



Figure 1. Axial ocular ultrasonography of the right eye, with vitreous humor (plus sign), retina (arrowhead), optic nerve (asterisk), and mass lesion (arrow).



Figure 2. Orbital MRI with T-1 weighting, demonstrating a 6-mm choroidal lesion (arrow).

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A 53-year-old man with metastatic small cell prostate cancer presented with 10 days of painless vision decrease in his right eye, accompanied by optical debris and a dull diffuse headache but no acute systemic symptoms. Physical examination demonstrated nasal hemianopia in the right eye and intact visual fields in the left eye. The visual acuity, pupillary examination, and extraocular movements were normal bilaterally. The emergency physician performed bedside ocular ultrasonography (Figure 1) to rule out retinal detachment and confirmed the diagnosis with magnetic resonance imaging (MRI) of the brain and orbits (Figure 2).

For the diagnosis and teaching points, see page e24.

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*(continued from p. e23)***DIAGNOSIS:**

Choroidal metastasis of small cell prostate carcinoma. Fundoscopic examination demonstrated a bullous mass in the temporal macula, with serous retinal detachment. MRI revealed a 6-mm intraocular lesion with six 1- to 2-mm intracranial lesions. At the patient's request, he was discharged with outpatient oncology follow-up.

The differential diagnosis for partial vision loss includes retinal detachment, vitreous detachment, vitreous hemorrhage, and lens dislocation,¹ and ultrasonography can be critical for rapid evaluation.² Fixed lesions are pathognomonic of choroidal detachment.³ Although prostate cancer metastasizes to the choroid,⁴ orbital metastases, regardless of cause, imply a median survival of 15 months.⁵

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