The Eye Lid and Anemia

Case Presentation
PE in 8/2011

- Retired RN here for her PE
- Had several concerns including her eye allergies and drooping eye lids.
- Noted that she had anemia in the last year. Was iron deficient and had a colonoscopy and endoscopy completed. No evidence for sprue. Polyp was removed. Stated that she felt fine.
- PMHx: quit smoking 20 yrs ago, osteoporosis
- PSHx: Tubal ligation
- Medication: Tums, vitamin, Metamucil
- SHx: married, retired, drinks two drinks a week.
- FHx: CVA, HTN and Hyperlipidemia
- VS 126/50, pulse 90, resp 16, height 5’ 3”, 103 lbs – she had lost 6 pounds.
- Skin pale- she did not feel that she looked pale.
- No nodes, heart was regular rate and rhythm, lungs were clear, and otherwise normal exam.
- Plan - labs, including iron and TSH. Discussed eye symptoms.
- Labs: Hbg 9.9, Hct 33, MCV 78, WBC 6.2, and plt 442
- TSH normal, iron 16, TIBC 271, Retic 17
- Reviewed finding with her. She wanted to take iron and follow up. She had travel plans and did not want to see a specialist. Discussed my concerns with this. Did set up Heme consult.
Iron improved her counts and then she stopped the iron. She continued to state that she felt fine.

She had a heme consult done. They recommended further GI evaluation with an capsule endoscopy. They also gave her a transfusion.

Endoscopy showed 2 very small arteriovenous malformations with no active bleeding.

Initial exam done by Plastics noted a drop in her HCT. They called me. They were ok with doing the surgery but wanted me to be aware of the anemia.
Surgery took place.
Ocular Adnexal Lymphomas

- 2% of all non-Hodgkin lymphomas
- 8% of extranodal lymphomas
- 80% are MALT lymphomas
Ocular Lymphoma

- MALT lymphomas are B cell lymphomas
- Can be found in stomach, salivary gland, lung, small bowel, thyroid as well as ocular sites
- Female predominance
- Can be known as a pseudo lymphoma because it can remain localized to the tissue for a long time before spread.
Clinical Features

- Depends on site of lymphoma- peptic ulcer or abd pain, Sicca or Sjogrens syndrome or mass at the site.

- 30% are in the marrow at diagnosis.

- Evaluation of the stomach should be part of initial staging for non GI MALT.

- Her presentation on a PET scan showed diffuse disease and abdomen chest and bone marrow
Disease Associations

- Autoimmune disorders- Sjogrens, relapsing polychondritis and Hashimotos thyroiditis.

- Helicobacter pylori- lots of evidence for B cell expansion with chronic gastritis. Antigens drive B cell proliferation which can evolve to monoclonal lymphoma.

- Chlamydia psittaci – esp with ocular adnexal marginal zone lymphoma. Italy with 80% of their cases. Treatment with doxycycline.

- Campylobacter jejuni – Mediterranean lymphoma that primarily occurs in young adults in Middle East and Africa.
TREATMENTS

- Radiotherapy – difficult with the eye disease with ischemic retinopathy and ulceration.
- Chemotherapy - CHOP
- Radioimmunotherapy – ibritumomab,
- Immunotherapy - rituximab
- Prognosis – 5 year survival is 55-79 percent. Ocular adnexal MALT is generally good.
- She is 2 years out and is on maintenance rituximab.
References


• Freedman AS. UpToDate®, 2013. Clinical manifestations, pathologic features and diagnosis of extranodal lymphomas.