A 63-year-old man with no ocular history and a history of stage 3 cutaneous melanoma of the scalp and chronic lymphocytic leukemia was referred for kaleidoscope vision. He received nivolumab (anti–programmed cell death 1 checkpoint inhibitor) 9 months prior, obinutuzumab (B-cell lymphoma 2 inhibitor) 3 months later, and 5-mg oral prednisone daily. On presentation, nivolumab and obinutuzumab treatment was complete.

His visual acuity was 20/125 OD and 20/50 OS. Ophthalmoscopy revealed bilateral panuveitis with diffuse pigmentary abnormalities. Fluorescein angiography showed diffuse retinal pigment epithelium loss and late staining of the retinal lesions. He received 60 mg of oral prednisone daily for 2 weeks with a planned 10-week taper. However, prednisone was discontinued due to positive Lyme disease exposure 6 weeks later. At this time, the active anterior and vitreous cells had resolved.

However, 2 weeks later, visual acuity decreased to count fingers in his right eye and hand motions in the left eye. The anterior and vitreous chambers had grade +0.5 pigmented cells. The ophthalmoscopic examination showed a leopard-spot pattern and optical coherence tomography showed substantial retinal pigment epithelium and outer retinal layer loss. Repeat testing for *Treponema pallidum*, Lyme disease, and HIV was negative. Results of magnetic resonance imaging of the brain and orbit were negative for leukemic infiltration.

What Would You Do Next?

1. Immunomodulatory therapy with another course of oral steroids
2. Pars plana vitrectomy for vitreous biopsy with or without chorioretinal biopsy for flow cytometry to assess for leukemic cells
3. Intravitreal steroid injection
4. Observation