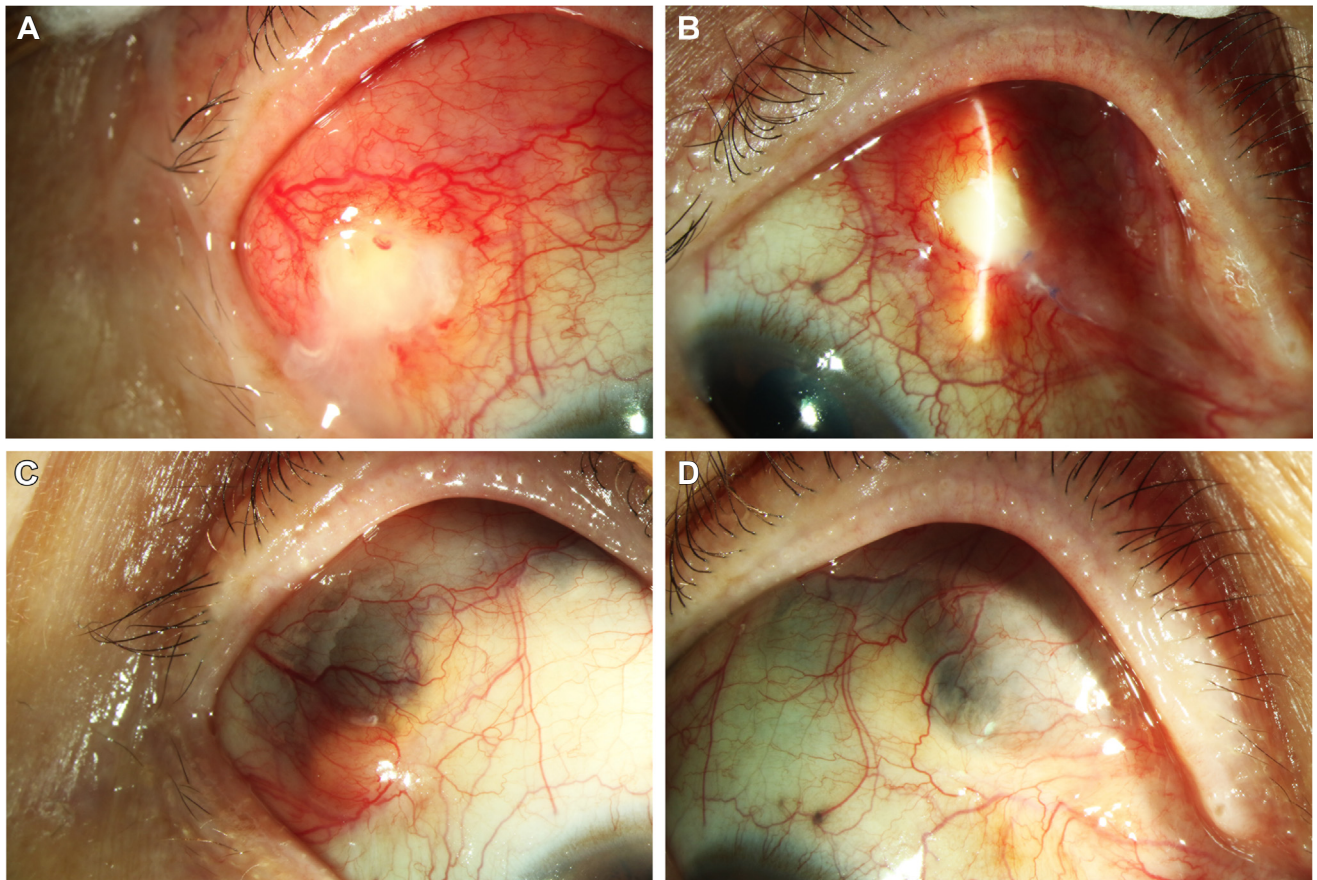


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Pictures & Perspectives



Double Whammy: Crizotinib-Associated Necrotizing Scleritis

A 62-year-old woman with lung cancer treated with crizotinib was referred for subconjunctival masses in her right eye 3 years later. Examination revealed 2 whitish necrotic areas superonasally and superotemporally with localized injection and edema (A and B). After a comprehensive work-up excluding infection, autoimmunity, and metastasis, necrotising scleritis was diagnosed. Topical tacrolimus, tobramycin/dexamethasone, and lubrication significantly halted scleral thinning and promoted recovery (C and D). Subsequently, contralateral iridocyclitis occurred, which regressed after topical tacrolimus, steroid, and decongestive eyedrops. Six months later, her oncologist discontinued crizotinib due to intolerance, and baseline visual acuity returned. This case suggests late-onset bilaterally differing crizotinib oculotoxicity, highlighting the need for physician vigilance regarding such complications. (Magnified version of Figure A-D is available online at www.aaojournal.org).

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