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 acomprehensive 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.