A 68-year-old man with a remote history of B-cell lymphoma and active renal cell carcinoma (RCC), receiving cabozantinib therapy, was referred for worsening hazy vision in the right eye after recent outside retinal detachment (RD) repair of the left eye, with pars plana vitrectomy and gas. The patient noted blurry vision started around the time of cabozantinib therapy initiation. Cabozantinib therapy was discontinued for surgery and resumed 3 days later. The referring retina specialist noted vitritis and vasculitis intraoperatively, but the result of vitreous biopsy cytology was negative for malignant cells.

At presentation to our institution, the patient was taking oral prednisone, 40 mg/d. His visual acuity was 20/500 OD and hand motions OS, with an intraocular pressure of 18 mm Hg in both eyes. Right eye slitlamp examination results showed pigmented cells in the anterior chamber and lens capsule; the left eye showed prolapsed pigmented vitreous at the pupillary margin. Right eye fundus examination results revealed sheets of pigmented cell and vascular sheathing with optic nerve pallor. The left eye had a poor view, with 90% gas fill. Fluorescein angiography illustrated disc and vessel leakage (predominantly arteriole), capillary dropout, and peripheral nonperfusion in the right eye (Figure 1A) with no view in the left eye. Optical coherence tomography revealed debris at the vitreoretinal interface (Figure 1B).

What Would You Do Next?

1. Vitreous tap and inject intravitreal foscarnet, vancomycin, and ceftazidime
2. Stop prednisone and proceed with diagnostic vitrectomy
3. Stop cabozantinib and admit for intravenous solumedrol
4. Magnetic resonance imaging of the orbits followed by lumbar puncture