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Dislocated Crystalline Lens Mimicking Metastatic Endometrial Cancer

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A 59-year-old female with history of metastatic endometrial cancer and homocystinuria, was referred for evaluation of a 9mm×6mm intraocular mass located in the posterior pole of the right eye detected on head MRI. She was asymptomatic in that eye and had poor vision in the left from idiopathic CNV. Slit-lamp photograph of the right eye showed an inferior, anteriorly-located white mass in the posterior segment visible behind her posterior chamber intraocular lens (Fig 1A). B-scan ultrasound revealed a posterior mass with highly-echogenic foci associated with an inferior retinal detachment (Figure 1B). Dilated examination confirmed a posteriorly dislocated crystalline lens and inferior rhegmatogenous retinal detachment- complications from homocystinuria, not metastatic endometrial cancer.¹ Note the lesion's position-dependent changes in location between the different imaging modalities. These dynamic and acoustic properties on B-scan may be helpful in differentiating a dislocated lens from intraocular tumor when there is no direct view of the fundus.²

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Figure 1. "Pseudotumor" in a patient with homocystinuria

A slit-lamp photograph shows a white mass behind the PCIOL(A). The B-scan shows a posteriorly-located mass with high echogenic signal in its outer aspect (B) sitting on the detached retina.