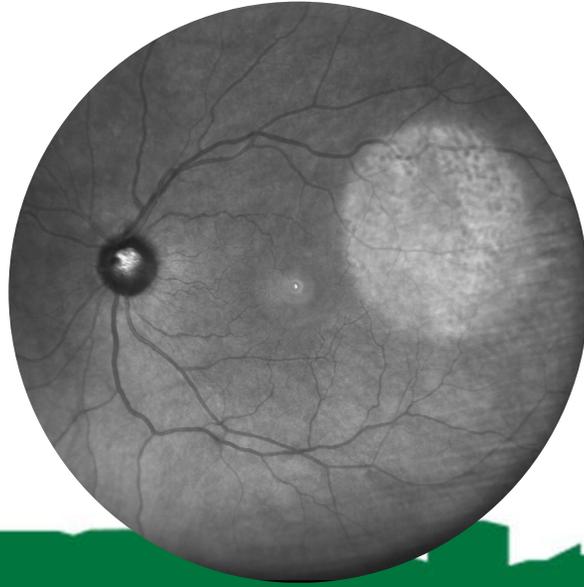
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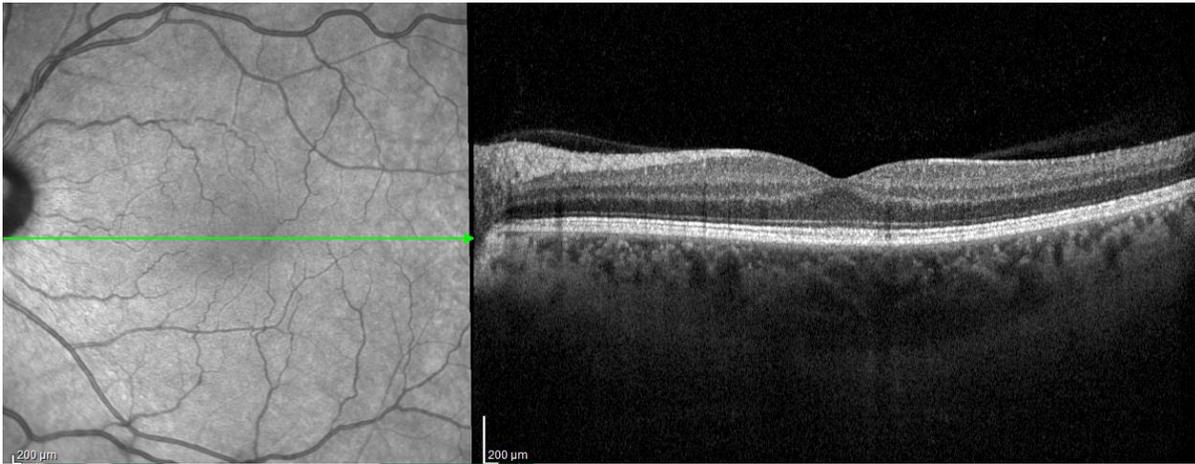
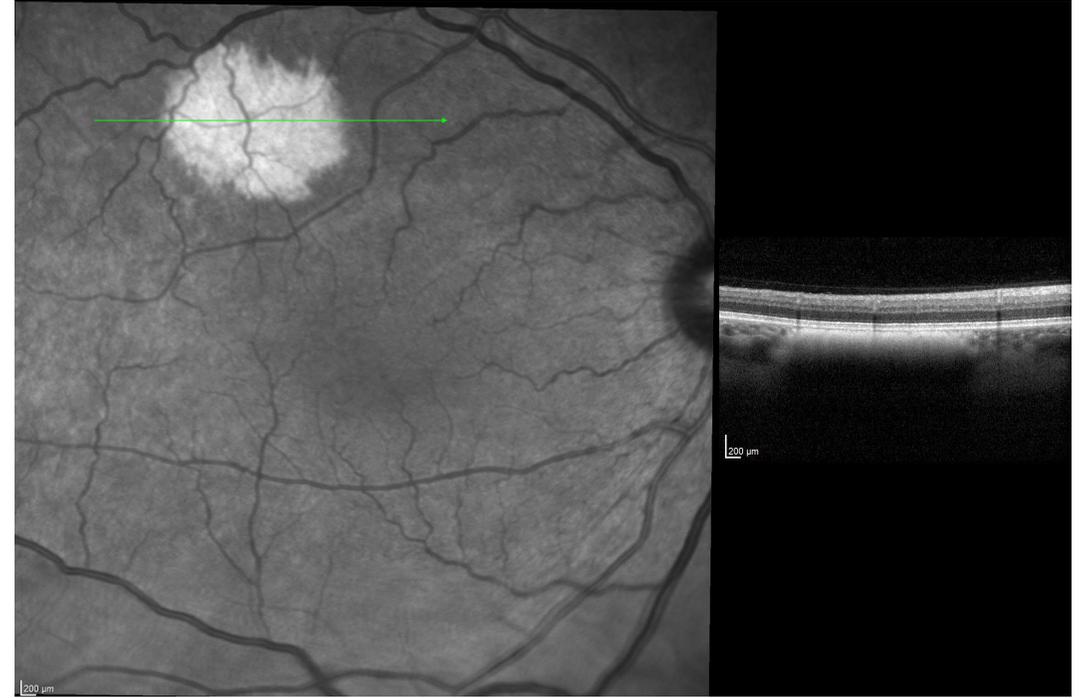
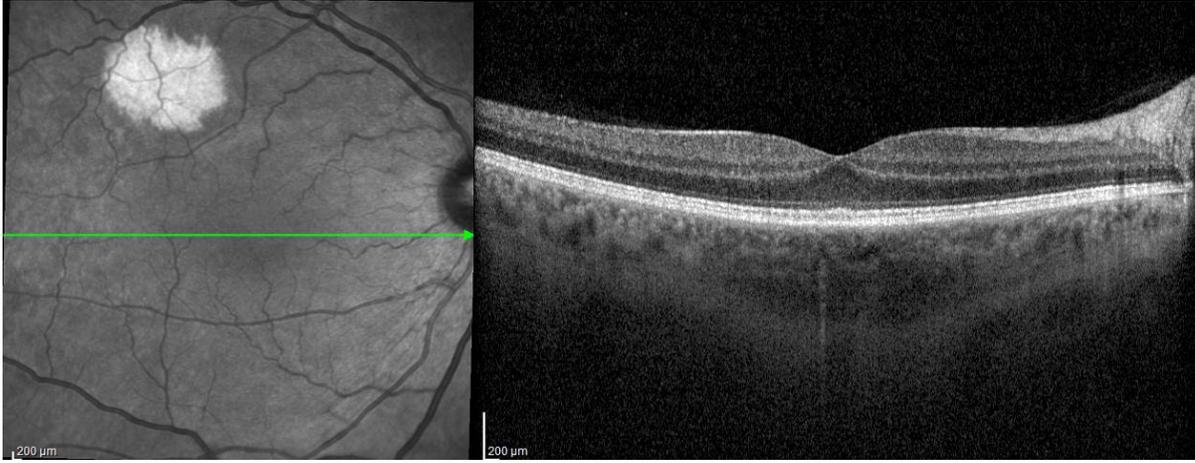


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Fundus





Diagnosi differenziale

Uveite anteriore (Sifilide, Toxoplasmosi, Tubercolosi, Sarcoidosi, Bechet, etc.)

Endoftalmite endogena

Tossicità da Nirmatrelvir

Localizzazione oculare di LAL



Esami diagnostici

- TPHA, VDRL, Quantiferon → Negativi
- Emocoltura → Negativa
- Prelievo di acqueo:
 - PCR HSV1, 2, VZV, CMV e Toxo → Negativa
 - Coltura Batteri e Miceti → Negativa
 - Citofluorimetria → Positiva per presenza di Linfoblasti

**Recidiva di Leucemia Acuta Linfoblastica
a localizzazione oculare**



Bilateral Pseudo-hypopyon as Presenting Symptom of Acute Monocytic Leukemia in an 8-Month-Old Infant

Nicholas M. Scoville, MD; Shu Feng, MD; Mallory R. Taylor, MD, MS; Erin Herlihy, MD; Jennifer J. Wilkes, MD, MSCE; Karen M. Chisholm, MD, PhD; Kristina Tarczy-Hornoch, MD, DPhil



Case report: Intravitreal methotrexate in intraocular acute lymphoblastic leukemia

Matteo Pederzoli^{1,2}, Fabio Giglio^{3*}, Maria Vittoria Cicinelli^{1,2}, Alessandro Marchese^{1,2}, Giulio Modorati^{1,2}, Sara Mastaglio³, Fabio Ciceri^{1,3}, Francesco Bandello^{1,2} and Elisabetta Miserocchi^{1,2*}

¹School of Medicine, Vita-Salute San Raffaele University, Milan, Italy, ²Division of Head and Neck, Ophthalmology Unit, Istituto di Ricovero e Cura a Carattere Scientifico (IRCCS) San Raffaele, Milan, Italy, ³Hematology and Bone Marrow Transplantation Unit, IRCCS San Raffaele Scientific Institute, Milan, Italy

Ocular Manifestations of Leukemia and Results of Treatment with Intravitreal Methotrexate

Viktorija Vishnevskia-Dai^{1,3*}, Sara Sella King^{2,3}, Ruth Lekach^{1,3}, Ido Didi Fabian^{1,3} & Ofira Zloto^{1,3}



Contents lists available at [ScienceDirect](#)

International Journal of Particle Therapy

journal homepage: www.sciencedirect.com/journal/ijpt



Consolidative Proton Radiotherapy for Pediatric Extramedullary Ocular Acute Myeloid Leukemia



Aaron Bush (MD)¹, Don E. Eslin (MD)², Michael J. Joyce (MD)³, Derek Hess (MD)⁴, Diana Leon (DO)², Ralph P. Ermoian (MD)^{5,1}, Raymond B. Mailhot Vega (MD, MPH)^{6,*}

¹ Department of Radiation Oncology, Mayo Clinic, Jacksonville, FL, USA

² Department of Pediatric Hematology/Oncology, St. Joseph's Hospital, Tampa, FL, USA

³ Department of Hematology/Oncology, Nemours Children's Health, Jacksonville, FL, USA

⁴ Hess Pediatric Ophthalmology, Saint Petersburg, FL, USA

⁵ Department of Radiation Oncology, University of Washington, Seattle, WA, USA

⁶ Department of Radiation Oncology, University of Florida College of Medicine, Jacksonville, FL, USA

- Letteratura scarsa
- Casi clinici o case series

Che fare?

- Chemioterapia sistemica → tossicità sistemica
- Iniezioni intravitreali di MTX o RTX → protocollo noto per linfomi:
 - 1° mese 2 IVT/settimana per occhio poi
 - 1 IVT/settimana per occhio fino a risposta soddisfacente poi
 - 1 IVT/ 2 settimane per occhio e sospensione
- Radioterapia → molto efficace → alta tossicità oculare a lungo termine
- Vitrectomia per debulking → attualmente in fase di studio
- Terapia steroidea topica → citolisi iniziale → perdita di efficacia



Gestione

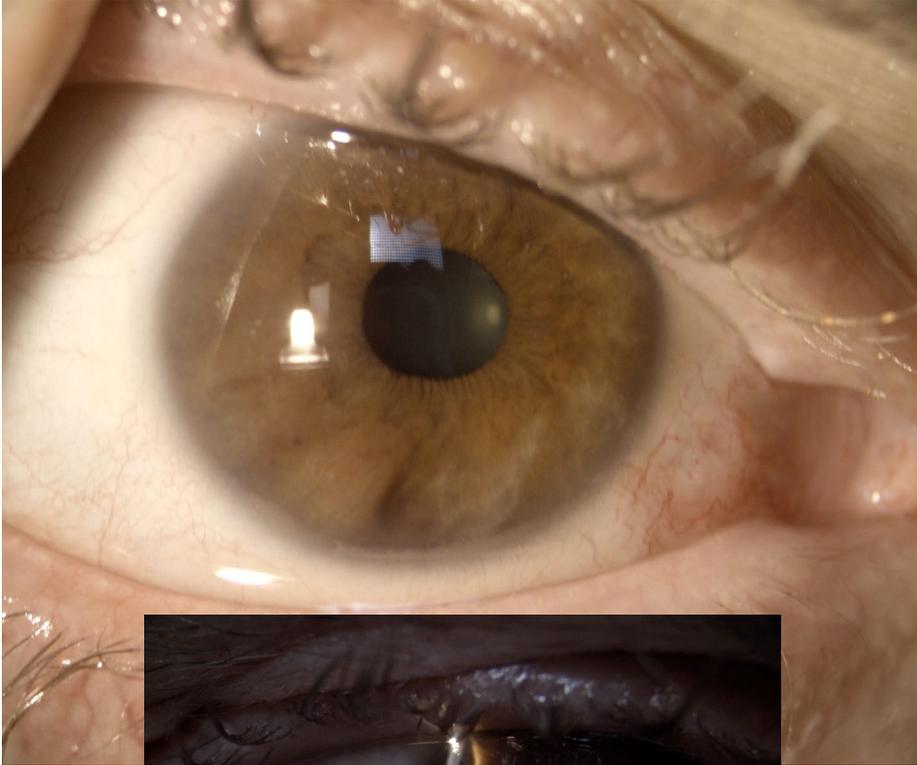
- Desametasone 2% collirio ogni ora nelle ore di veglia
- Tropicamide+fenilefrina collirio 3 volte al giorno
- Ristadiazione sistemica
- Attesa per chemioterapia sistemica Vs intravitreali di MTX



Segmento anteriore

07.02.24

Visus OD
8/10

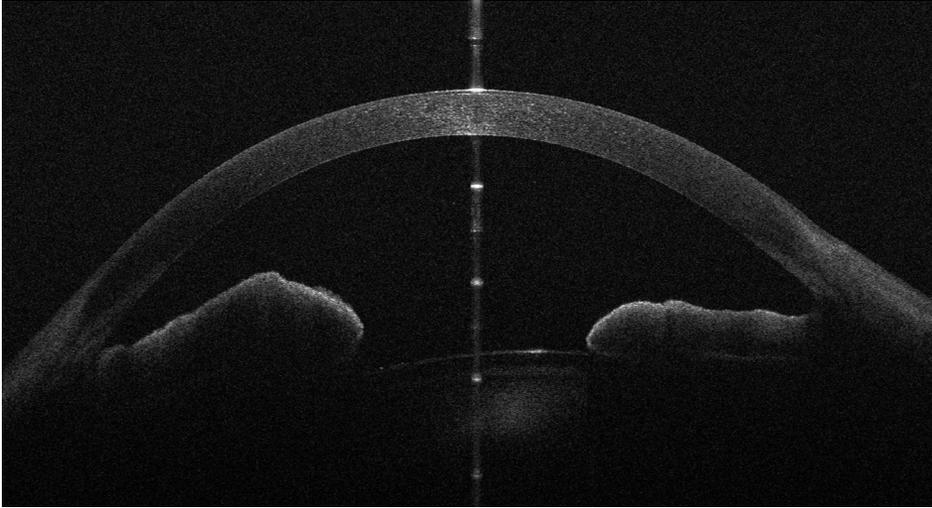


Visus OS
9/10

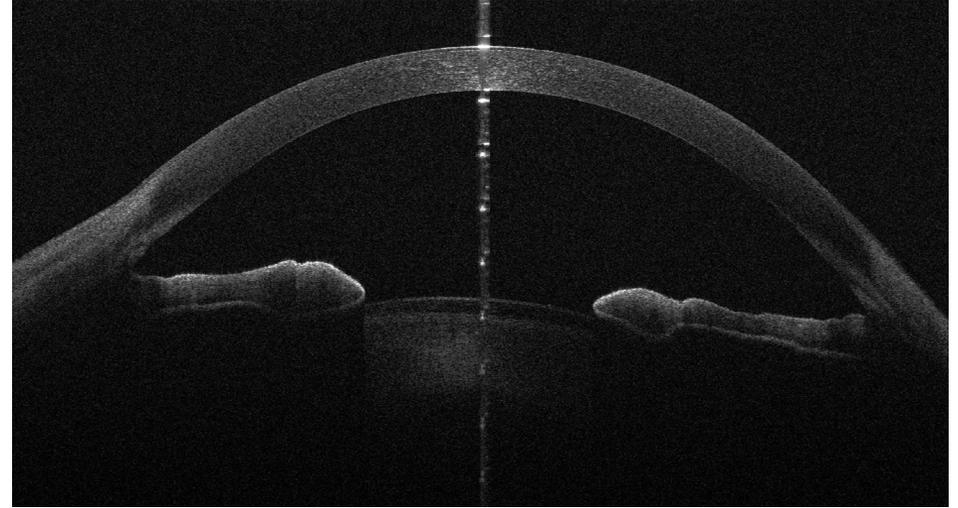


SA-OCT

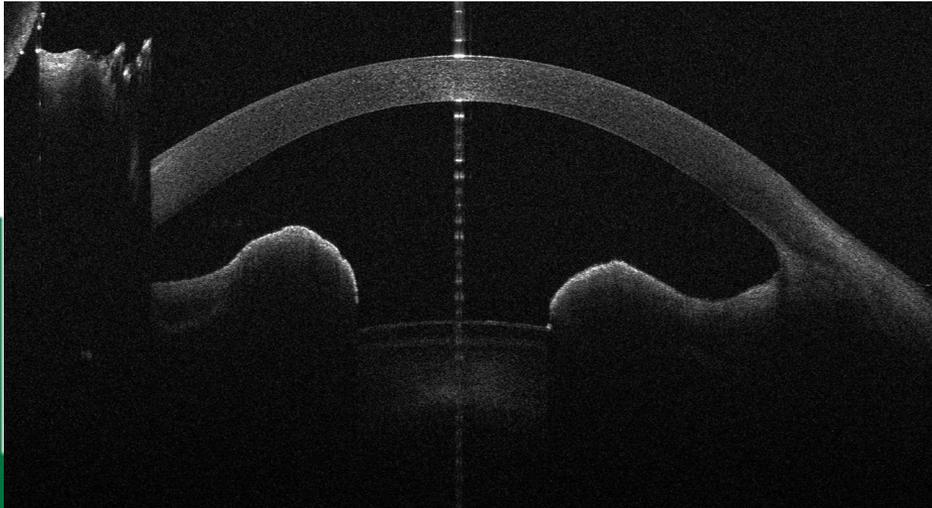
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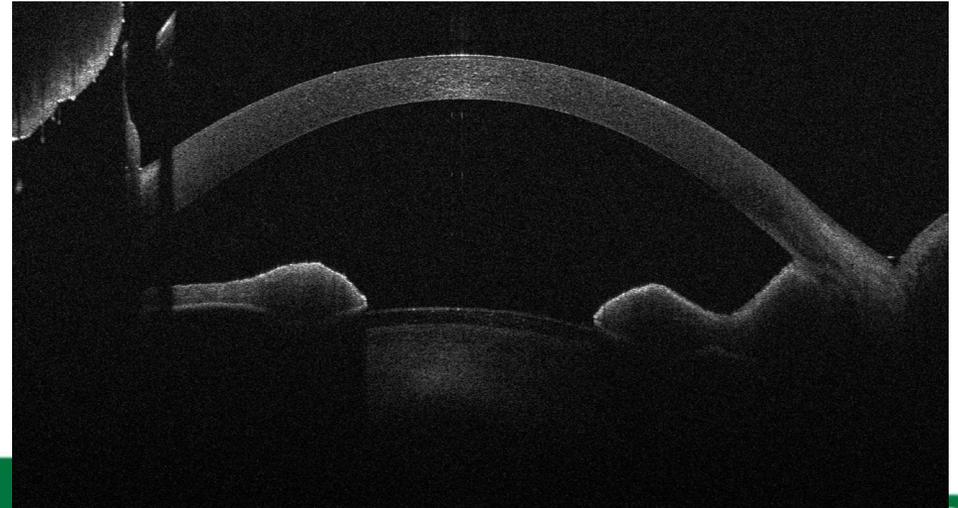
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Gestione

Ristadiazione sistemica:

- RMN encefalo: tessuto patologico a livello dei **tessuti molli palpebrali** superiori a sinistra
- Rachicentesi esplorativa: negativa
- PET: **ipercaptazione** a livello del **tessuto palpebrale sinistro e dei linfonodi latero-cervicali**
- Midollo: **2° recidiva di malattia**

Ottima risposta locale → terapia steroidea topica ogni 2 ore

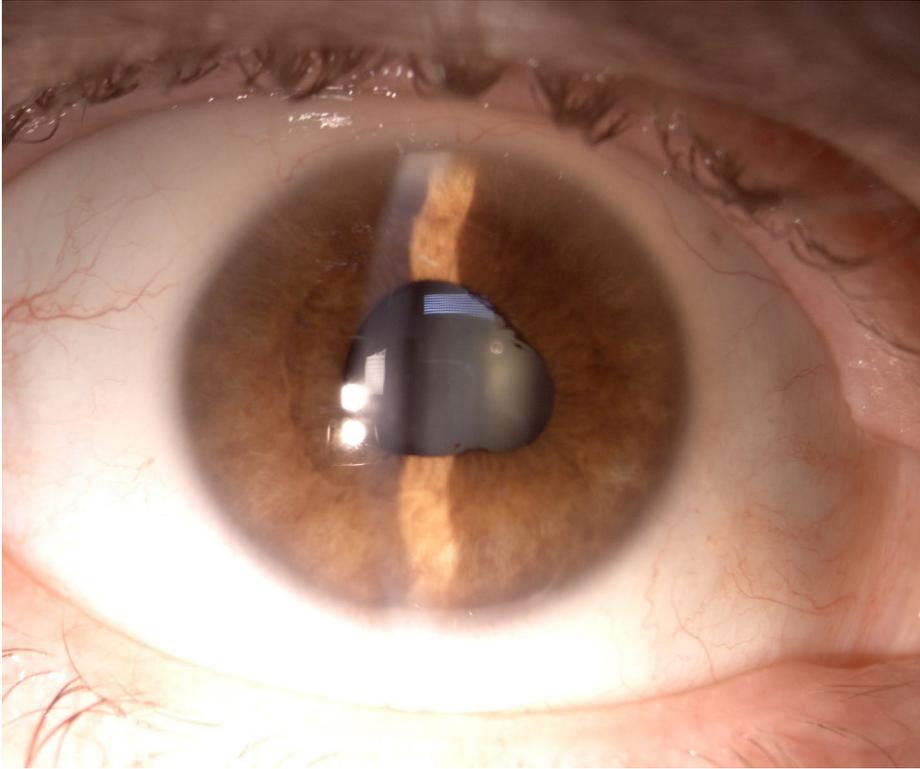
15.02.2024-17.02.2024 Chemioterapia sistemica «bridge» a CAR-T



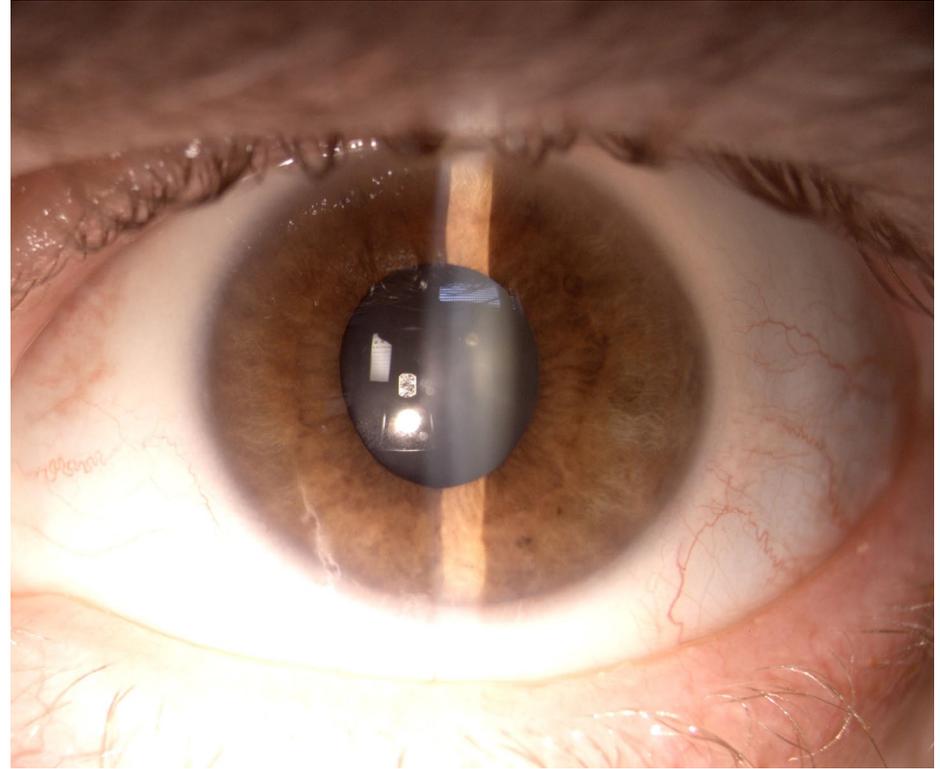
Segmento anteriore

20.02.24

Visus OD
10/10

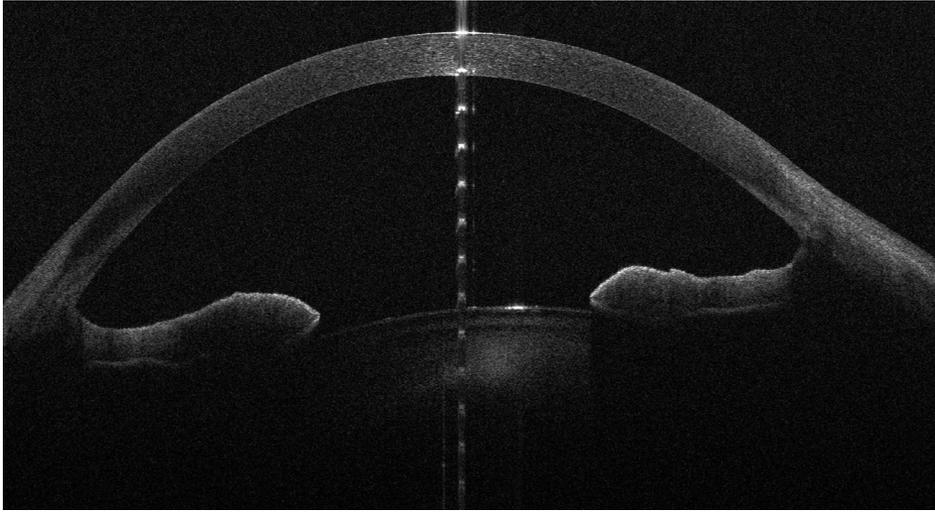


Visus OS
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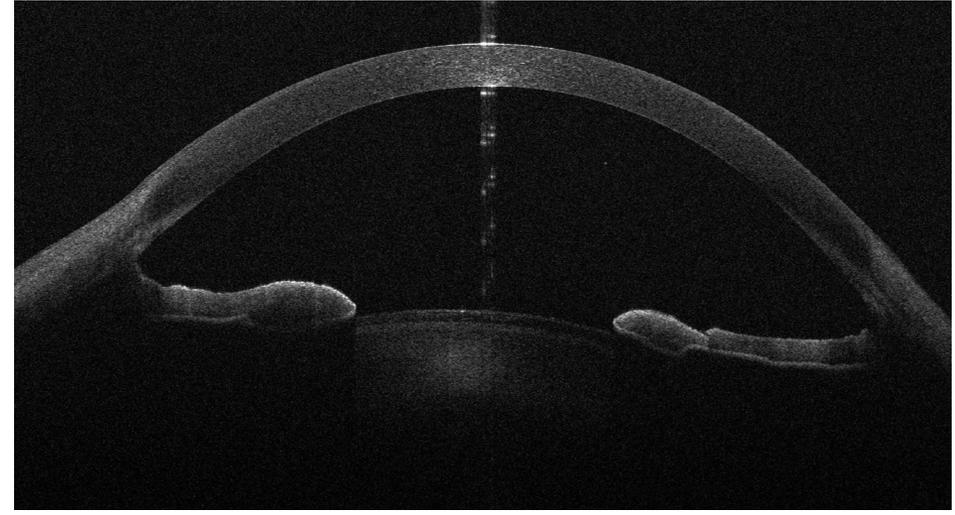


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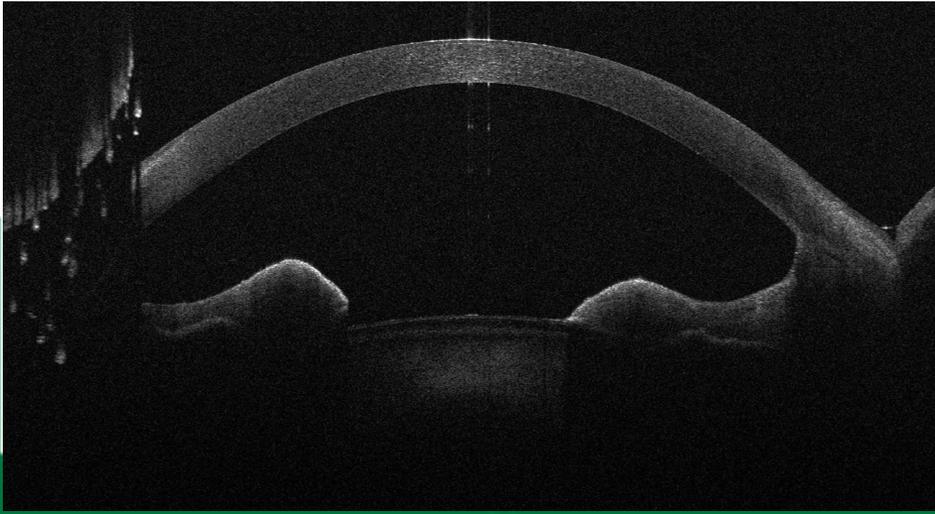
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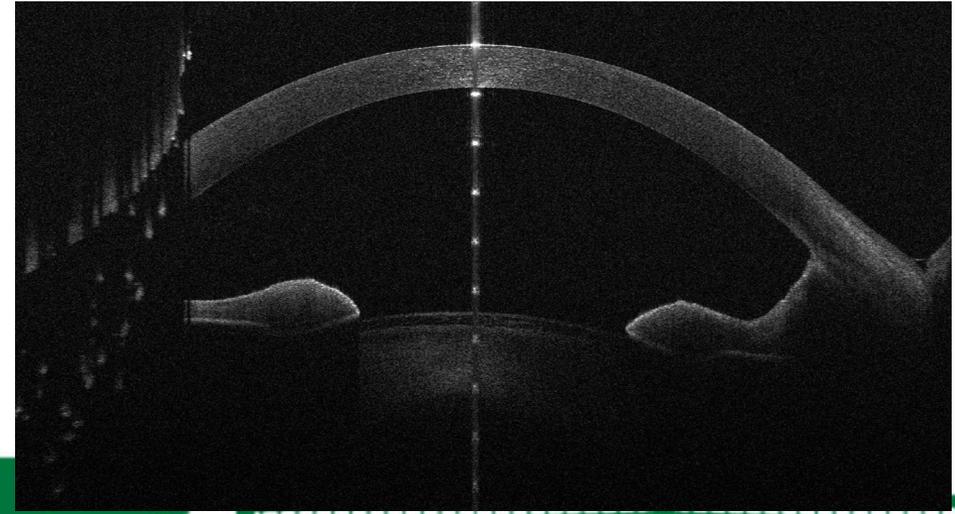
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Gestione

In Attesa di CAR-T anti CD-19

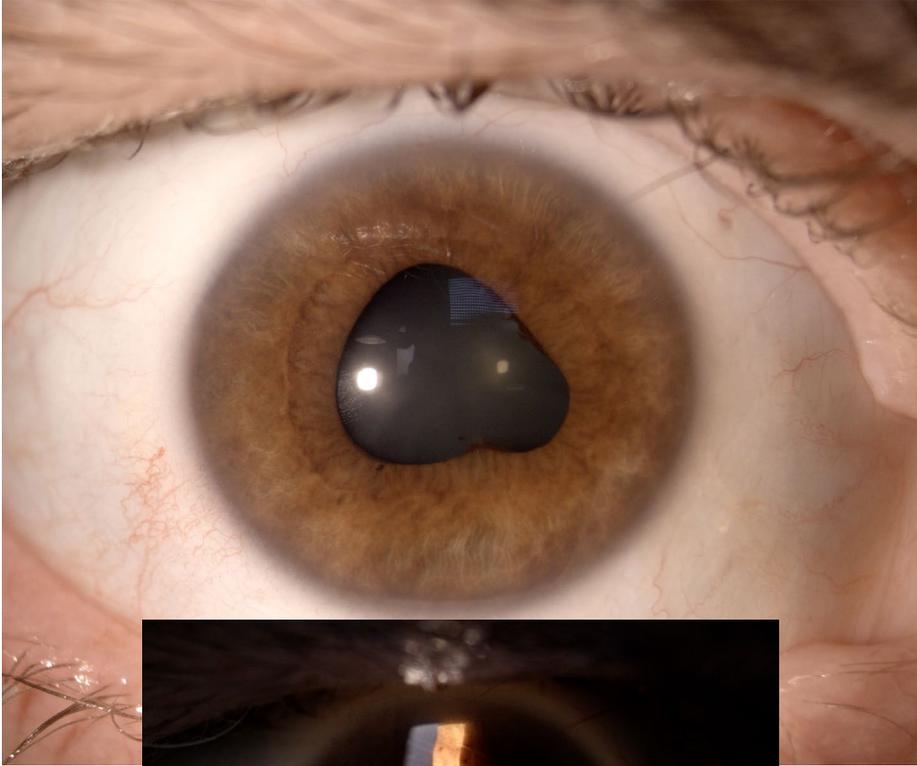
Ottima risposta locale → terapia steroidea topica 6 volte al giorno



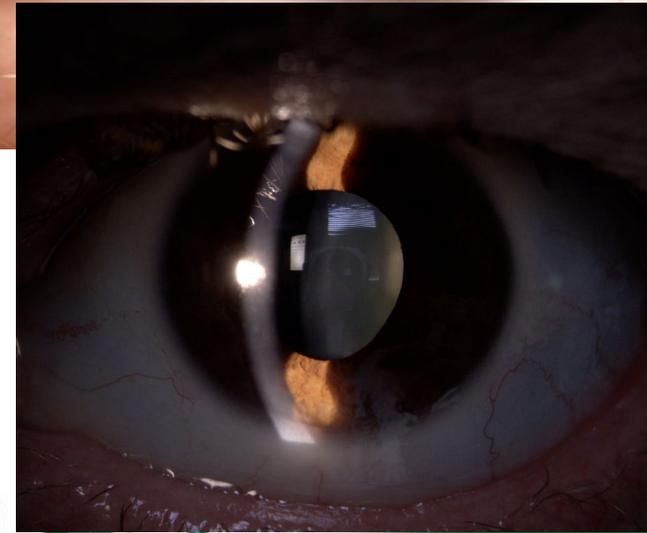
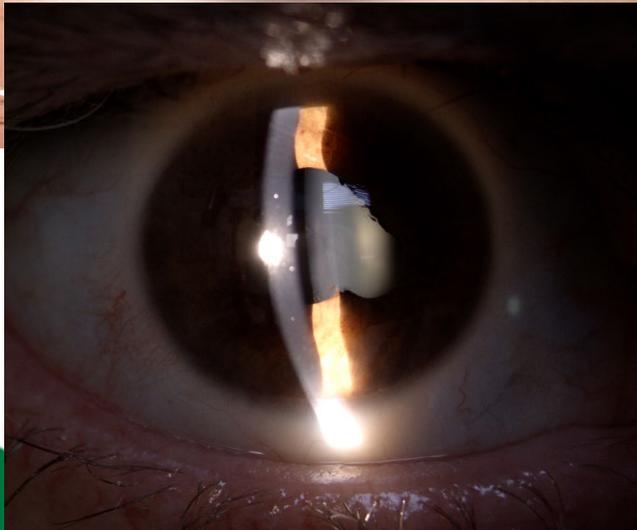
Segmento anteriore

05.03.24

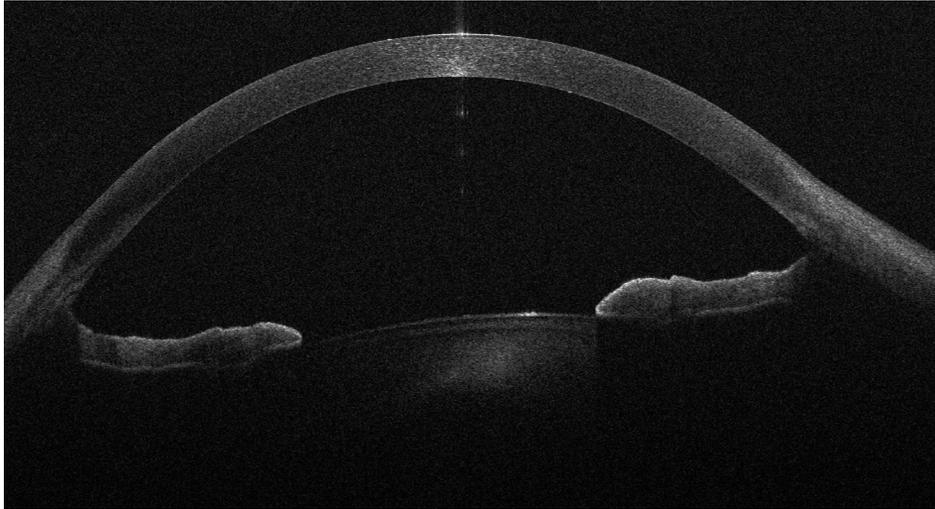
Visus OD
10/10



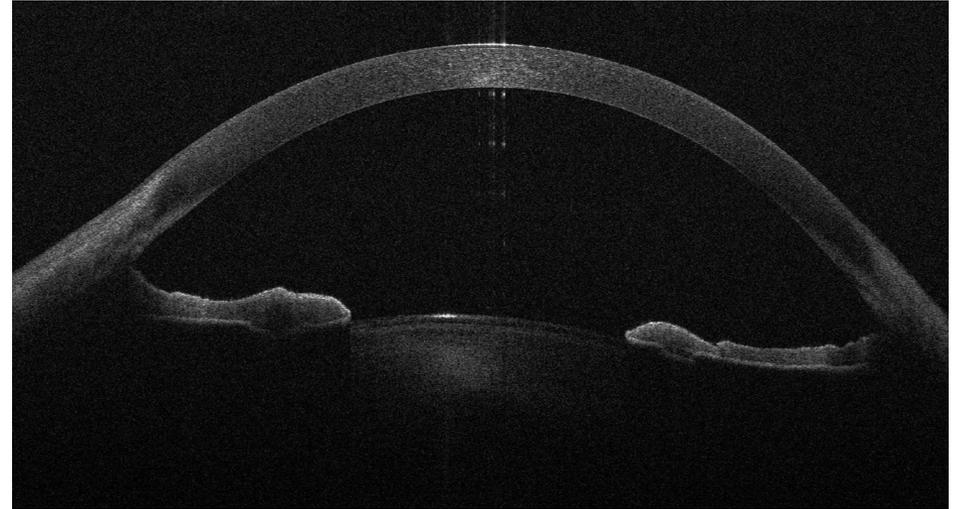
Visus OS
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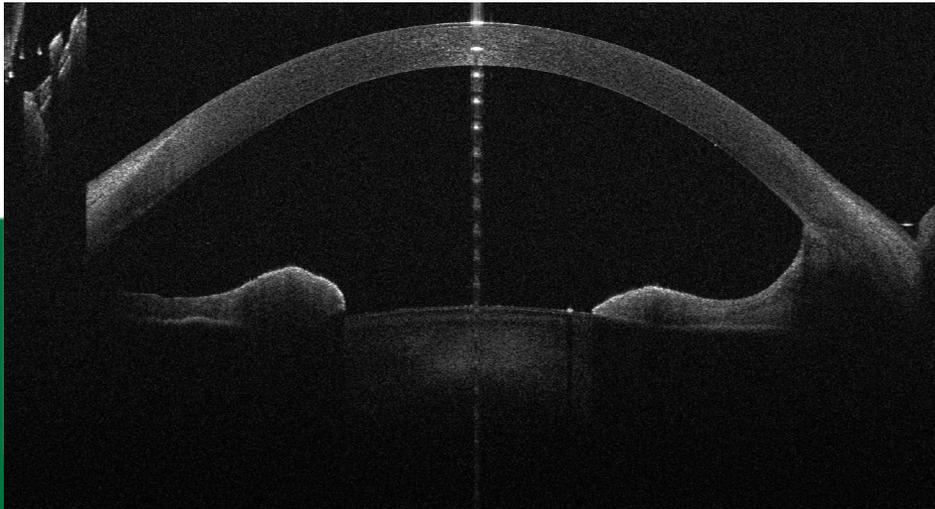
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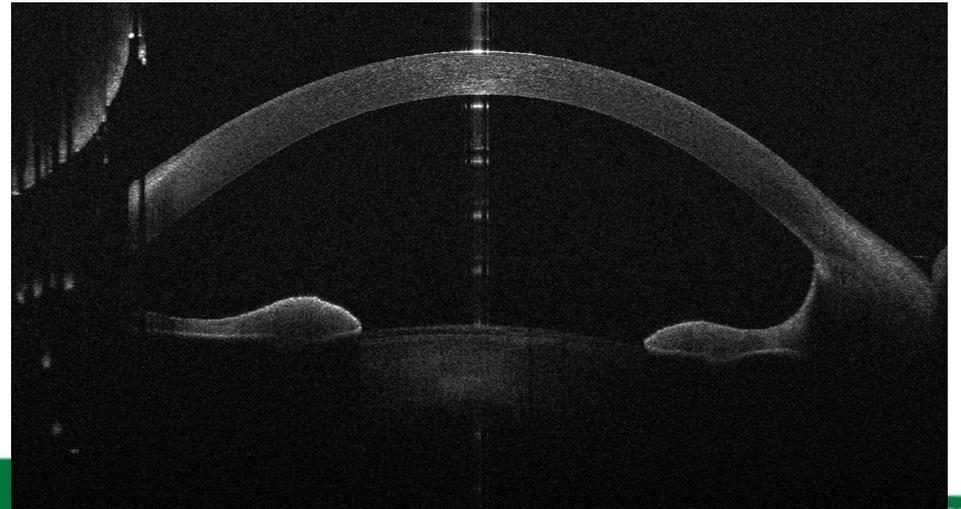
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Gestione

Prelievo di acqueo → **negativo per Blasti Leucemici**

CAR-T anti CD-19 programmata dal 20.03.2024 al 10.04.2024



GRAND ROUNDS CLINICI DEL MERCOLEDÌ

Quadro clinico in corso di CAR-T

04.04.24

Visus OD: 9/10

Visus OS: 9/10

Segmento anteriore OO: Lieve iperemia congiuntivale, cornea trasparente, CA normopronfonda, Tyndall cellulare 2+, pupilla reagente, sinechie posteriori, cristallino trasparente

Fundus OO: vitreite 1+, papilla ottica rosea a margini netti, albero vascolare di calibro e decorso regolare, macula nei limiti, retina piana su 360°

Recidiva di leucemia?

Ripetuto prelievo di acqueo: 36% di cellule CAR-T, negativo per blasti leucemici

Cytokine release syndrome oculare da CAR-T

Segmento anteriore

17.05.24

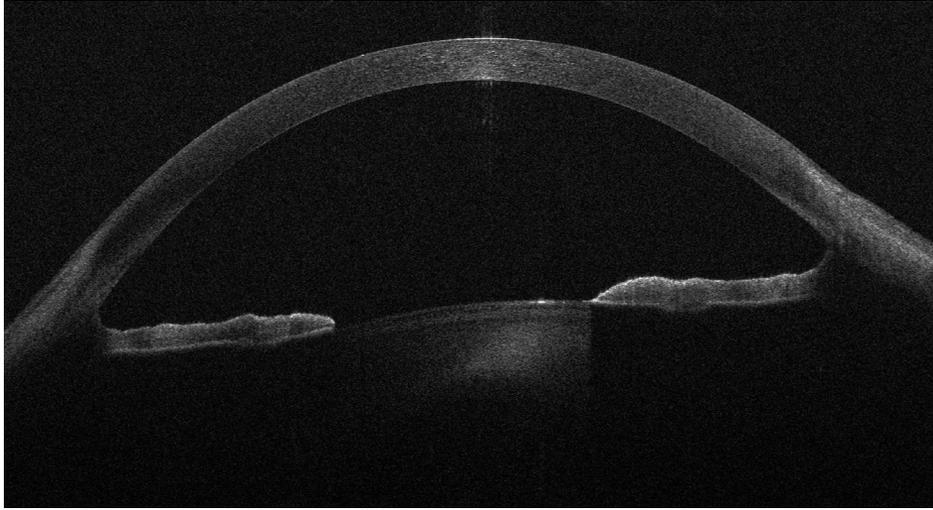
Visus OD
10/10



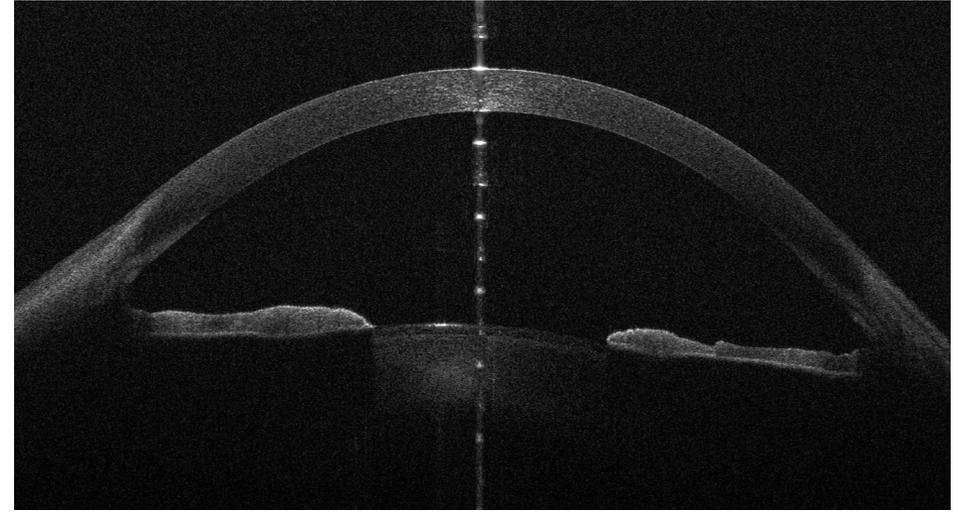
Visus OS
10/10



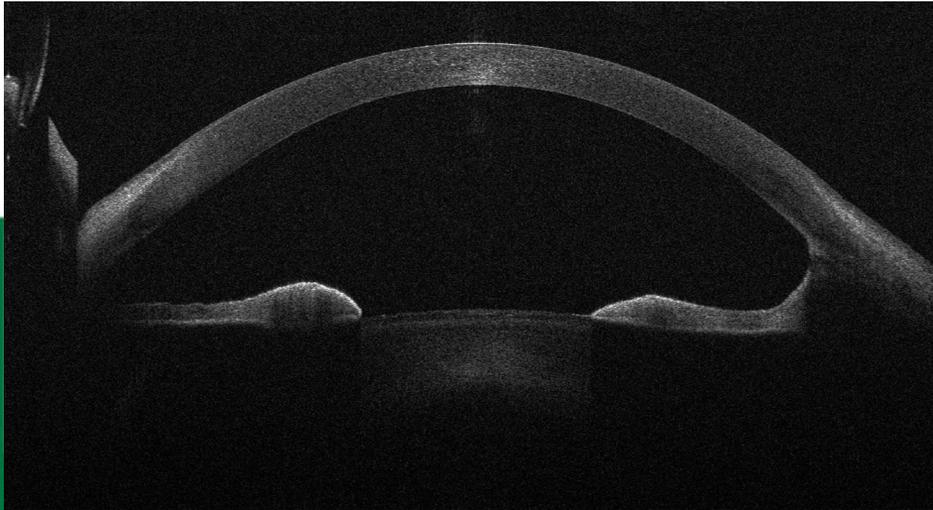
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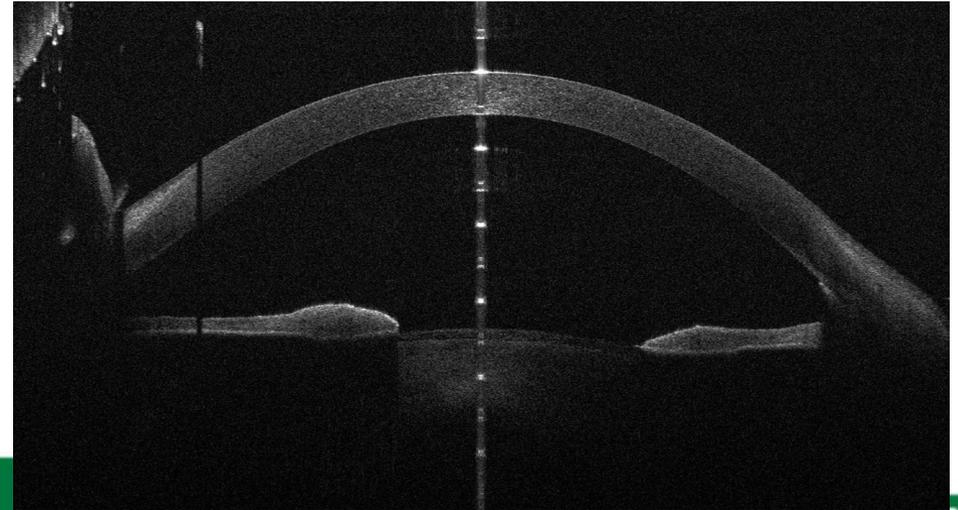
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Gestione

Prelievo di acqueo → **negativo per Blasti Leucemici e cellule CAR-T**

Ristadiazione sistemica: **remissione completa >30 giorni dopo CAR-T**

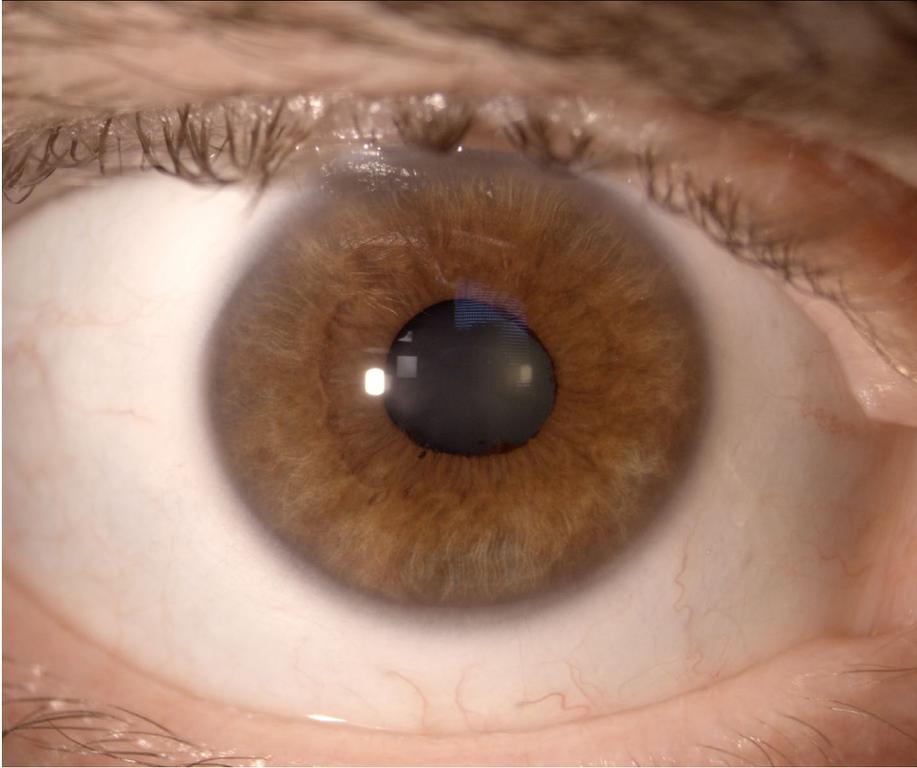
Candidato a trapianto allogenico per consolidamento



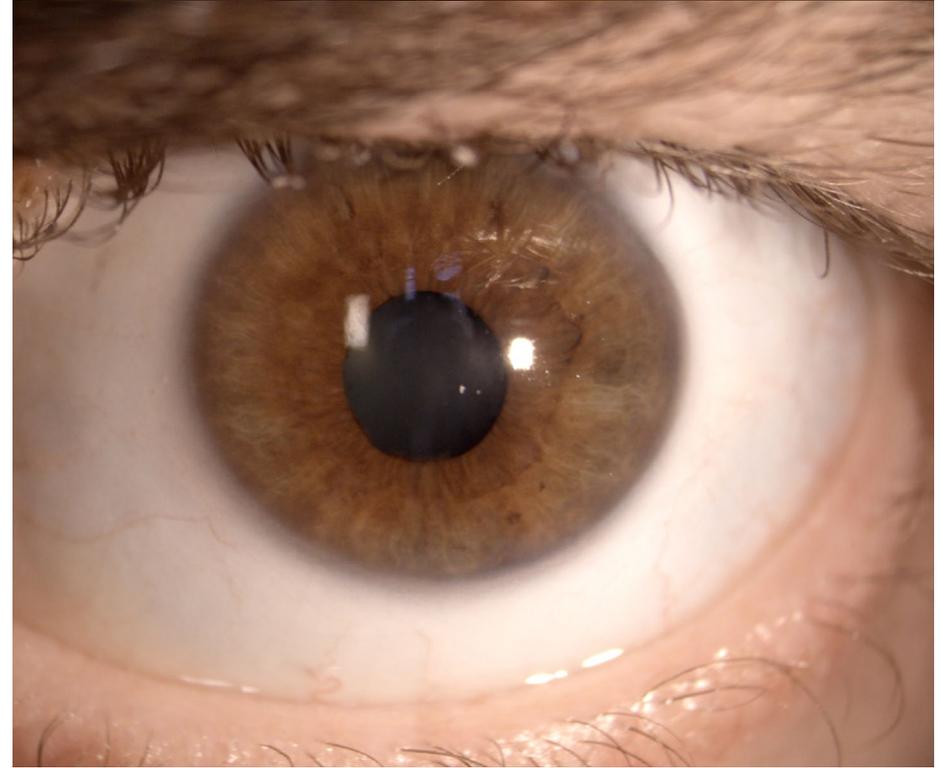
Segmento anteriore

22.05.24

Visus OD
30/100

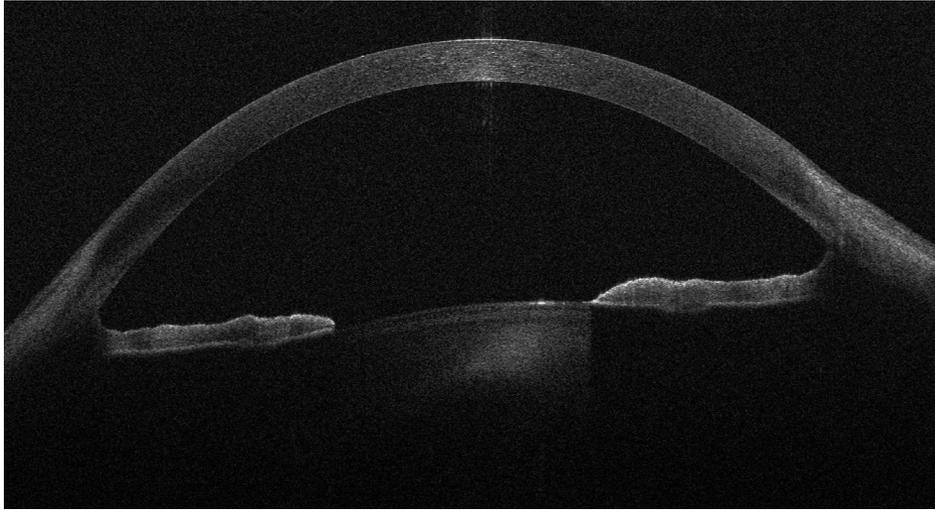


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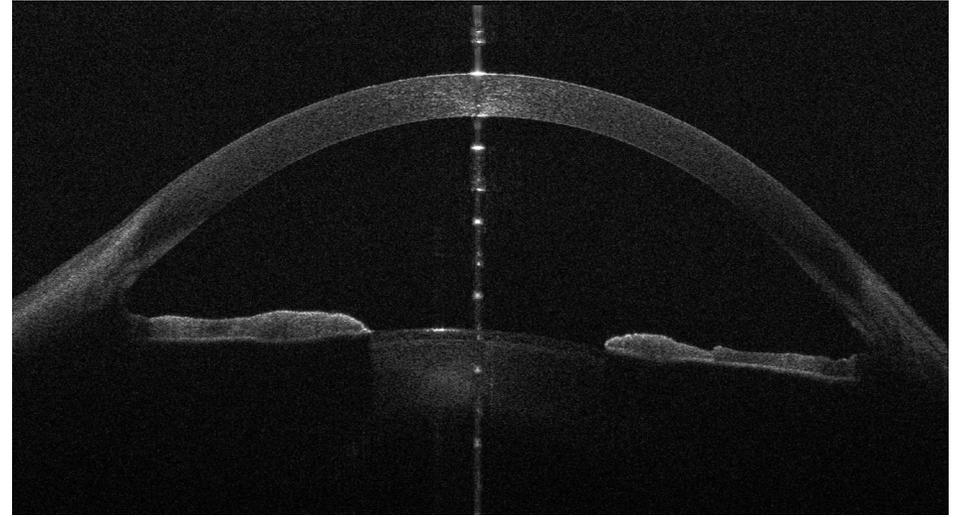


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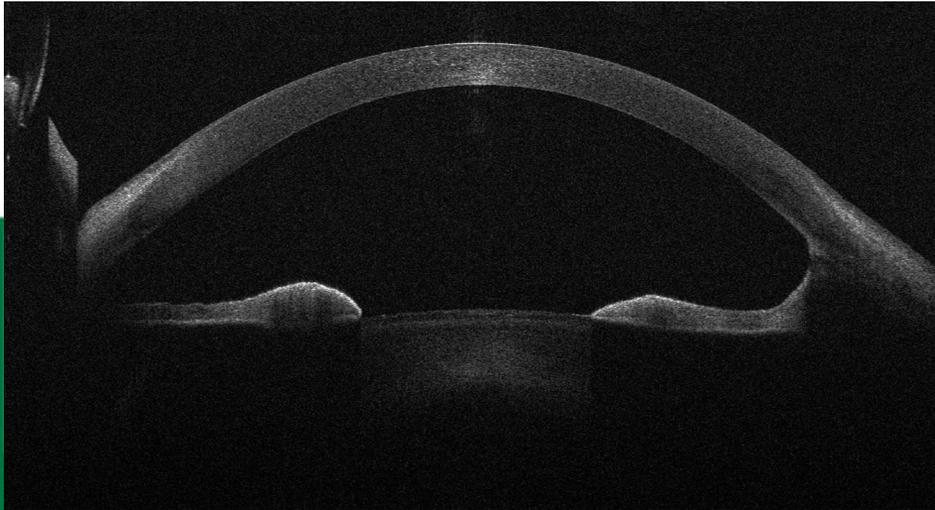
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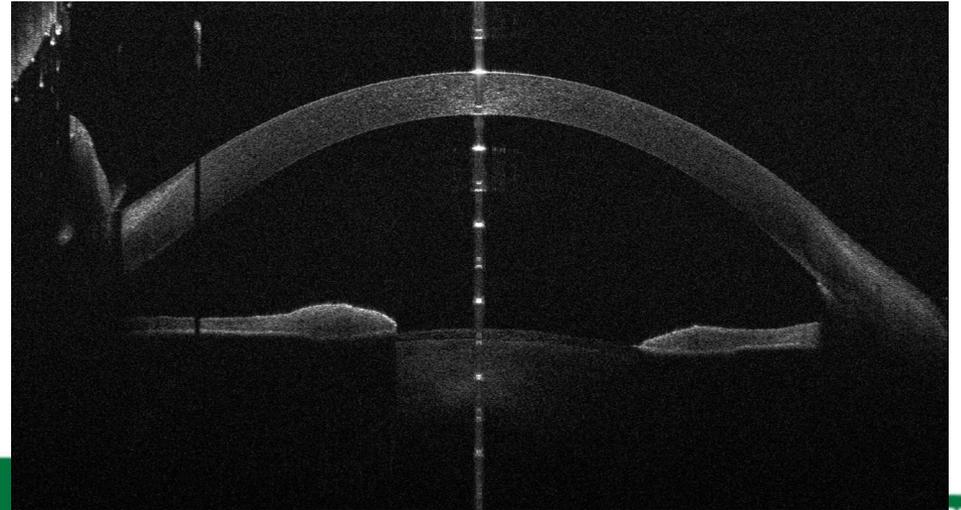
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Take home message

Gestione multidisciplinare e multicentrica

Analisi della letteratura

Customizzazione del trattamento



Ringraziamenti

UOC Ematologia 1



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