

Sistema Socio Sanitario



Regione
Lombardia



Fondazione IRCCS
Policlinico San Matteo

ASST Pavia

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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**.

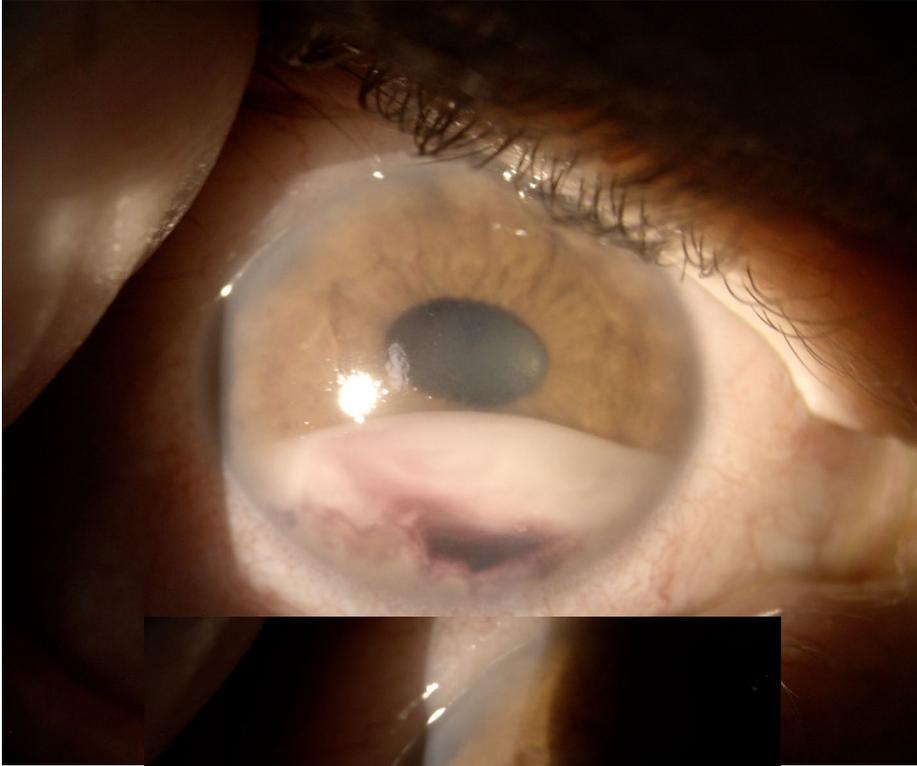
Long Covid da 3 mesi, ricoverato da 10 giorni e in terapia con **Nirmatrelvir**



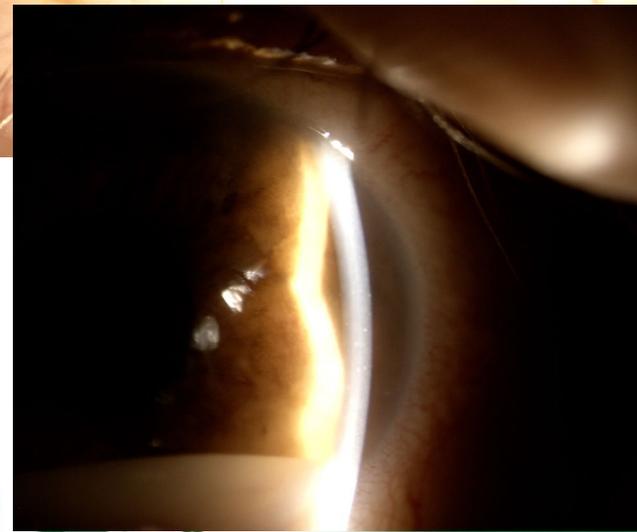
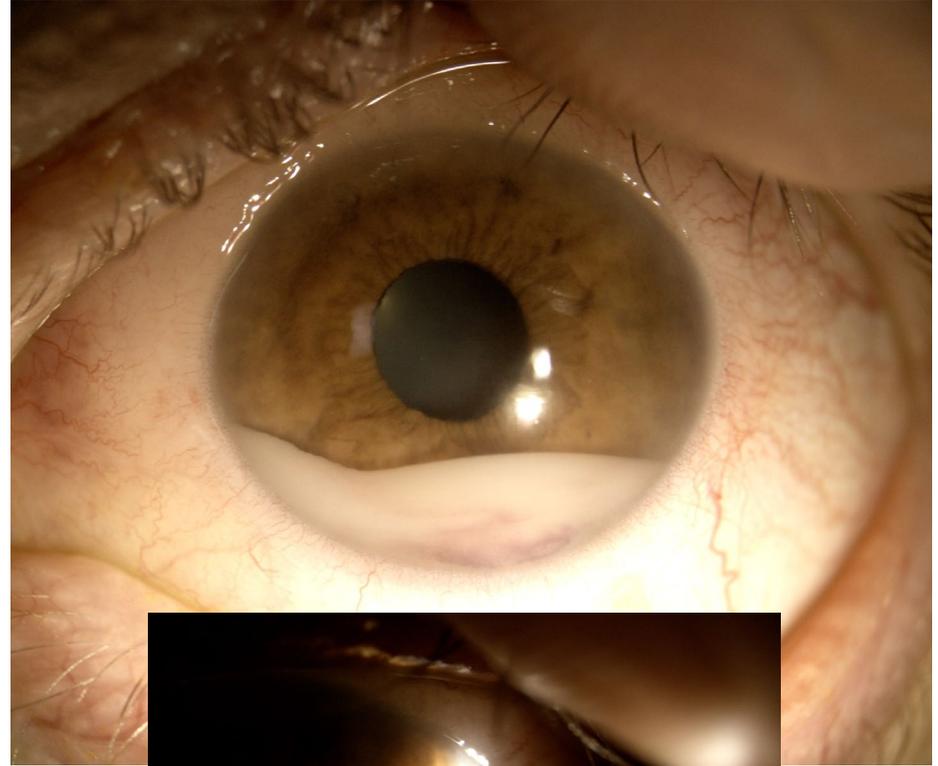
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22.01.24

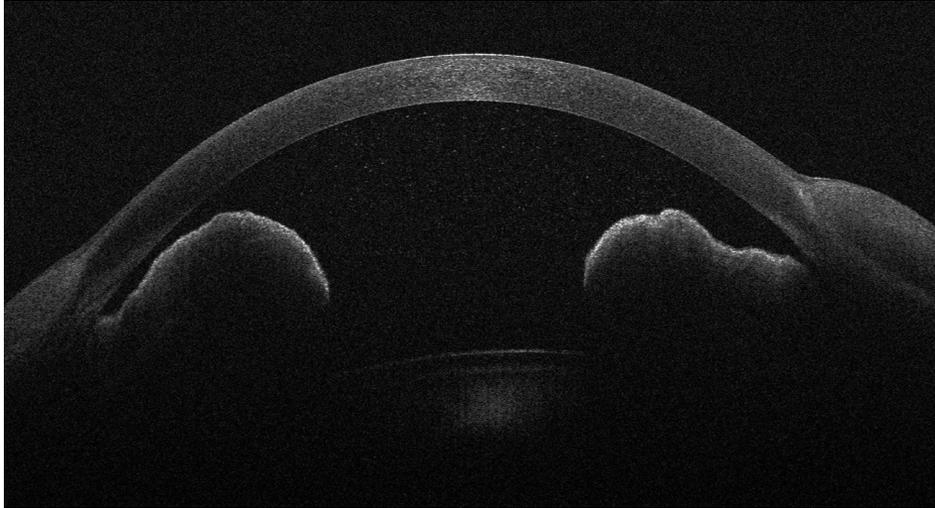
Visus OD
3/10



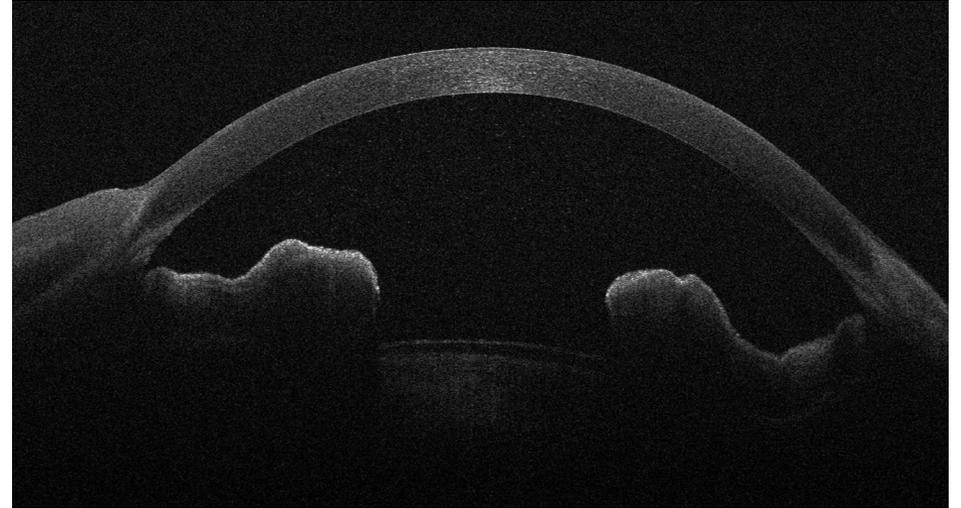
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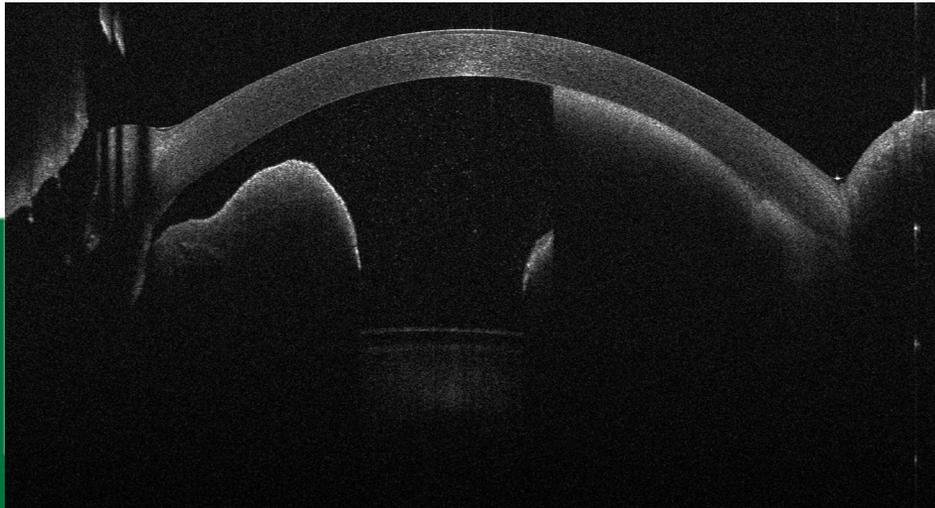
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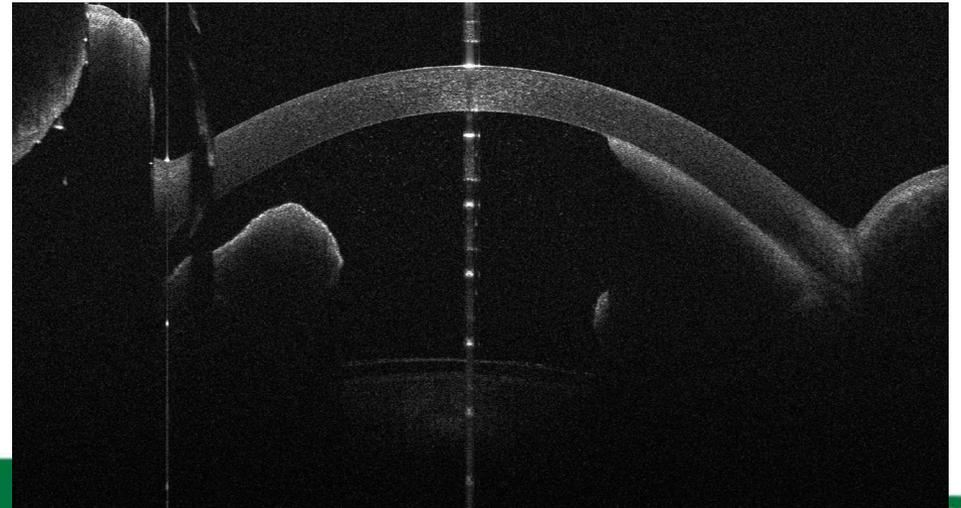
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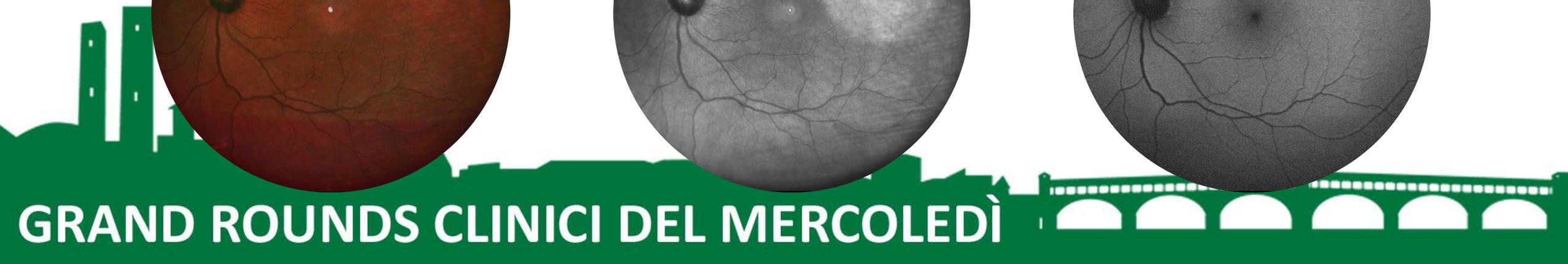
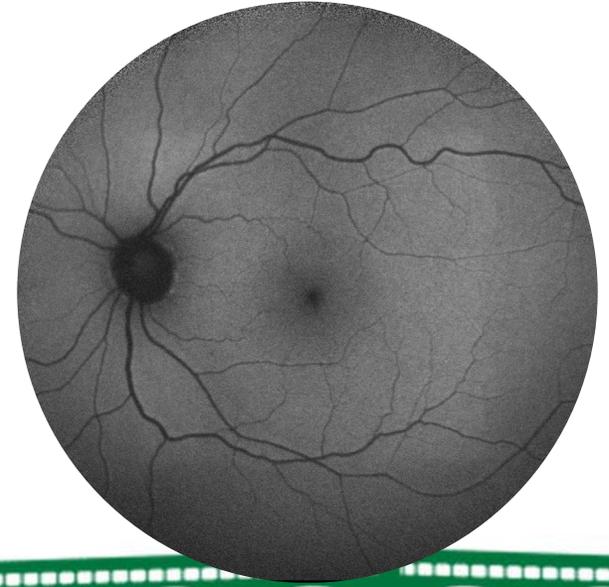
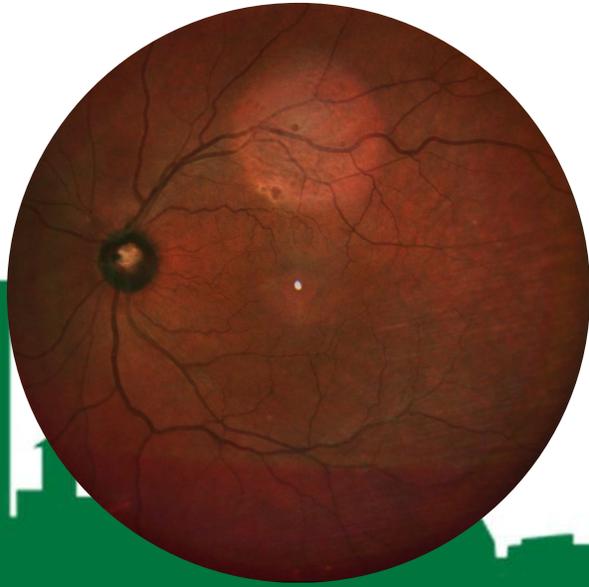
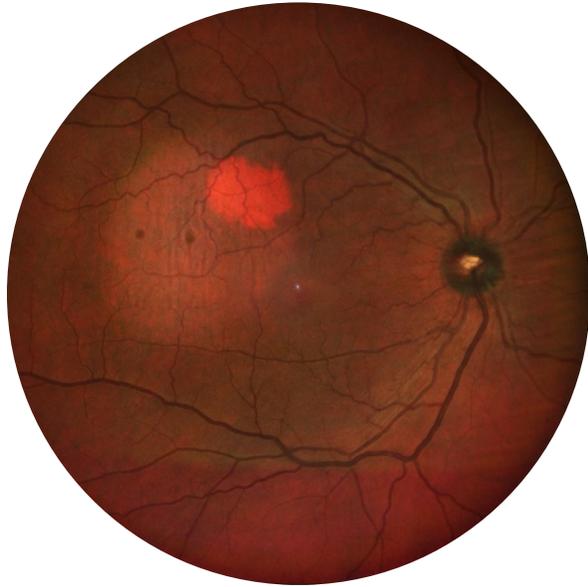
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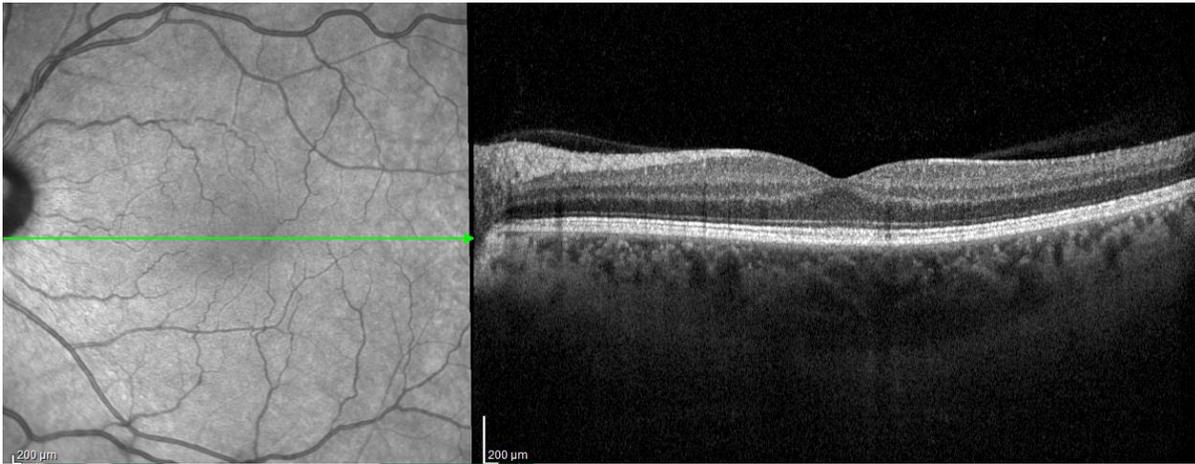
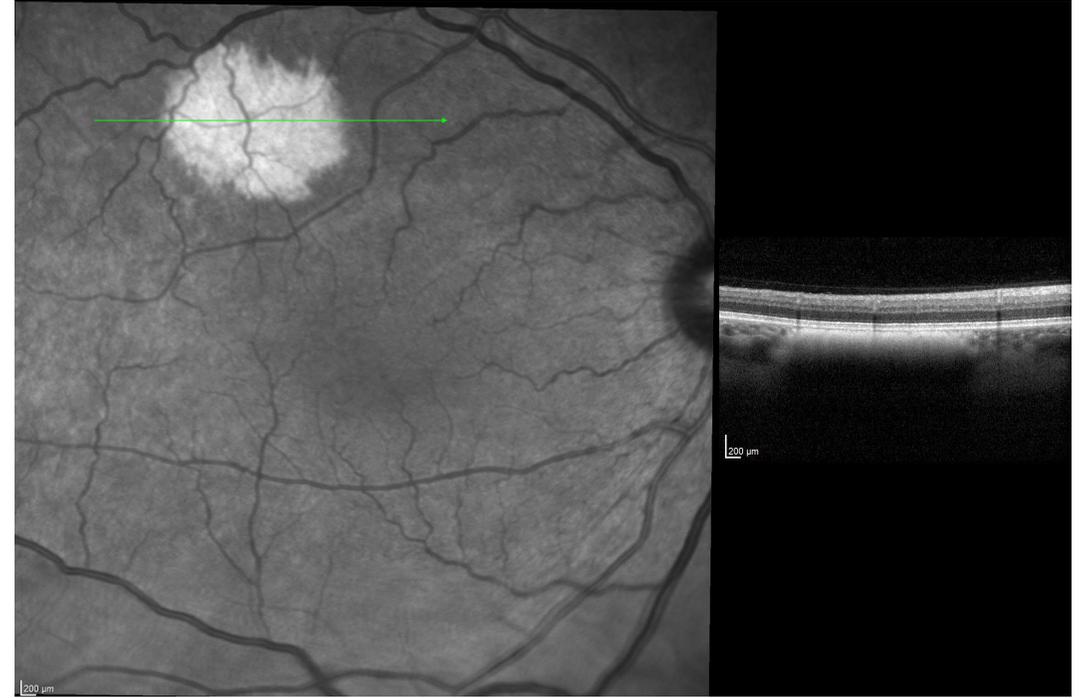
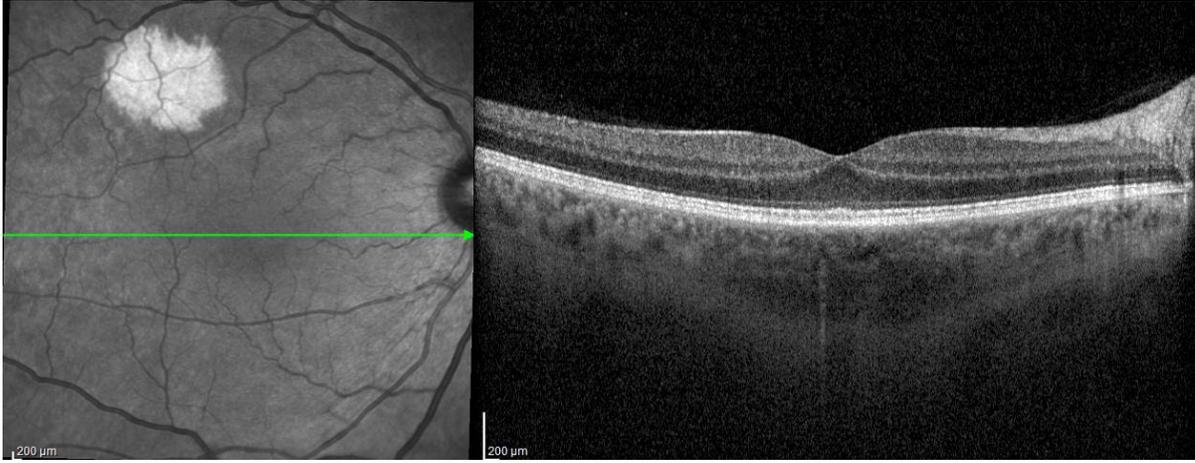


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Fundus





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

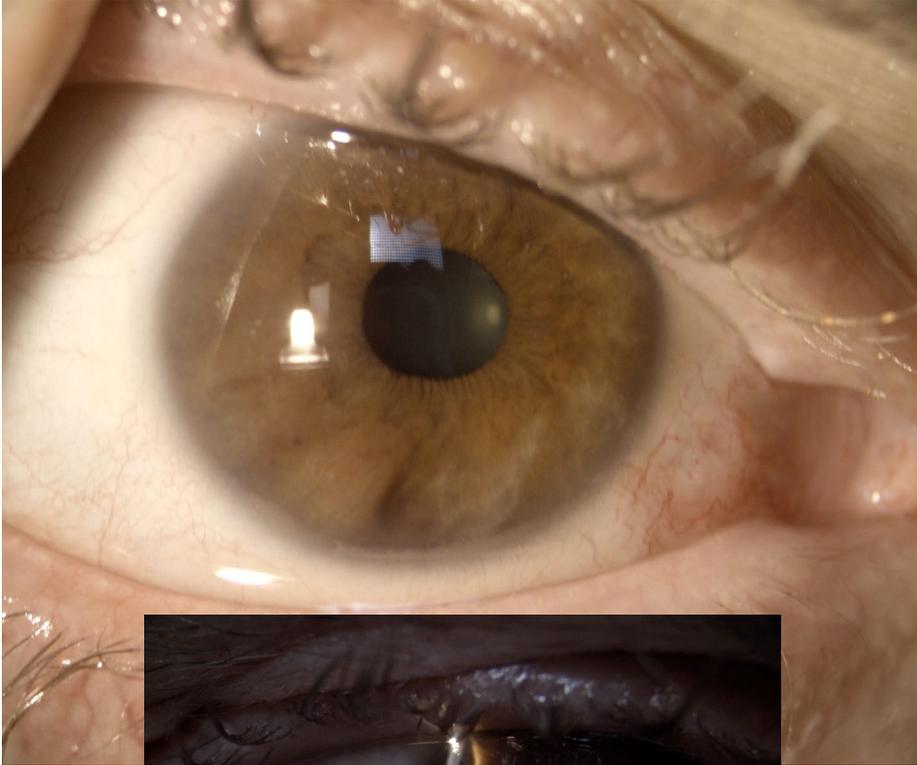
- Desametasone 2% collirio ogni ora nelle ore di veglia
- Tropicamide+fenilefrina collirio 3 volte al giorno
- Ristadiazione sistemica
- Attesa per chemioterapia sistemica Vs intravitreali di MTX



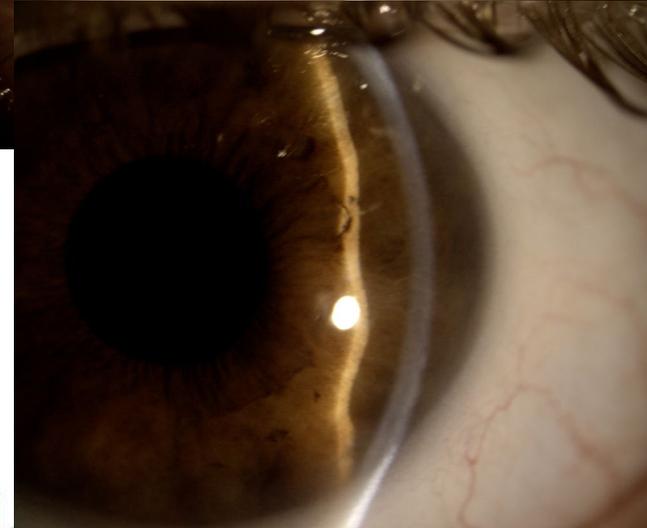
Segmento anteriore

07.02.24

Visus OD
8/10

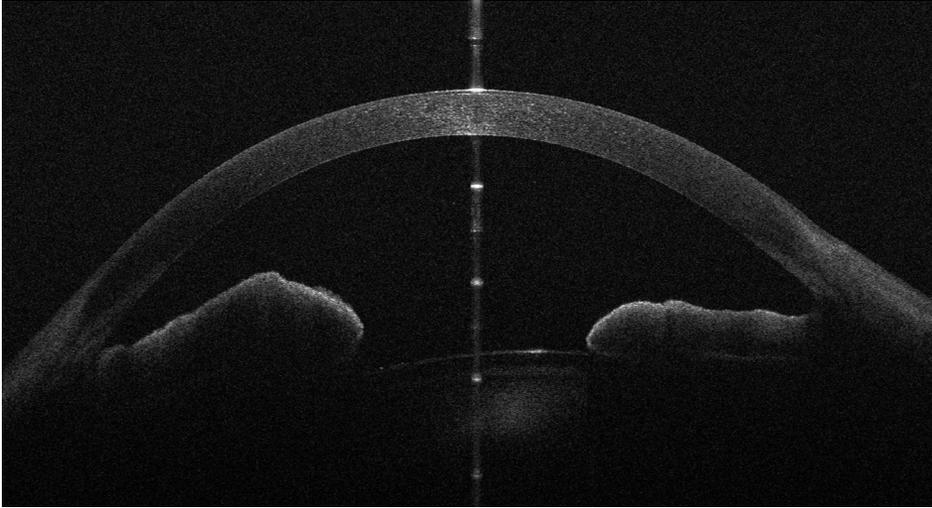


Visus OS
9/10

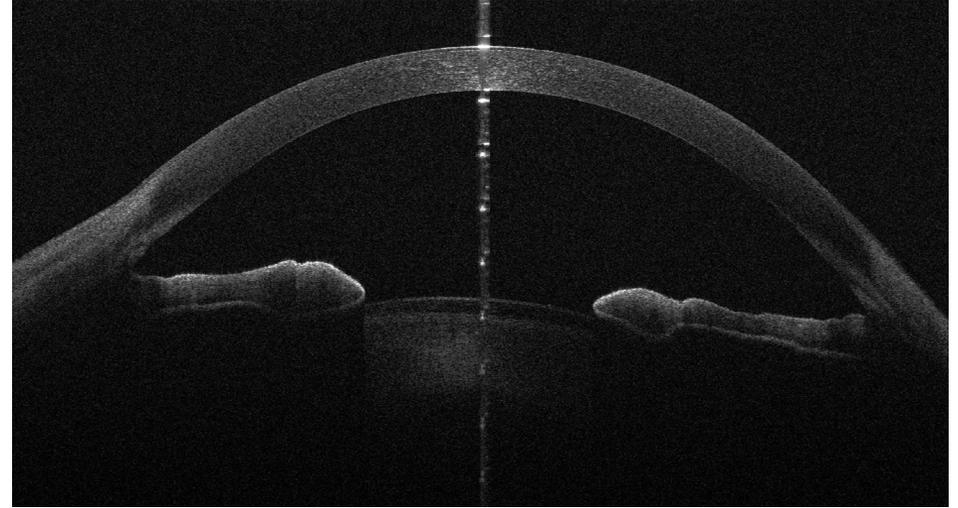


SA-OCT

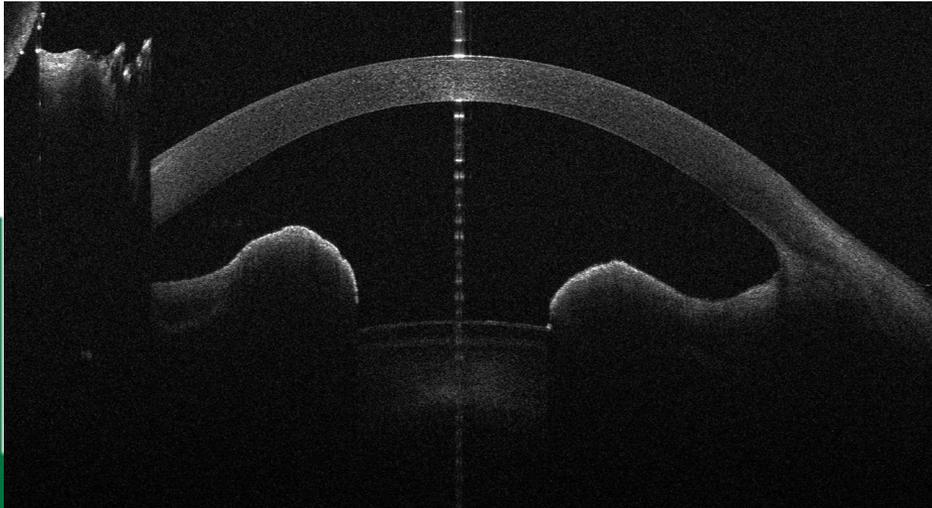
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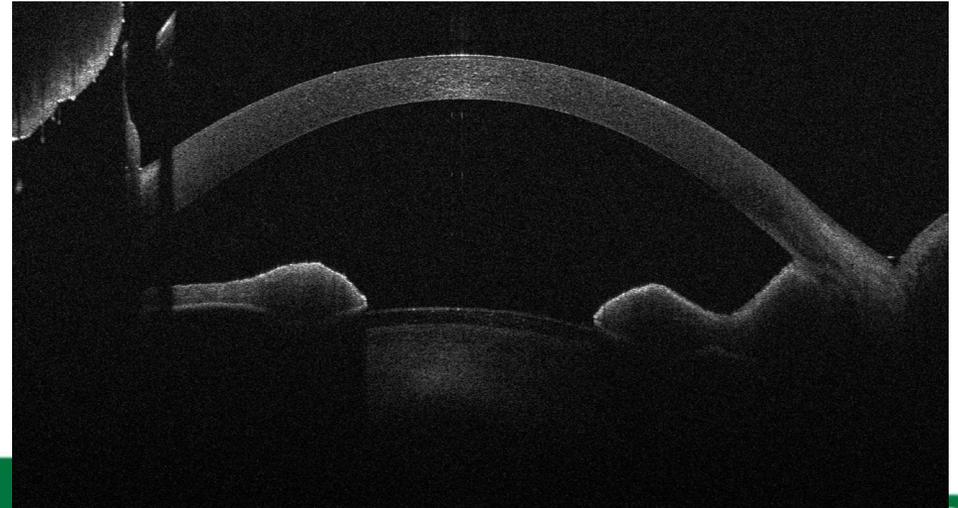
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Gestione

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

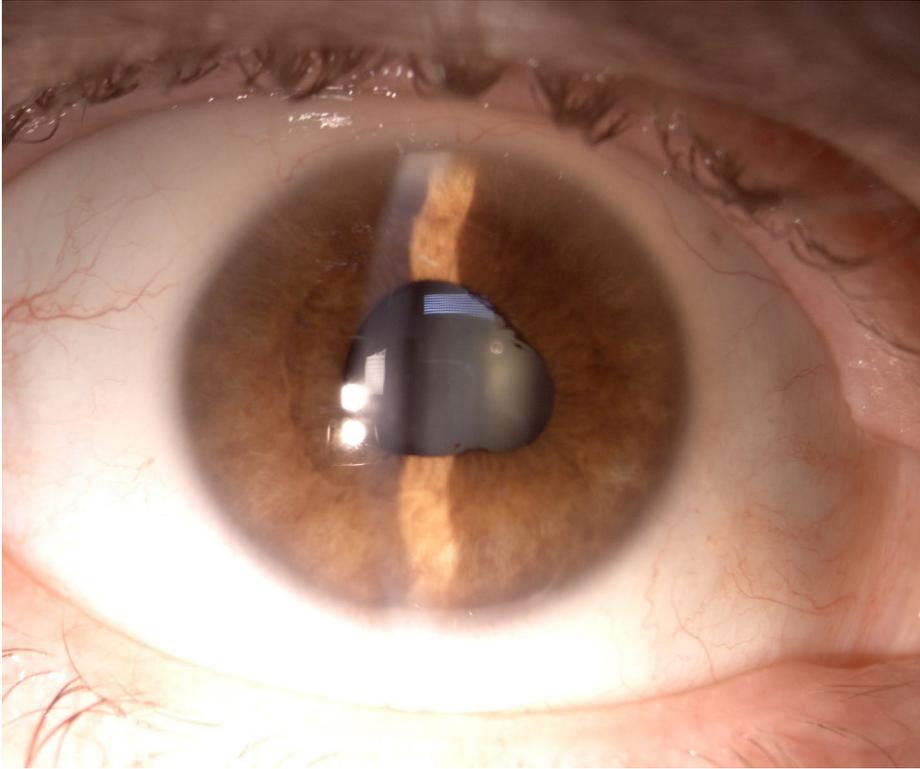
15.02.2024-17.02.2024 Chemioterapia sistemica «bridge» a CAR-T



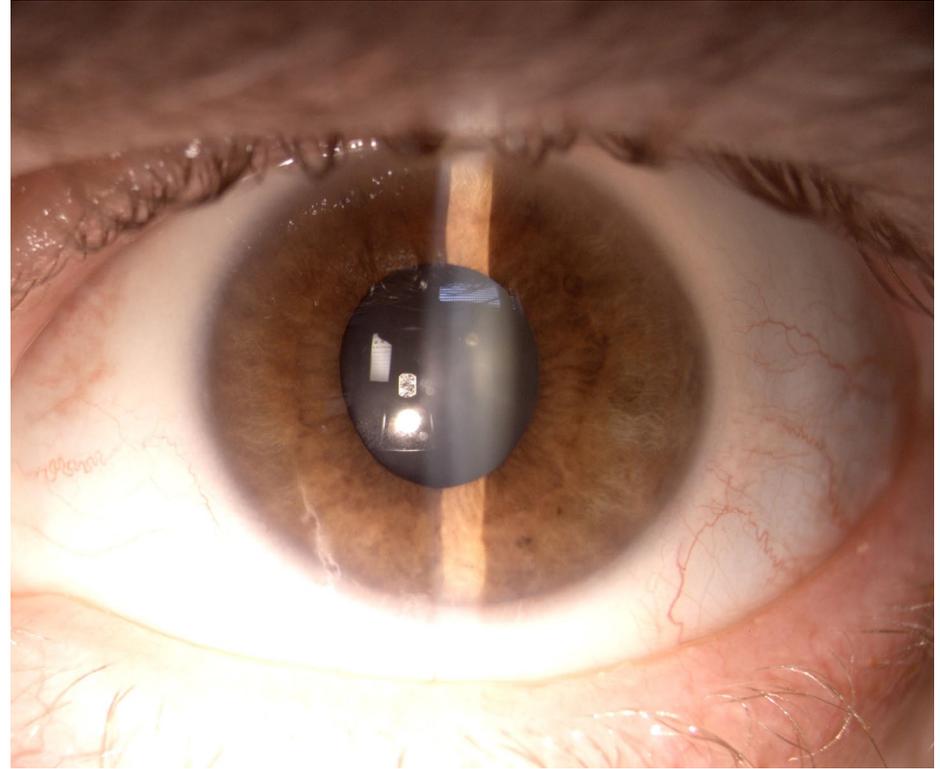
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20.02.24

Visus OD
10/10

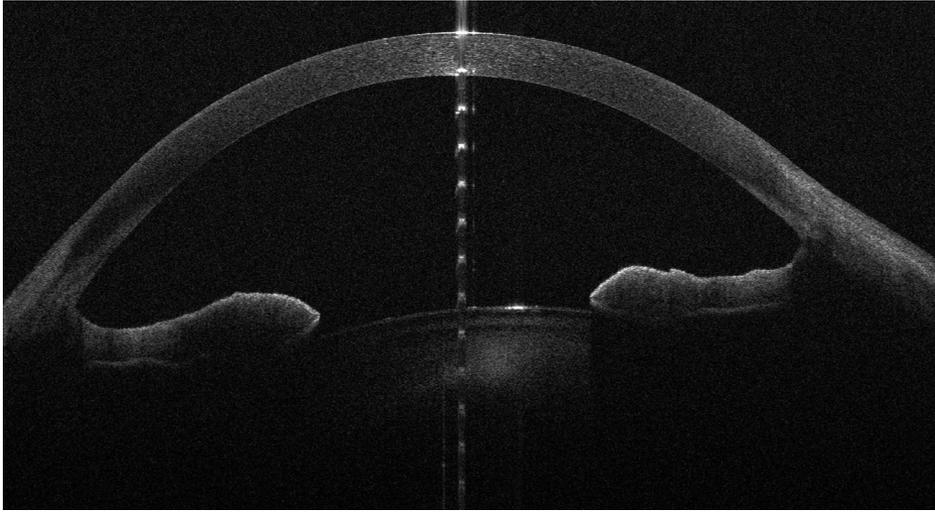


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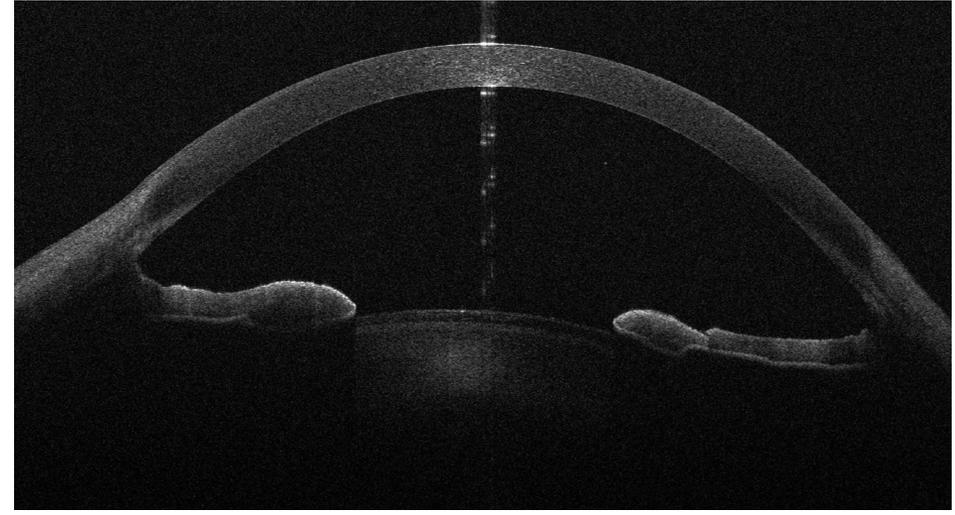


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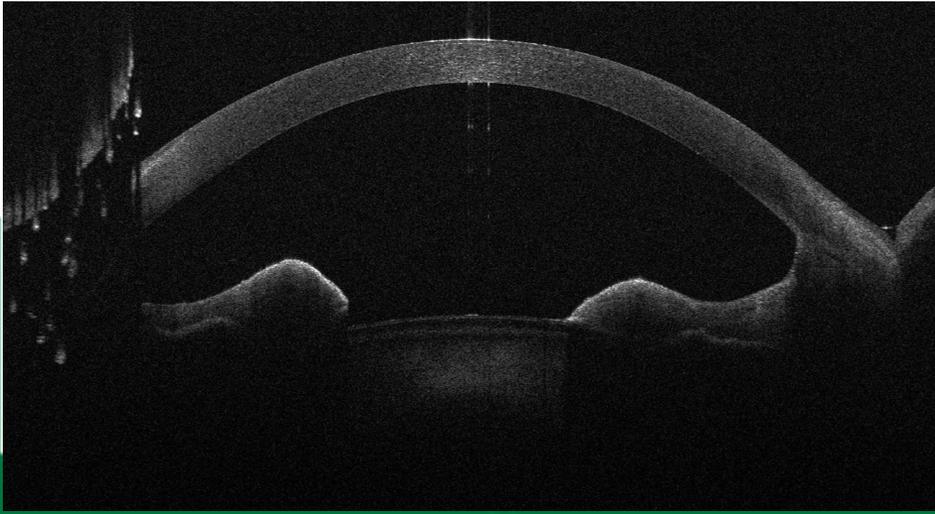
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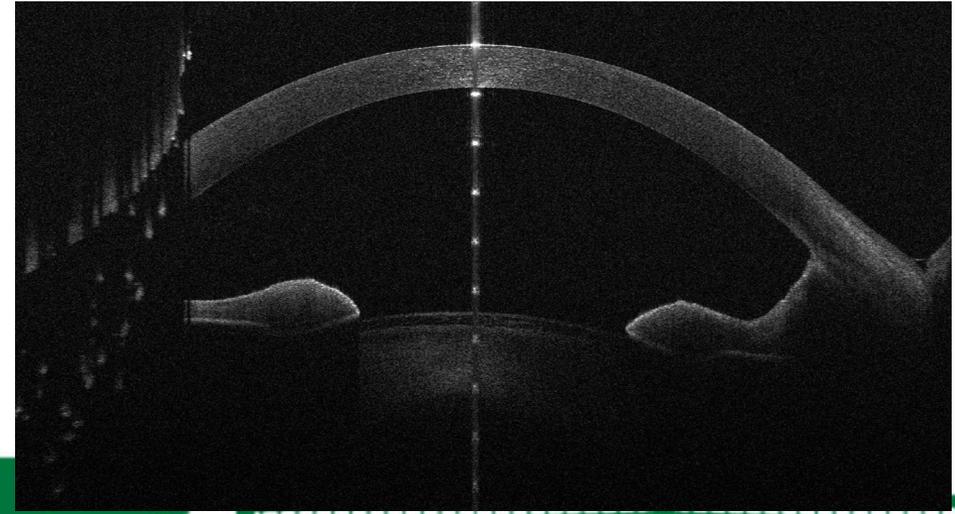
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Gestione

In Attesa di CAR-T anti CD-19

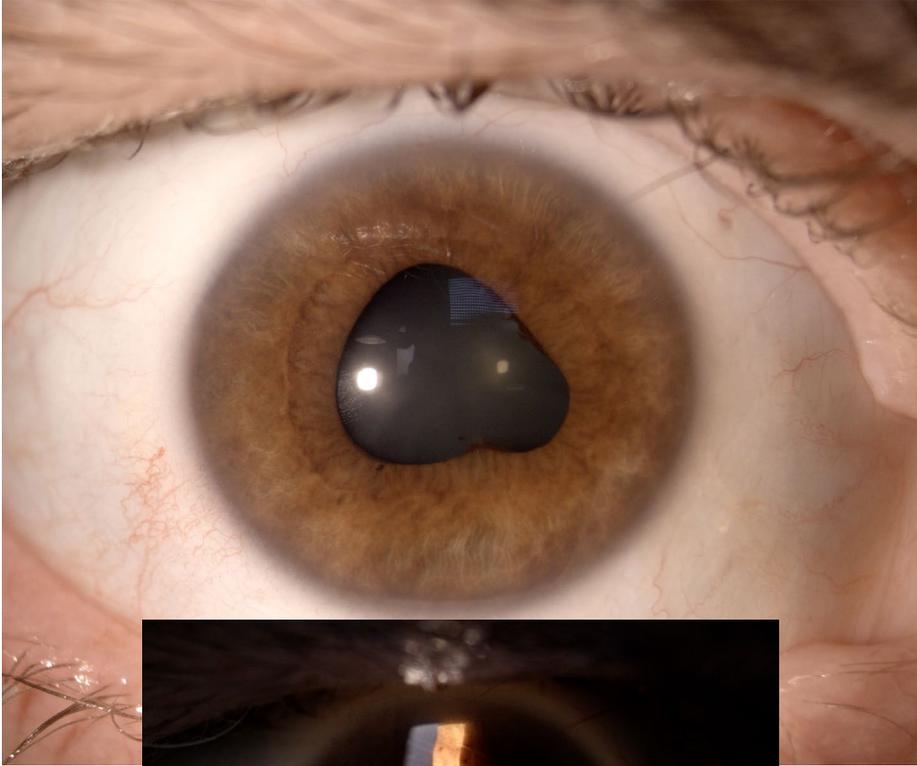
Ottima risposta locale → terapia steroidea topica 6 volte al giorno



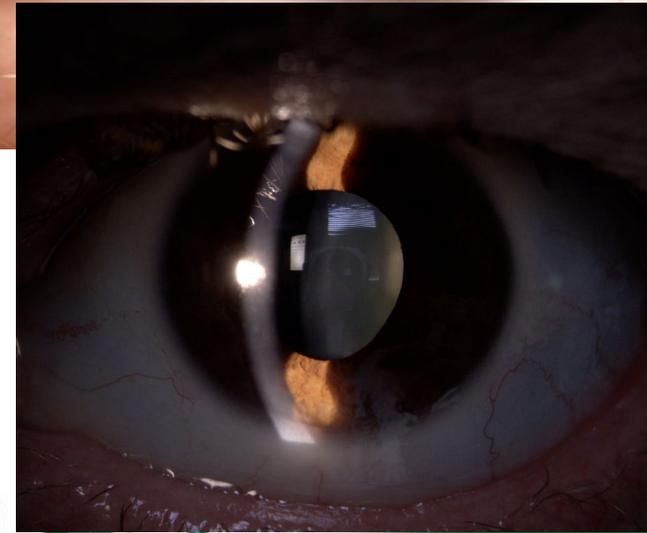
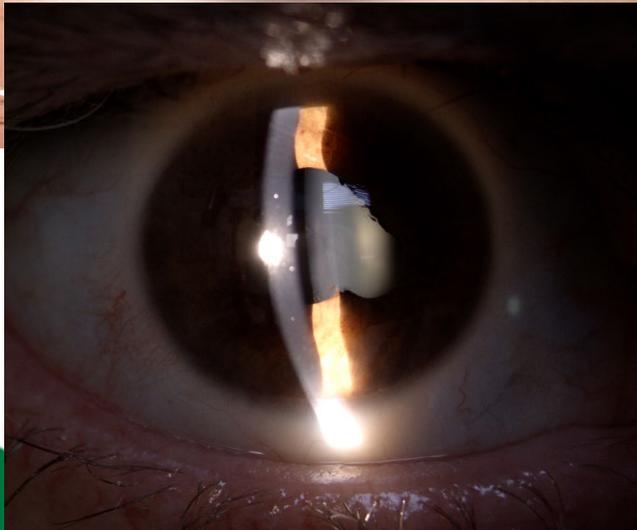
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05.03.24

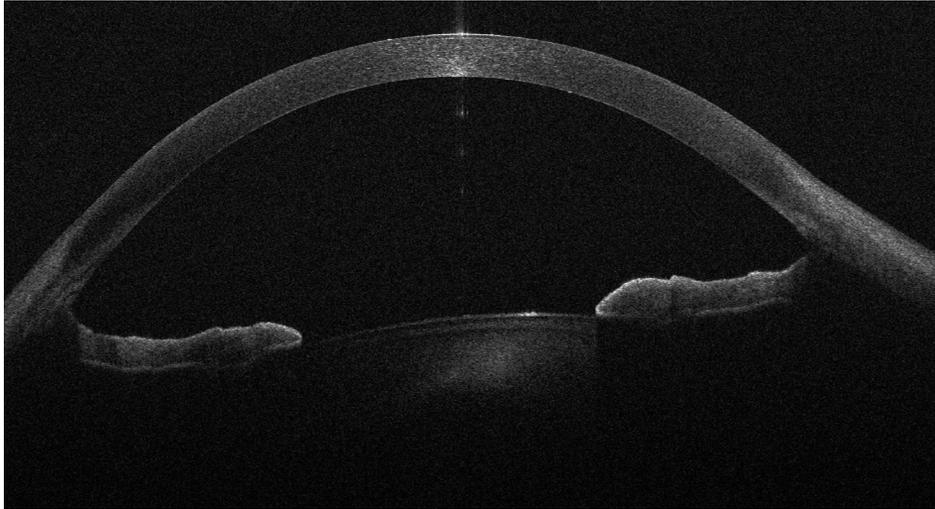
Visus OD
10/10



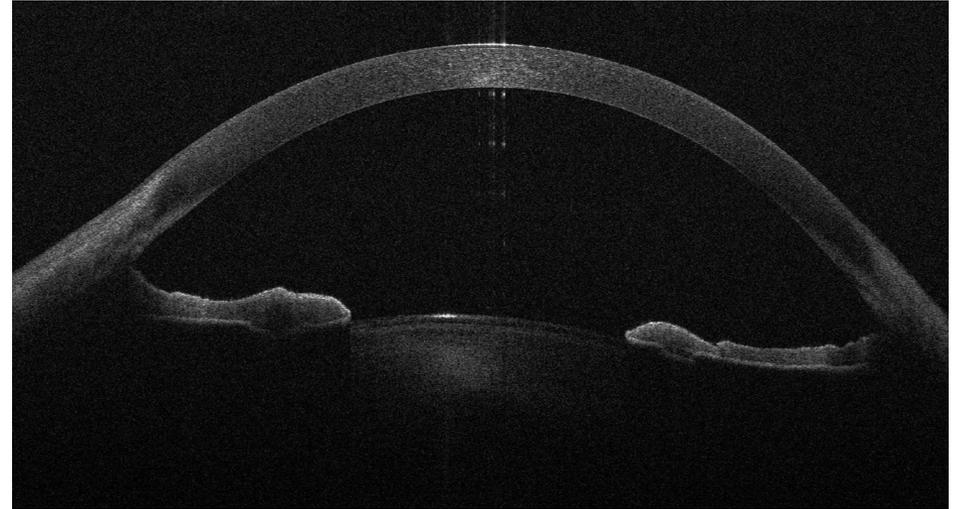
Visus OS
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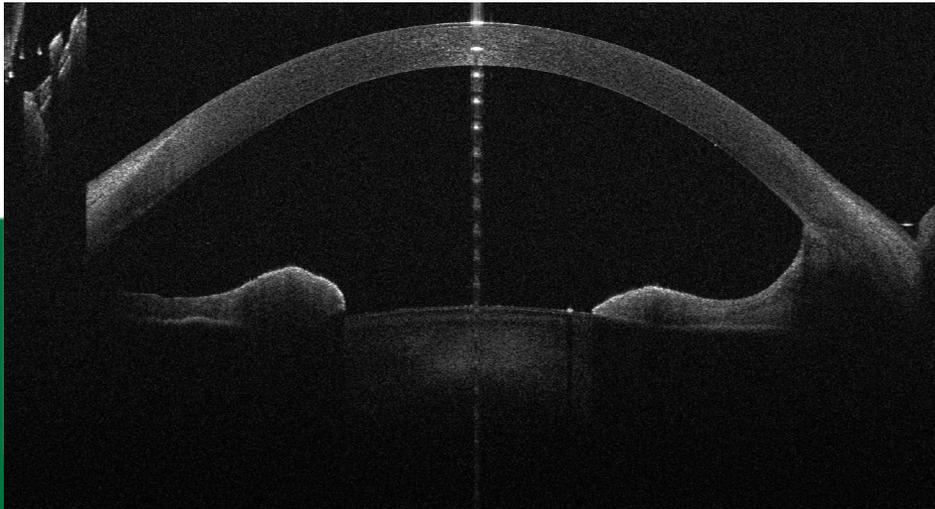
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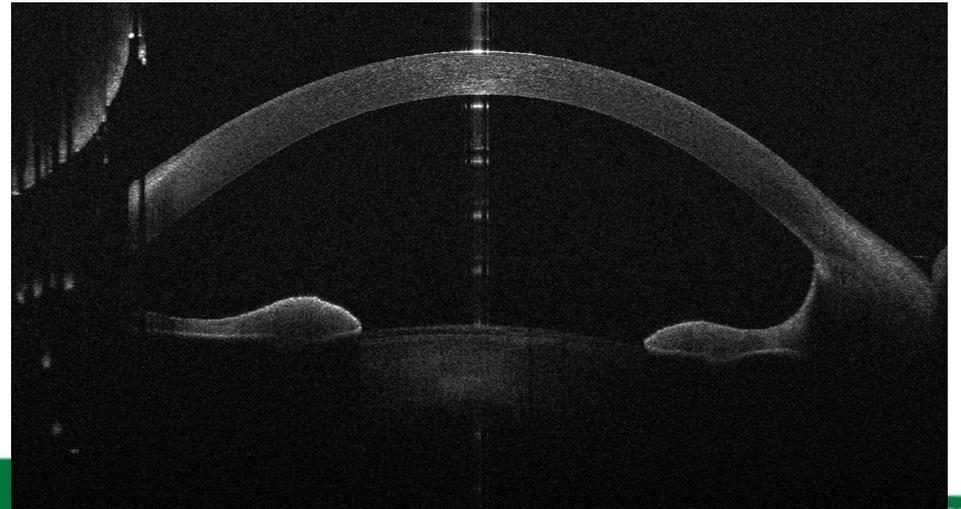
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Gestione

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

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



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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

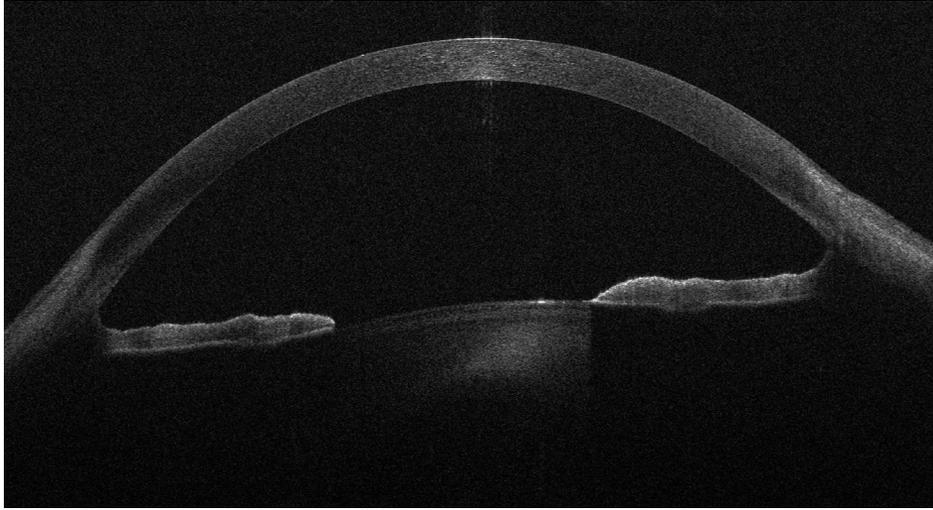
Visus OD
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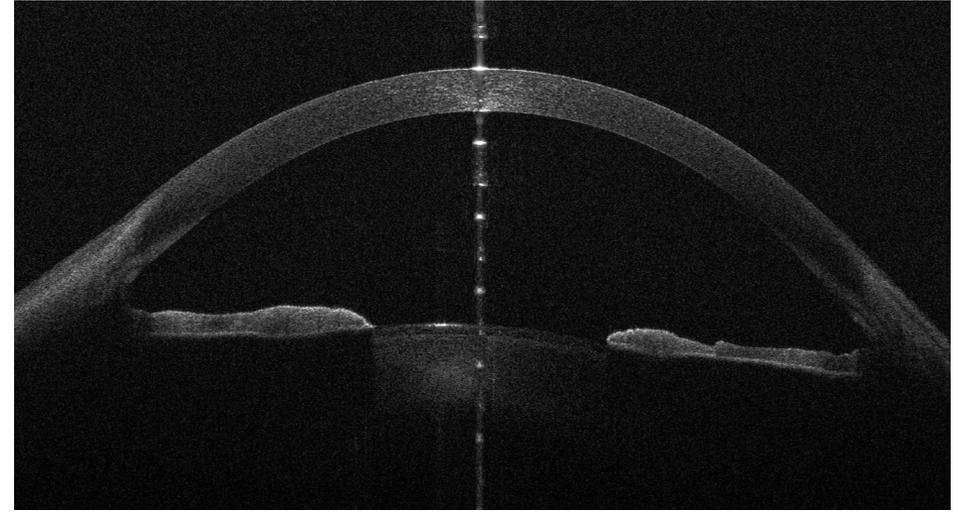
Visus OS
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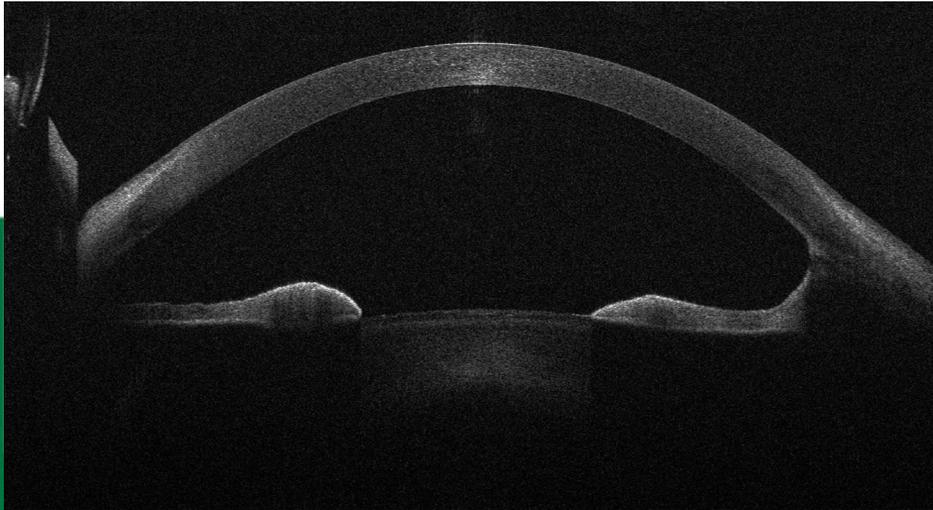
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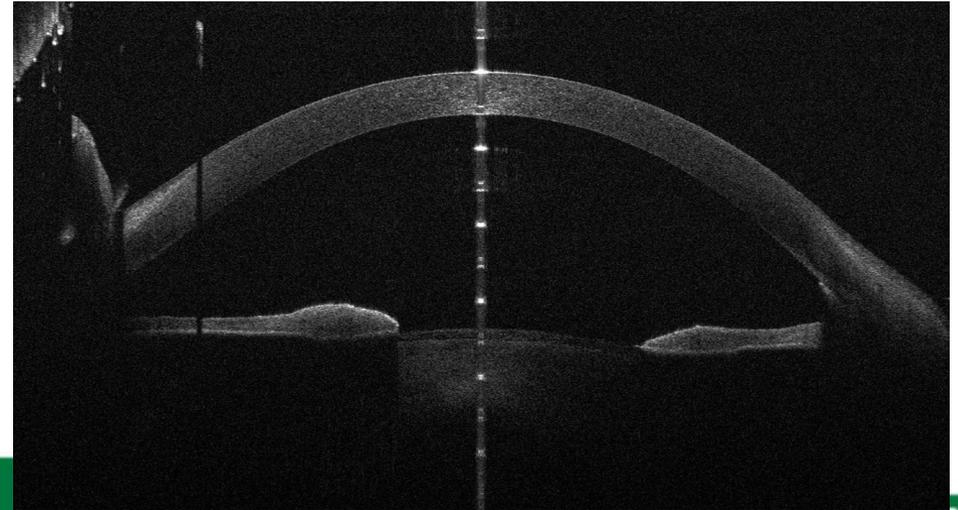
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Gestione

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

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

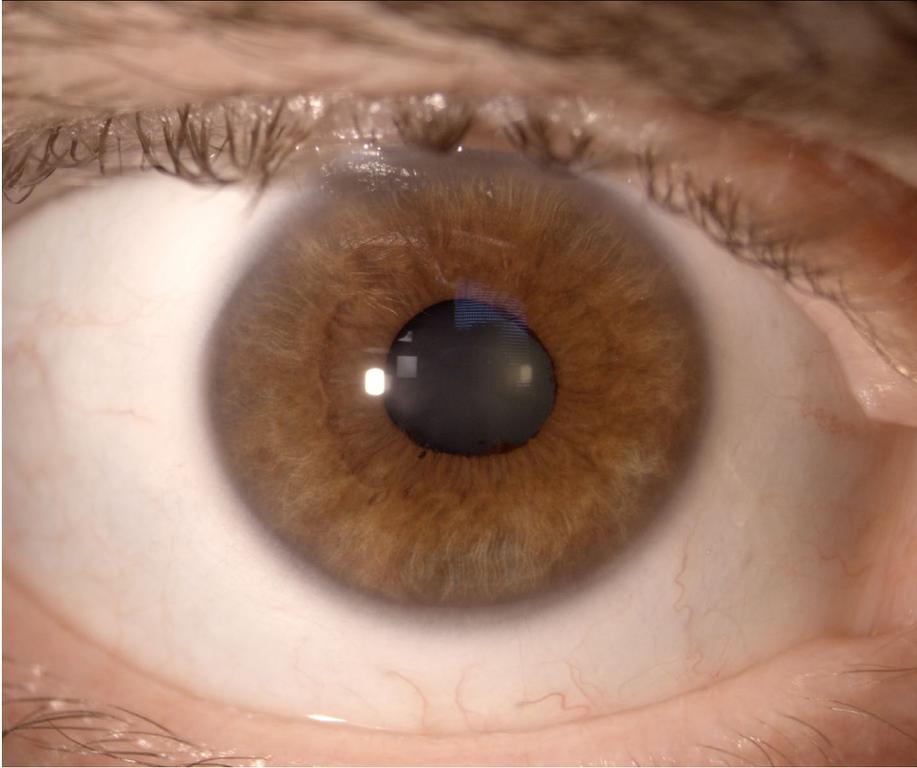
Candidato a trapianto allogenico per consolidamento



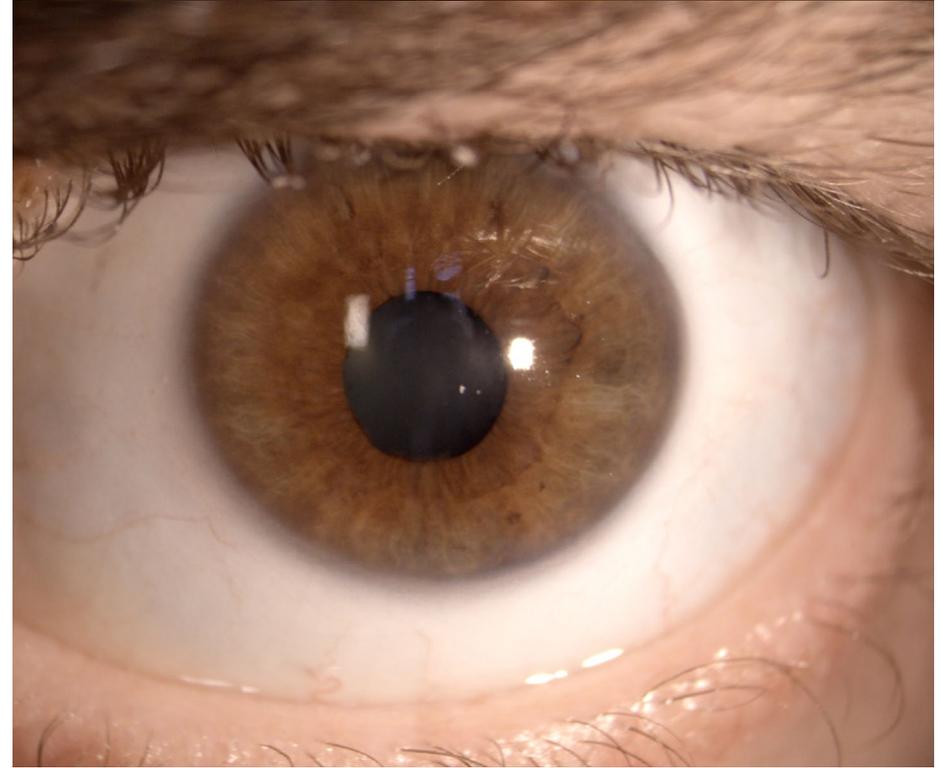
Segmento anteriore

22.05.24

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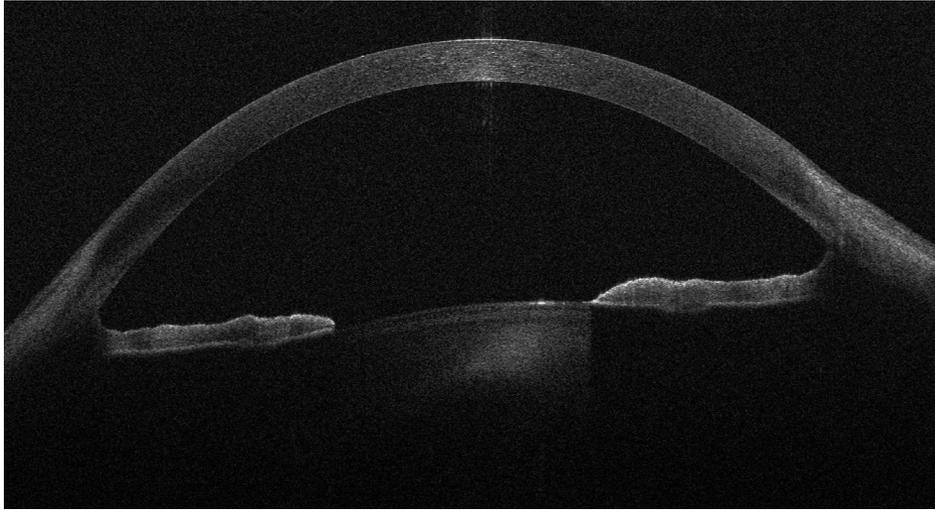


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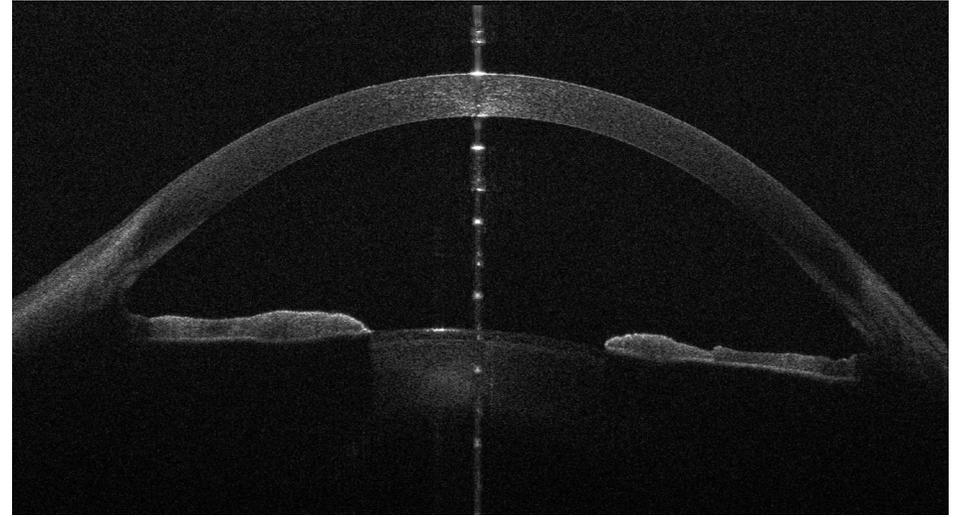


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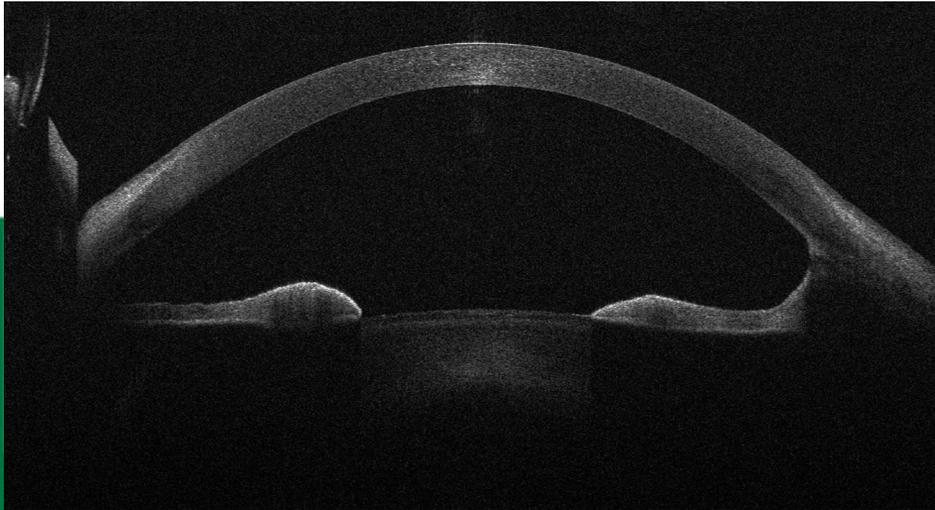
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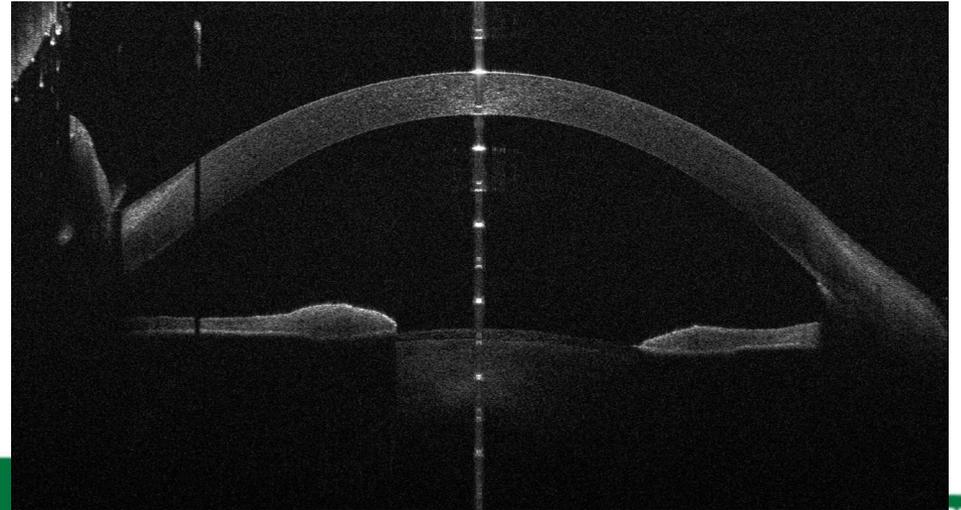
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Take home message

Gestione multidisciplinare e multicentrica

Analisi della letteratura

Customizzazione del trattamento



Ringraziamenti

UOC Ematologia 1



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