

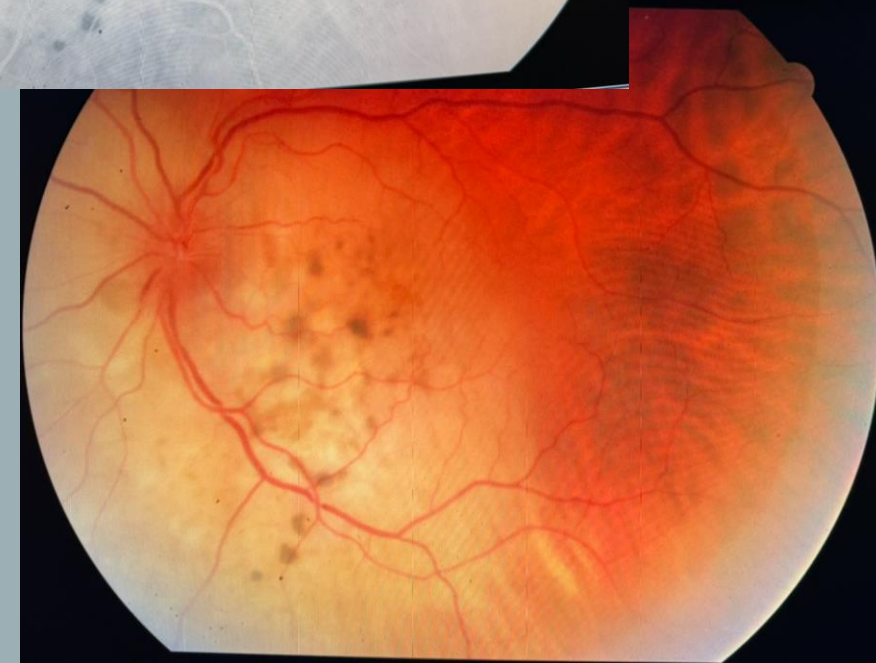
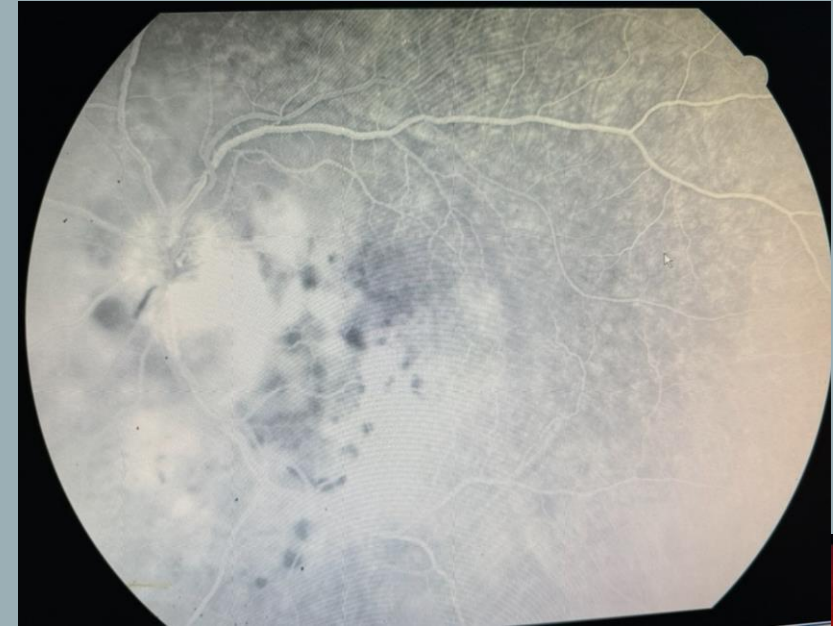
DIMINISHED VISION: UNCOVERING LATE-STAGE CARCINOMA

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Objective: To underscore the essential collaboration between ophthalmologists and other medical specialties in diagnosing a late-stage carcinoma.

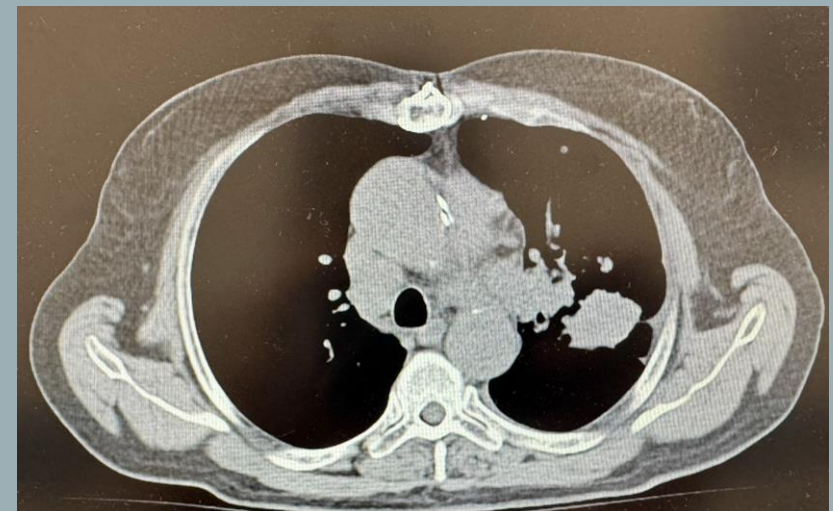
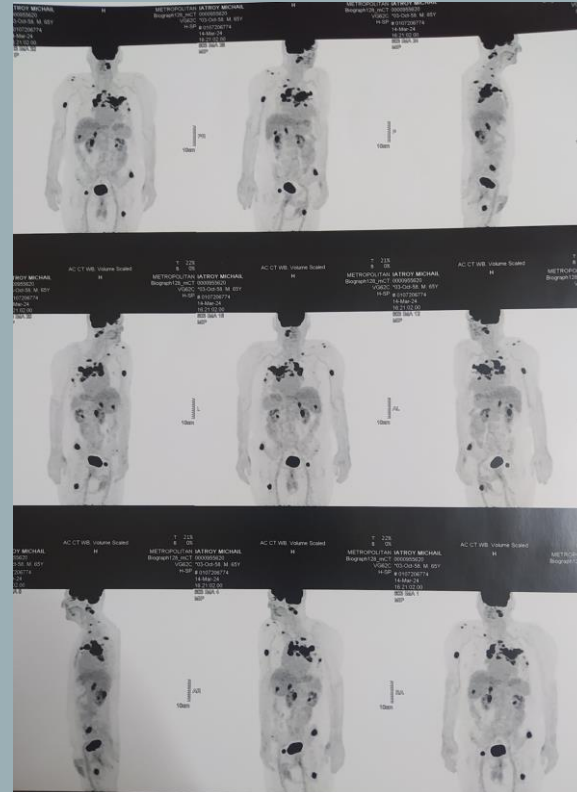
Methods: A 62-year-old male presented with a ten-day history of diminished vision and a persistent cough over the past month. Despite no prior medical concerns beyond hypertension, the pursuit of underlying issues was prompted by the combination of symptoms. Visual acuity in his right eye was significantly reduced to 1/10. The fundoscopy revealed a serous retinal detachment with pigmented stains. Concurrently, a chest X-ray, prompted by the persistent cough, incidentally detected a lesion in the right upper lung. Subsequent thoracic computed tomography revealed multiple lesions scattered across the right upper lung parenchyma and spine. Fluorescein angiography displayed no evidence of fluid leakage during both early and late stages of examination. Further investigation via bronchoscopy with bronchoalveolar lavage and biopsy confirmed the diagnosis of the primary site of lung adenocarcinoma. The PET scan revealed widespread metastases throughout the entire body.



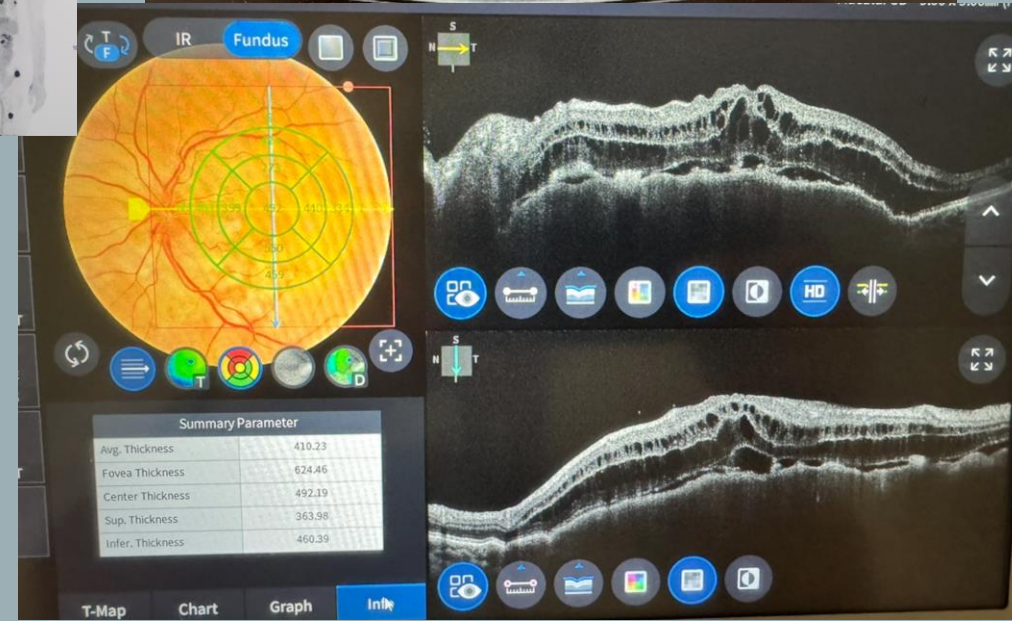
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Results: Prompt admission to the respiratory department facilitated comprehensive management of the advanced lung adenocarcinoma. Treatment discussions included options such as chemotherapy, radiation therapy, and targeted therapy, with consideration given to the extent of metastasis revealed by the PET scan.



Conclusions: Ophthalmic findings, in conjunction with systemic investigations, played a pivotal role in identifying late-stage carcinoma. It underscores the importance of a thorough and interdisciplinary approach in patient care.



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