



Where does leukemia rank among childhood malignancies in terms of incidence?





Where does leukemia rank among childhood malignancies in terms of incidence? It is #1 by a mile





Where does leukemia rank among childhood malignancies in terms of incidence? It is #1 by a mile

Leukemia accounts for what proportion of childhood malignancies?





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Leukemia accounts for what proportion of childhood malignancies? About 1/3





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How many new cases of childhood leukemia occur every year in the US?





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How many new cases of childhood leukemia occur every year in the US? About 4000





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How many new cases of childhood leukemia occur every year in the US?

**About 4000** 

To put this in perspective: How many new cases of retinoblastoma are there every year in the US?





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How many new cases of childhood leukemia occur every year in the US?

#### **About 4000**

To put this in perspective: How many new cases of retinoblastoma are there every year in the US?
Only 200-300 or so





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Re its histology: Does pediatric leukemia tend to be lymphocytic, or myelogenous?





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Putting it all together, what sort of leukemia occurs in most pediatric cases?





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My way to remember that ALL is **the** pediatric leukemia: I think of ALL as standing for 'Adults Least Likely'



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In contrast, the common form in adults is acute *myelogenous* leukemia, AML = 'Adults Most Likely'





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Is ophthalmic involvement common in leukemia?





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# Q

#### **Pediatric Leukemia and the Eye**



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Clinical involvement of which ophthalmic structures is common?

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The deal is this: Being the most vascular structure in the eye, it should come as no surprise that the choroid is the structure most likely to be involved with a hematologic malignancy. That said...





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If choroidal involvement isn't clinically apparent, how on earth are you supposed to know it's present?

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If choroidal involvement isn't clinically apparent, how on earth are you supposed to know it's present?

It will manifest on ultrasonography\*

\*OC7

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\*OCT is likely correct as well, but my Academy source only mentions ultrasound





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If choroidal involvement isn't clinically apparent, how on earth are you supposed to know it's present?

It will manifest on ultrasonography as diffuse thickening

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Leukemia: Choroidal thickening on b-scan





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OK, smart guy, which structure is clinically involved most frequently?

clincially

Which structure is most commonly affected, by leukemia?





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- --The retina
- --The optic nerve
- -- The vitreous?

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Which structure is mos





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- --The optic nerve
- -- The vitreous? No!

Which structure is mos

The vitreous isn't on the list. Is it like the choroid, ie, commonly involved but clinically inapparent?

No, just the opposite—vitreous involvement is very rare in leukemia



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- --The anterior chamber
- --The iris
- --The retina! Next, we will drill down on retinal involvement in leukemia
- -- The optic nerve

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Which structure is most commonly affected, by leukemia? The retina



- Pediatric leukemia and the eye
  - Retinopathy common than in adult leukemics



- Pediatric leukemia and the eye
  - Retinopathy less common than in adult leukemics

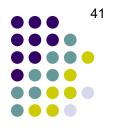


- Pediatric leukemia and the eye
  - Retinopathy less common than in adult leukemics
  - Most common eye finding:



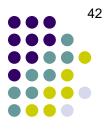


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What is the mechanism by which retinal hemorrhages come to pass?



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What is the mechanism by which retinal hemorrhages come to pass? The interplay of three derangements produced by the leukemia:

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What is the mechanism by which retinal hemorrhages come to pass? The interplay of three derangements produced by the leukemia:

- --Anemia
- --Vascular occlusion
- --Thrombocytopenia



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    - Can be

specific appearance



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    - Can be white centered (aka)

eponym



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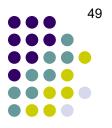


Retinal hemorrhages in leukemia (Full disclosure: I don't know if these are kids)



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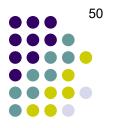
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What is the DDx for Roth spots?
--Leukemia (duh)
--?
--?
--(There are many others)
```



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#### What is the DDx for Roth spots?

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- --Subacute bacterial endocarditis
- --Anemia
- --Endophthalmitis
- --(There are many others)



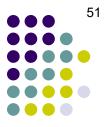
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Of these, which is the most commonly cause of Roth spots?

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Note: There is inconsistency across Academy sources with regard to the term *Roth spots*. --Early in the BCSC *Path* book, *Roth spot* and *white-centered hemorrhage* are used interchangeably and are said to occur "in a number of conditions;" later, the term *pseudo-Roth spot* is used to refer to white-centered hemorrhages secondary to leukemia. (Per the master index, *pseudo-Roth spot* appears nowhere else in the *BCSC*.) --The *Uveitis* book uses 'Roth spots' when referring to white-centered hemorrhages secondary to bacterial endophthalmitis, but not when referring to those secondary to leukemia (these are simply termed 'white-centered hemorrhages').

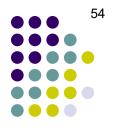
- --The Peds book just says retinal hemorrhages in leukemia "may have white centers."
- --The Academy source *EyeWiki* uses *Roth spot* to refer to white-centered hemorrhages of **any** cause.
- --Puzzlingly, neither *Roth spot* nor *white-centered hemorrhage* appear in the index of the *Retina* book.

What's the correct usage? I dunno. Caveat emptor.



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Is the RNFL the only location at which intraocular leukemic hemorrhages can occur?



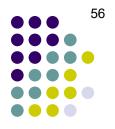
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Preretinal as well as vitreous hemorrhages can also occur. Finally, both

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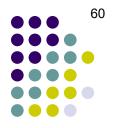


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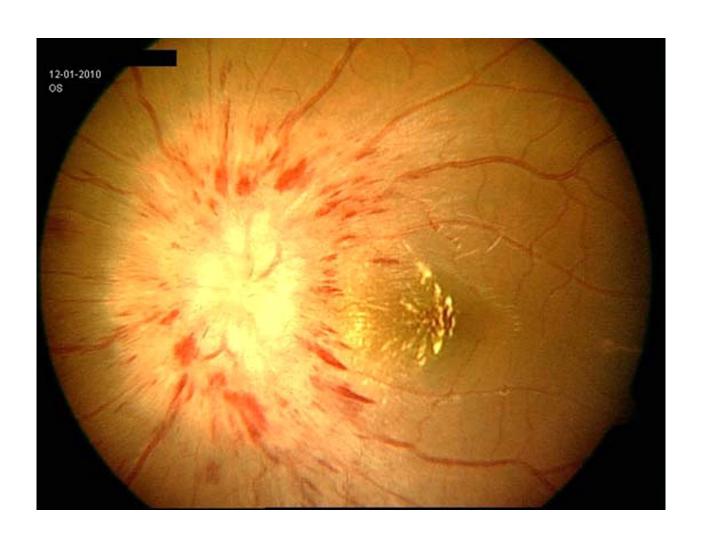


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Leukemia: ONH infiltration (20 y.o. with recurrent ALL)



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       Medical emergency—need emergent radiation therapy\*



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  - Leukemic infiltration of anterior segment can produce:
    - The three H's of anterior segment leukemic infiltration

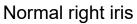




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  - Leukemic infiltration of anterior segment can produce:
    - Heterochromia iridis
    - Hypopyon
    - Hyphema









Left iris: Diffuse thickening, yellowish infiltrate

Leukemia: Heterochromia iridis



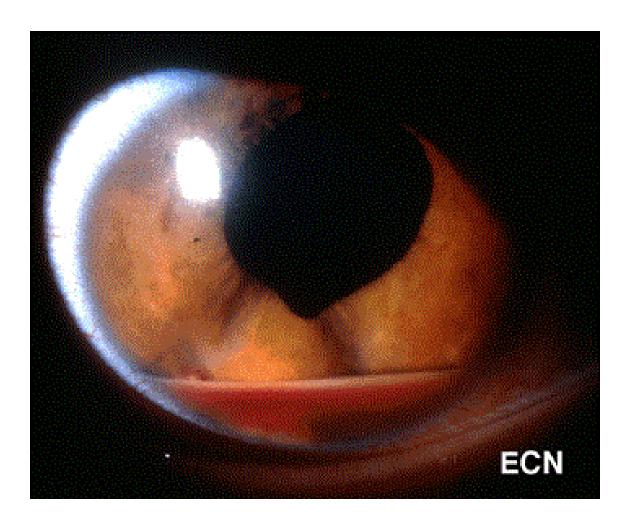


Normal right iris



Recall what was said earlier about leukemic involvement of the choroid resulting in its diffuse thickening...

Leukemia: Heterochromia iridis



Leukemia: Hyphema (with a little hypopyon as well)





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    - Pseudo Is it a hypopyon, or pseudohypopyon?

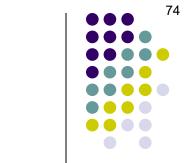
      - Hypopyon?
      - Hyphema

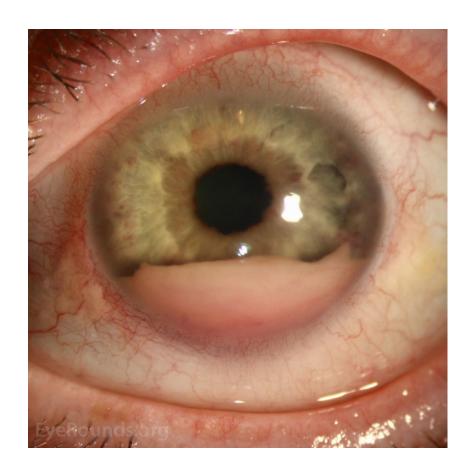




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  - Leukemic infiltration of anterior segment can produce:
  - Pseudo Hypopyon?
    - Hyphema

Is it a hypopyon, or **pseudo**hypopyon? As with Roth spots vs Pseudo-Roth spots vs white-centered hemorrhages, the BCSC is unclear in this regard. Caveat emptor.







With a little hyphema as well

Leukemia: (Pseudo)hypopyon



- Pediatric leukemia and the eye
  - Retinopathy less common than in adult leukemics
  - Most common eye finding: RNFL hemorrhages
    - Can be white centered (aka Roth spots)
  - ONH can be infiltrated: Papilledema-like appearance

Eyes with leukemic manifestations in the anterior chamber are at risk for the development of glaucoma by two separate mechanisms. What are they?

\_\_?

central vision: cur!

- Heterochromia iridis
- **Hypopyon**
- **Hyphema**



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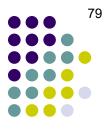
two words can develop

central vision: In therapy

cur!

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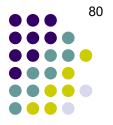
Eyes with leukemic manifestations in the anterior chamber are at risk for the development of glaucoma by two separate mechanisms. What are they?

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central vision: In therapy

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--Tumor cells and/or RBCs can clog the TM, thereby impeding aqueous egress

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and subsequent pupillary-block glaucoma

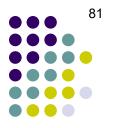
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central vision: in therapy

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If a child (or adult, for that matter) presents with hypopyon, what general sort of condition is likely to top the initial DDx?

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- Hypopyon
- Hyphema

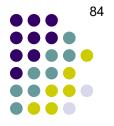




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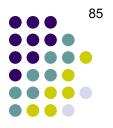
Hypopyon

Hyphema

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What is the general term for the set of conditions that can present like uveitis, but are not infectious/inflammatory (ie, not uveitides)?





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What is the general term for the set of conditions that can present like uveitis, but are not infectious/inflammatory (ie, not uveitides)? Masquerade syndromes



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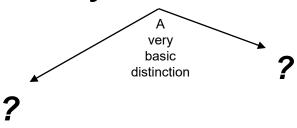
> Let's do a brief overview of masquerade syndromes then call it a day...

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Masquerade syndromes 🥋

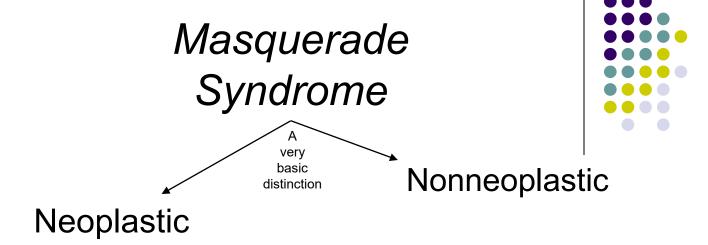
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# Masquerade Syndrome





A



Masquerade
Syndrome
Nonneoplastic
Neoplastic

A
very
basic
distinction
?

Masquerade Syndrome Nonneoplastic Neoplastic very basic Solid distinction

Hematologic

