

Iris metastases from systemic cancer: a report of three cases

Metástase de íris de câncer sistêmico: relato de três casos

Dear Editor:

We have read with interest the article titled "Iris metastases from systemic cancer: a report of three cases"⁽¹⁾. We would like to commend the authors of this article for exploring this very important topic.

Uveal metastasis is the most common form of intraocular malignancy; however, the high incidence of eye metastasis is not often realized, as patients with widespread systemic cancer rarely undergo detailed ocular examinations⁽²⁾. Unfortunately, in Bosnia and Herzegovina we do not have autopsy-based studies in Bosnia and Herzegovina as autopsy is not required in this country. We agree with the authors that many patients have never been examined by an ophthalmologist because they have no visual complaints or systemic advanced disease. We often see ocular signs and symptoms as the first manifestations of metastatic cancer. Generally, the diagnosis of ocular metastasis is often difficult in developing countries. Our initial ophthalmic examination includes slit-lamp biomicroscopy and indirect ophthalmology. Furthermore, we perform ocular ultrasound, CT, and magnetic resonance imaging. Unfortunately, biopsy is still not the standard method for final diagnosis. The survival of pa-

tients with iris metastasis is likely related to the pathological stage of the disease, which is why we feel it is necessary to perform biopsies.

It is necessary to establish guidelines to determine the appropriate treatment, procedure, and/or technique to achieve the best possible results. It will also be necessary to develop methods for safe biopsy of suspicious lesions on the iris. Following the diagnosis of iris metastasis, treatment decisions typically depend on tumor size, location, and growth patterns as well as a multidisciplinary team approach to cancer management.

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