**Title**

**Choroidal metastasis as a presenting feature of lung cancer in a patient presenting with sudden onset bilateral loss of vision - A Case Presentation.**

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**ABSTRACT**

**Background:**Choroidal metastases are a rare manifestation of lung cancer. The incidence from lung cancer is 2%-6.7% with a prevalence of symptomatic choroidal metastasis under 3%1,2. They have a significant impact on vision, even loss of vision and bilateral presentation. Overall prognosis is poor with survival time from diagnosis of choroidal metastases to death being between 0.5 to 47 months. It is important to suspect choroidal metastases as the initial presentation of underlying malignancy, needing thorough systemic evaluation, especially with smoking history or pre-existing lung conditions.

**Case Report:**We present a 61-year-old woman with COPD with a 50-pack year smoking history who presented to the accident and emergency with sudden onset loss of vision. Also known to have a tight stenosis of left subclavian artery just distal to its origin.

Ophthalmic examination showed vision of no perception to light in both eyes. Fundus examination revealed suspicious multiple choroidal metastatic lesions in both eyes with left large exudative retinal detachment and optic nerve involvement from the metastases. Possible optic nerve involvement in the right eye or cortical involvement from brain metastatic disease. Chest X-ray showed a very bulky right hilum. Due to the suspicion of a lung malignancy she had a CT which showed a 30mm right hilar mass with lymphangitis extending into the right upper and middle lobes, early changes in the right lower lobe and a small right-sided pleural effusion.  The Tumour was encasing the right main bronchus and extending into the mediastinum with mediastinal lymphadenopathy. There were omental and peritoneal tumour infiltration with multiple small retroperitoneal nodes.

She later developed a blue pulseless left upper limb. Vascular opinion was a suspicion of tumour spread worsening her already poor baseline blood supply from stenosis of the left subclavian artery at the origin. She had palliative supportive care by the palliative care team.

Ten days after admission and diagnosis, she developed hypoxia, new chest signs and left sided consolidation. In spite of management of chest infection, she unfortunately died four days later. We were unable to get tissue diagnosis as she was unfit for a biopsy throughout hospital stay.

**Conclusion:**Bilateral sudden onset loss of vision can be a presenting symptom of choroidal metastases from a previously undiagnosed primary malignancy. This case report highlights an uncommon presentation that needs prompt and thorough multidisciplinary assessment as this can lead to a diagnosis of a life limiting malignancy.