

# World Journal of *Clinical Cases*

*World J Clin Cases* 2022 February 6; 10(4): 1140-1456



**REVIEW**

- 1140 COVID-19: Gastrointestinal manifestations, liver injury and recommendations  
*Ozkurt Z, Çınar Tanrıverdi E*

**ORIGINAL ARTICLE****Retrospective Study**

- 1164 Continuous intravenous infusion of recombinant human endostatin using infusion pump plus chemotherapy in non-small cell lung cancer  
*Qin ZQ, Yang SF, Chen Y, Hong CJ, Zhao TW, Yuan GR, Yang L, Gao L, Wang X, Lu LQ*
- 1172 Sequential sagittal alignment changes in the cervical spine after occipitocervical fusion  
*Zhu C, Wang LN, Chen TY, Mao LL, Yang X, Feng GJ, Liu LM, Song YM*
- 1182 Importance of the creation of a short musculofascial tunnel in peritoneal dialysis catheter placement  
*Lee CY, Tsai MK, Chen YT, Zhan YJ, Wang ML, Chen CC*
- 1190 Clinical effect of methimazole combined with selenium in the treatment of toxic diffuse goiter in children  
*Zhang XH, Yuan GP, Chen TL*
- 1198 Clinical study on the minimally invasive percutaneous nephrolithotomy treatment of upper urinary calculi  
*Xu XJ, Zhang J, Li M, Hou JQ*

**Observational Study**

- 1206 Comparison of diagnostic validity of two autism rating scales for suspected autism in a large Chinese sample  
*Chu JH, Bian F, Yan RY, Li YL, Cui YH, Li Y*
- 1217 Doctor-led intensive diet education on health-related quality of life in patients with chronic renal failure and hyperphosphatemia  
*Feng XD, Xie X, He R, Li F, Tang GZ*

**SYSTEMATIC REVIEWS**

- 1226 What are the self-management experiences of the elderly with diabetes? A systematic review of qualitative research  
*Li TJ, Zhou J, Ma JJ, Luo HY, Ye XM*

**META-ANALYSIS**

- 1242 Comparison of the clinical performance of i-gel and Ambu laryngeal masks in anaesthetised paediatric patients: A meta-analysis  
*Bao D, Yu Y, Xiong W, Wang YX, Liang Y, Li L, Liu B, Jin X*

## CASE REPORT

- 1255** Autogenous iliotibial band enhancement combined with tendon lengthening plasty to treat patella baja: A case report  
*Tang DZ, Liu Q, Pan JK, Chen YM, Zhu WH*
- 1263** Sintilimab-induced autoimmune diabetes: A case report and review of the literature  
*Yang J, Wang Y, Tong XM*
- 1278** Unicentric Castleman disease was misdiagnosed as pancreatic mass: A case report  
*Zhai HY, Zhu XY, Zhou GM, Zhu L, Guo DD, Zhang H*
- 1286** Igaratimod in treatment of primary Sjögren's syndrome concomitant with autoimmune hemolytic anemia: A case report  
*Zhang J, Wang X, Tian JJ, Zhu R, Duo RX, Huang YC, Shen HL*
- 1291** Primary central nervous system lymphoma presenting as a single choroidal lesion mimicking metastasis: A case report  
*Jang HR, Lim KH, Lee K*
- 1296** Surgical treatment of acute cholecystitis in patients with confirmed COVID-19: Ten case reports and review of literature  
*Bozada-Gutiérrez K, Trejo-Avila M, Chávez-Hernández F, Parraguirre-Martínez S, Valenzuela-Salazar C, Herrera-Esquivel J, Moreno-Portillo M*
- 1311** Hydrogen inhalation promotes recovery of a patient in persistent vegetative state from intracerebral hemorrhage: A case report and literature review  
*Huang Y, Xiao FM, Tang WJ, Qiao J, Wei HF, Xie YY, Wei YZ*
- 1320** Ultrasound-guided needle release plus corticosteroid injection of superficial radial nerve: A case report  
*Zeng Z, Chen CX*
- 1326** Inverted Y ureteral duplication with an ectopic ureter and multiple urinary calculi: A case report  
*Ye WX, Ren LG, Chen L*
- 1333** Multiple miscarriages in a female patient with two-chambered heart and situs inversus totalis: A case report  
*Duan HZ, Liu JJ, Zhang XJ, Zhang J, Yu AY*
- 1341** Chidamide combined with traditional chemotherapy for primary cutaneous aggressive epidermotropic CD8+ cytotoxic T-cell lymphoma: A case report  
*He ZD, Yang HY, Zhou SS, Wang M, Mo QL, Huang FX, Peng ZG*
- 1349** Fatal rhabdomyolysis and disseminated intravascular coagulation after total knee arthroplasty under spinal anesthesia: A case report  
*Yun DH, Suk EH, Ju W, Seo EH, Kang H*
- 1357** Left atrial appendage occlusion in a mirror-image dextrocardia: A case report and review of literature  
*Tian B, Ma C, Su JW, Luo J, Sun HX, Su J, Ning ZP*

- 1366 Imaging presentation of biliary adenofibroma: A case report  
*Li SP, Wang P, Deng KX*
- 1373 Multiple gouty tophi in the head and neck with normal serum uric acid: A case report and review of literatures  
*Song Y, Kang ZW, Liu Y*
- 1381 Toxic epidermal necrolysis induced by ritodrine in pregnancy: A case report  
*Liu WY, Zhang JR, Xu XM, Ye TY*
- 1388 Direct antiglobulin test-negative autoimmune hemolytic anemia in a patient with  $\beta$ -thalassemia minor during pregnancy: A case report  
*Zhou Y, Ding YL, Zhang LJ, Peng M, Huang J*
- 1394 External penetrating laryngeal trauma caused by a metal fragment: A Case Report  
*Qiu ZH, Zeng J, Zuo Q, Liu ZQ*
- 1401 Antegrade in situ laser fenestration of aortic stent graft during endovascular aortic repair: A case report  
*Wang ZW, Qiao ZT, Li MX, Bai HL, Liu YF, Bai T*
- 1410 Hoffa's fracture in an adolescent treated with an innovative surgical procedure: A case report  
*Jiang ZX, Wang P, Ye SX, Xie XP, Wang CX, Wang Y*
- 1417 Hemizygous deletion in the *OTC* gene results in ornithine transcarbamylase deficiency: A case report  
*Wang LP, Luo HZ, Song M, Yang ZZ, Yang F, Cao YT, Chen J*
- 1423 Langerhans cell histiocytosis presenting as an isolated brain tumour: A case report  
*Liang HX, Yang YL, Zhang Q, Xie Z, Liu ET, Wang SX*
- 1432 Inflammatory myofibroblastic tumor after breast prosthesis: A case report and literature review  
*Zhou P, Chen YH, Lu JH, Jin CC, Xu XH, Gong XH*
- 1441 Eustachian tube involvement in a patient with relapsing polychondritis detected by magnetic resonance imaging: A case report  
*Yunaiyama D, Aoki A, Kobayashi H, Someya M, Okubo M, Saito K*
- 1447 Endoscopic clipping for the secondary prophylaxis of bleeding gastric varices in a patient with cirrhosis: A case report  
*Yang GC, Mo YX, Zhang WH, Zhou LB, Huang XM, Cao LM*

**LETTER TO THE EDITOR**

- 1454 Rituximab as a treatment for human immunodeficiency virus-associated nemaline myopathy: What does the literature have to tell us?  
*Gonçalves Júnior J, Shinjo SK*

**ABOUT COVER**

Editorial Board Member of *World Journal of Clinical Cases*, Nicoleta-Monica Popa-Fotea, MD, PhD, Assistant Professor, Department of Cardio-thoracic, University of Medicine and Pharmacy, Bucharest 050474, Romania. nicoleta.popa-fotea@drd.umfcd.ro

**AIMS AND SCOPE**

The primary aim of *World Journal of Clinical Cases* (*WJCC*, *World J Clin Cases*) is to provide scholars and readers from various fields of clinical medicine with a platform to publish high-quality clinical research articles and communicate their research findings online.

*WJCC* mainly publishes articles reporting research results and findings obtained in the field of clinical medicine and covering a wide range of topics, including case control studies, retrospective cohort studies, retrospective studies, clinical trials studies, observational studies, prospective studies, randomized controlled trials, randomized clinical trials, systematic reviews, meta-analysis, and case reports.

**INDEXING/ABSTRACTING**

The *WJCC* is now indexed in Science Citation Index Expanded (also known as SciSearch®), Journal Citation Reports/Science Edition, Scopus, PubMed, and PubMed Central. The 2021 Edition of Journal Citation Reports® cites the 2020 impact factor (IF) for *WJCC* as 1.337; IF without journal self cites: 1.301; 5-year IF: 1.742; Journal Citation Indicator: 0.33; Ranking: 119 among 169 journals in medicine, general and internal; and Quartile category: Q3. The *WJCC*'s CiteScore for 2020 is 0.8 and Scopus CiteScore rank 2020: General Medicine is 493/793.

**RESPONSIBLE EDITORS FOR THIS ISSUE**

Production Editor: *Hua-Ge Yan*, Production Department Director: *Xu Guo*, Editorial Office Director: *Jin-Lei Wang*.

**NAME OF JOURNAL**

*World Journal of Clinical Cases*

**ISSN**

ISSN 2307-8960 (online)

**LAUNCH DATE**

April 16, 2013

**FREQUENCY**

Thrice Monthly

**EDITORS-IN-CHIEF**

Bao-Gan Peng, Jerzy Tadeusz Chudek, George Kontogeorgos, Maurizio Serati, Ja Hyeon Ku

**EDITORIAL BOARD MEMBERS**

<https://www.wjgnet.com/2307-8960/editorialboard.htm>

**PUBLICATION DATE**

February 6, 2022

**COPYRIGHT**

© 2022 Baishideng Publishing Group Inc

**INSTRUCTIONS TO AUTHORS**

<https://www.wjgnet.com/bpg/gerinfo/204>

**GUIDELINES FOR ETHICS DOCUMENTS**

<https://www.wjgnet.com/bpg/GerInfo/287>

**GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH**

<https://www.wjgnet.com/bpg/gerinfo/240>

**PUBLICATION ETHICS**

<https://www.wjgnet.com/bpg/GerInfo/288>

**PUBLICATION MISCONDUCT**

<https://www.wjgnet.com/bpg/gerinfo/208>

**ARTICLE PROCESSING CHARGE**

<https://www.wjgnet.com/bpg/gerinfo/242>

**STEPS FOR SUBMITTING MANUSCRIPTS**

<https://www.wjgnet.com/bpg/GerInfo/239>

**ONLINE SUBMISSION**

<https://www.f6publishing.com>

## Primary central nervous system lymphoma presenting as a single choroidal lesion mimicking metastasis: A case report

Hee Ryeong Jang, Kyu-Hyoung Lim, Kyungyul Lee

**ORCID number:** Hee Ryeong Jang 0000-0001-8162-8657; Kyu-Hyoung Lim 0000-0001-8482-9198; Kyungyul Lee 0000-0002-6243-6868.

**Author contributions:** All authors contributed to the study conception and design; Material preparation and data collection and analysis were performed by Lim KH, Hee Ryeong Jang, and Kyung Yul Lee; The first draft of the manuscript was written by Hee Ryeong Jang; and all authors commented on the previous versions of the manuscript; all authors read and approved the final manuscript.

**Informed consent statement:** The need for patient consent for publication of this report was waived by the Institutional Review Board of Kangwon National University Hospital (IRB No. KNUH-2021-02-020).

**Conflict-of-interest statement:** All authors declare that there is no conflict of interest.

**CARE Checklist (2016) statement:** The authors have read the CARE Checklist (2016), and the manuscript was prepared and revised according to the CARE Checklist (2016).

**Country/Territory of origin:** South Korea

**Hee Ryeong Jang, Kyu-Hyoung Lim,** Department of Internal Medicine, Kangwon National University Hospital, Kangwon National University School of Medicine, Chuncheon 24289, South Korea

**Kyungyul Lee,** Department of Pathology, Kangwon National University Hospital, Kangwon National University School of Medicine, Chuncheon 24289, South Korea

**Corresponding author:** Kyu-Hyoung Lim, Doctor, MD, PhD, Associate Professor, Department of Internal Medicine, Kangwon National University Hospital, Kangwon National University School of Medicine, 156 Baengnyeong-ro, Chuncheon 24289, South Korea.  
[kyuhyoung.lim@gmail.com](mailto:kyuhyoung.lim@gmail.com)

### Abstract

#### BACKGROUND

Primary choroidal lymphoma is usually an indolent B-cell lymphoma and rarely progresses to extraocular sites. Herein, we report a case of primary choroidal lymphoma diagnosed as diffuse large B-cell lymphoma (DLBL), which progressed to the brain parenchyma after 4 mo.

#### CASE SUMMARY

A 78-year-old man presented with diminution of vision in his right eye. A choroidal lesion suspected of metastatic lesion was observed in the right eye by ophthalmologic examination. To discover the primary tumor, imaging investigations were performed but no malignant lesion was detected. After 4 mo, the patient returned to the clinic presenting with neurological symptoms. Brain magnetic resonance imaging revealed an abnormal contrast-enhancing mass in the left cerebellum. A stereotactic biopsy was performed, and DLBL was confirmed. The patient received the high dose methotrexate-based chemotherapy and he achieved complete remission.

#### CONCLUSION

Primary choroidal lymphoma is usually known to have a benign clinical course without systemic involvement. We present a rare case of primary choroidal lymphoma diagnosed as DLBL that progressed to the brain parenchyma within months.

**Key Words:** Primary choroidal lymphoma; Diffuse large B-cell lymphoma; Primary central nervous system lymphoma; Case report

**Specialty type:** Oncology**Provenance and peer review:**

Unsolicited manuscript; Externally peer reviewed.

**Peer-review model:** Single blind**Peer-review report's scientific quality classification**

Grade A (Excellent): 0

Grade B (Very good): 0

Grade C (Good): C

Grade D (Fair): D

Grade E (Poor): 0

**Open-Access:** This article is an open-access article that was selected by an in-house editor and fully peer-reviewed by external reviewers. It is distributed in accordance with the Creative Commons Attribution NonCommercial (CC BY-NC 4.0) license, which permits others to distribute, remix, adapt, build upon this work non-commercially, and license their derivative works on different terms, provided the original work is properly cited and the use is non-commercial. See: <https://creativecommons.org/licenses/by-nc/4.0/>

**Received:** July 26, 2021**Peer-review started:** July 26, 2021**First decision:** October 22, 2021**Revised:** November 4, 2021**Accepted:** December 22, 2021**Article in press:** December 22, 2021**Published online:** February 6, 2022**P-Reviewer:** Dou AX, Montemurro N**S-Editor:** Xing YX**L-Editor:** A**P-Editor:** Xing YX

©The Author(s) 2022. Published by Baishideng Publishing Group Inc. All rights reserved.

**Core Tip:** Primary choroidal lymphoma is a rare subset of primary intraocular lymphoma and shows a benign clinical course with no systemic involvement. Our case report involves a primary choroidal lymphoma demonstrating rare extraocular progression within months.

**Citation:** Jang HR, Lim KH, Lee K. Primary central nervous system lymphoma presenting as a single choroidal lesion mimicking metastasis: A case report. *World J Clin Cases* 2022; 10(4): 1291-1295

**URL:** <https://www.wjgnet.com/2307-8960/full/v10/i4/1291.htm>

**DOI:** <https://dx.doi.org/10.12998/wjcc.v10.i4.1291>

## INTRODUCTION

Primary intraocular lymphoma (PIOL) is a rare subset of primary central nervous system lymphoma (PCNSL) and includes vitreoretinal, choroidal, and iridal lymphomas [1]. Among PIOLs, primary choroidal lymphoma is a very rare disease, and only a small number of cases have been reported in the literature. Previously reported primary choroidal lymphomas were usually low-grade B-cell lymphomas, which rarely progressed to the central nervous system[2,3]. Herein, we report a very rare case of primary choroidal lymphoma diagnosed as diffuse large B-cell lymphoma (DLBL), which initially presented as a unilateral choroidal lesion mimicking metastasis.

## CASE PRESENTATION

### Chief complaints

A 78-year-old male came to the hospital presenting with a diminution of vision in his right eye.

### History of present illness

His blurred vision had been aggravated for several weeks.

### History of past illness

The patient had no relevant medical history, such as that of diabetes mellitus or hypertension. In the past, the patient had undergone short-term treatment for occupational pneumoconiosis resulting from his work as a coal miner for > 10 years.

### Personal and family history

No special history of personal and family.

### Physical examination

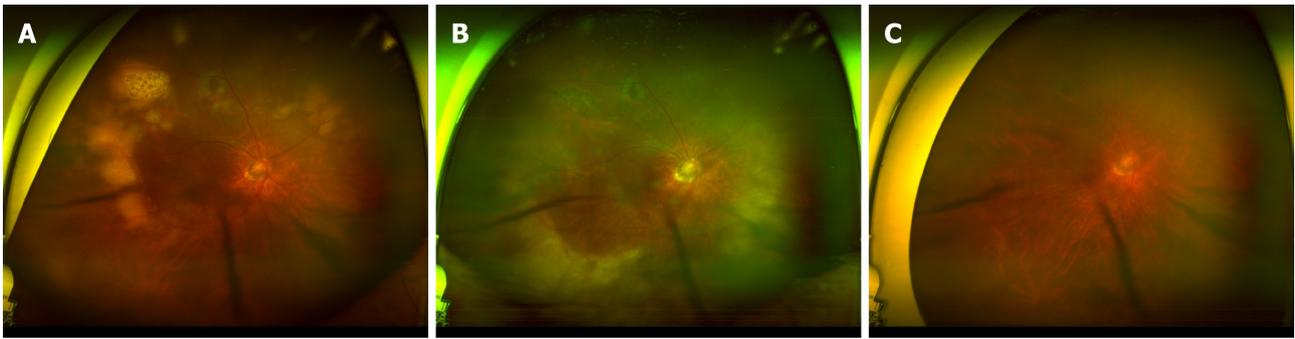
An ophthalmological examination revealed exudative subretinal detachment with a choroidal lesion suspicious of metastasis in the right eye (Figure 1A).

### Laboratory examinations

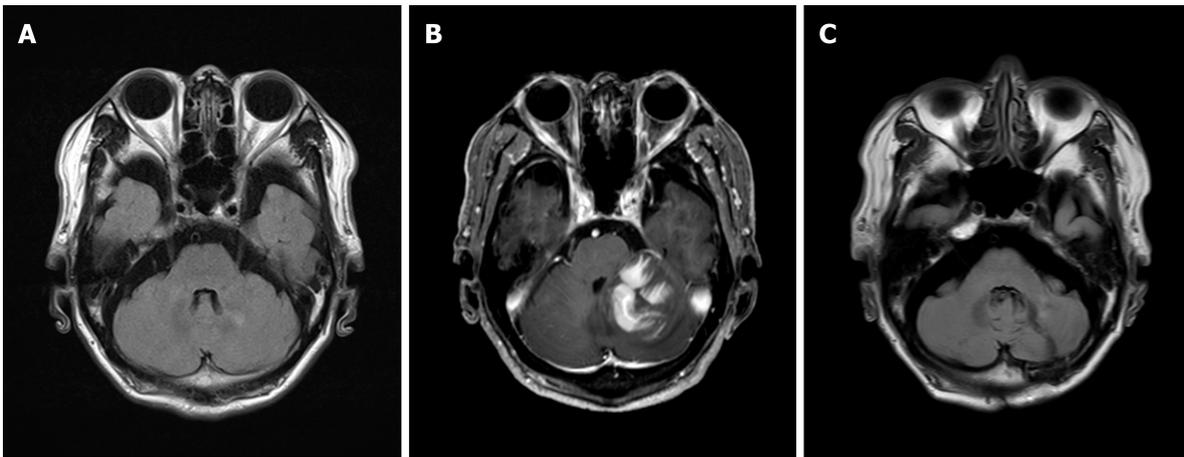
Lactate dehydrogenase was moderately elevated at 387 U/L (normal range: 119-229 U/L).

### Imaging examinations

To identify the primary tumor, the patient was referred to the Department of Hemato-oncology at our institute. Brain magnetic resonance imaging (MRI) (Figure 2A) and computed tomography (CT) of the neck, chest, and abdomen-pelvis showed no malignant lesions.



**Figure 1 Course of ophthalmoscopy examinations.** A: Image showing multifocal, creamy yellow, subretinal infiltrates during the first clinical visit; B: Image showing the spread of the creamy yellow, subretinal infiltrates toward the mid-periphery of the fundus. The image was taken 4 mo after the first clinical visit; C: Subretinal infiltrates appear to be markedly decreased after six cycles of systemic chemotherapy.



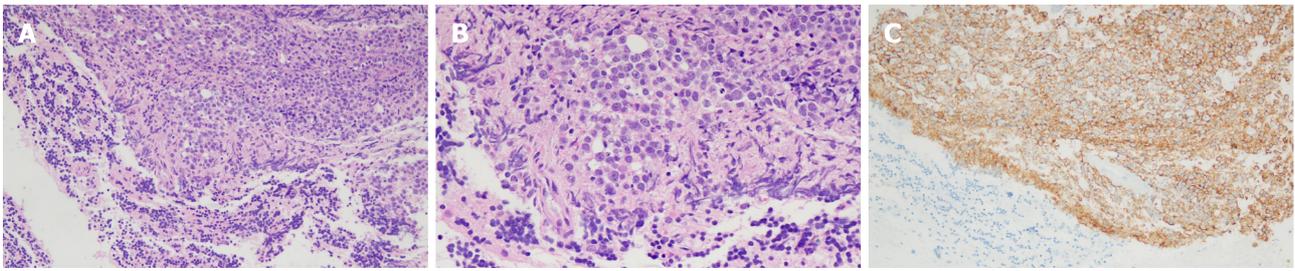
**Figure 2 Findings of brain magnetic resonance imaging.** A: Image showing no evidence of space-occupying intracranial or diffusion-restricted lesions. The image was taken at the first clinical visit; B: Image showing an irregular contrast-enhancing lesion, measuring approximately 3.8 cm × 3.8 cm in size, with diffusion restriction in the left cerebellum. The image was taken 4 mon after the first clinical visit; C: Image showing no evidence of abnormal contrast-enhancing lesion in the cerebellum after six cycles of systemic chemotherapy.

## FINAL DIAGNOSIS

Four months later, the patient revisited the clinic because of dysarthria, headache, and right-sided weakness. No apparent aggravation of visual acuity was observed. The same findings of ophthalmoscopy as at the first visit were confirmed (Figure 1B). Brain MRI showed a single, irregular, contrast-enhancing mass in the left cerebellum (Figure 2B). The patient underwent a stereotactic biopsy of the mass and was diagnosed with DLBL (Figure 3). Further imaging, including CT and positron emission tomography/CT, revealed no systemic involvement. There was no evidence of lymphoma involvement in the cerebrospinal fluid and bone marrow.

## TREATMENT

The patient received high-dose methotrexate (HD-MTX)-based chemotherapy, which comprised methotrexate (3.5 g/m<sup>2</sup>), vincristine (1.4 mg/m<sup>2</sup>, capped at 2 mg), and prednisolone (100 mg/d), with the addition of procarbazine (100 mg/m<sup>2</sup>) in the first, third, and fifth cycles. Intrathecal injection was not given in this patient because there was no evidence of lymphoma involvement in the CSF test before and after the first cycle of HD-MTX based chemotherapy.



**Figure 3 Representative microscopic images of diffuse large B-cell lymphoma in the brain.** A: Infiltration of large, atypical cells with prominent nucleoli around the granular layer of the cerebellum (hematoxylin and eosin stain, magnification: 200 ×); B: Infiltration of large, atypical cells with prominent nucleoli around the granular layer of the cerebellum (hematoxylin and eosin stain, magnification: 400 ×); C: Tumor cells show strong positivity for the B-cell surface marker CD20 on immunohistochemistry (Immunohistochemical stain, magnification: 200 ×).

## OUTCOME AND FOLLOW-UP

After completing six cycles of HD-MTX-based chemotherapy, the patient's neurological symptoms, such as right-sided weakness, dysarthria, and blurred vision, markedly improved. The abnormal, contrast-enhancing mass in the left cerebellum disappeared on brain MRI (Figure 2C), and the creamy yellow, subretinal infiltrates were markedly decreased (Figure 1C); these findings were compatible with complete remission. Maintenance therapy was recommended, but the patient and caregiver refused the treatment due to concerns about the side effects of additional chemotherapy and radiotherapy. The patient and his main caregiver were seriously concerned about the risk of cognitive decline that can be caused by additional treatments. Complete remission was maintained for approximately 17 mo without the maintenance chemotherapy.

## DISCUSSION

Intraocular lymphoma is extremely rare and accounts for approximately 1.86% of intraocular malignancies[4]. Intraocular lymphoma is a heterogeneous group of malignancies located in different tissues, including the vitreous, retina, choroid, ciliary body, and iris, within the eye. It also refers to forms of primary or secondary to central nervous system lymphoma or disseminated systemic disease[3,5].

Primary intraocular lymphoma is considered a subset of PCNSL, and it progresses to the central nervous system in 15%-25% of PCNSL cases[3]. Primary vitreoretinal lymphoma is the most common intraocular lymphoma, followed by uveal lymphoma.

Choroidal lymphoma is a subset of uveal lymphoma. It can be subdivided into primary and secondary lymphoma based on the presence of systemic lymphoma at the time of ocular presentation. Primary choroidal lymphomas are defined as the absence of prior systemic lymphomas or concurrent extraocular lymphomas [6]. Several studies have reported clinical differences between primary and secondary choroidal lymphomas[2,7].

Primary choroidal lymphomas are mainly low grade B-cell lymphomas such as extranodal marginal zone B-cell lymphoma, are usually unilateral, and typically do not progress to the central nervous system parenchyma. Secondary choroidal lymphoma is characterized by the presence of previously known cancer or concurrent systemic lymphomas at the initial ocular presentation.

In contrast to primary choroidal lymphomas, secondary choroidal lymphomas are more likely to demonstrate bilateral involvement and preexistent lymphomas. More than half of secondary choroidal lymphomas have been confirmed as high-grade B-cell lymphomas, such as DLBL[2,8].

Unlike the previously reported cases of primary choroidal lymphoma, this case was characterized by the pathological findings of DLBL and disease progression to the brain parenchyma within a few months. In most of the previous cases of primary choroidal lymphoma, management involved local treatment or observation, whereas in our case, HD-MTX-based chemotherapy was administered, and the treatment response was complete remission.

---

## CONCLUSION

Primary choroidal lymphoma is generally known to have a benign clinical course without systemic involvement. We reported a rare case of primary choroidal lymphoma diagnosed as DLBL, characterized by an aggressive clinical course that progressed to the brain parenchyma within a few months.

---

## ACKNOWLEDGEMENTS

The authors thank the Department of Radiology, Kangwon National University Hospital, Kangwon National University School of Medicine.

---

## REFERENCES

- 1 **Tang LJ**, Gu CL, Zhang P. Intraocular lymphoma. *Int J Ophthalmol* 2017; **10**: 1301-1307 [PMID: 28861359 DOI: 10.18240/ijo.2017.08.19]
- 2 **Mashayekhi A**, Shukla SY, Shields JA, Shields CL. Choroidal lymphoma: clinical features and association with systemic lymphoma. *Ophthalmology* 2014; **121**: 342-351 [PMID: 23978622 DOI: 10.1016/j.ophtha.2013.06.046]
- 3 **Chan CC**, Rubenstein JL, Coupland SE, Davis JL, Harbour JW, Johnston PB, Cassoux N, Touitou V, Smith JR, Batchelor TT, Pulido JS. Primary vitreoretinal lymphoma: a report from an International Primary Central Nervous System Lymphoma Collaborative Group symposium. *Oncologist* 2011; **16**: 1589-1599 [PMID: 22045784 DOI: 10.1634/theoncologist.2011-0210]
- 4 **Reddy EK**, Bhatia P, Evans RG. Primary orbital lymphomas. *Int J Radiat Oncol Biol Phys* 1988; **15**: 1239-1241 [PMID: 3053542 DOI: 10.1016/0360-3016(88)90210-6]
- 5 **Konstantinidis L**, Damato B. Intraocular Metastases--A Review. *Asia Pac J Ophthalmol (Phila)* 2017; **6**: 208-214 [PMID: 28399345 DOI: 10.22608/APO.201712]
- 6 **Coupland SE**, Foss HD, Hidayat AA, Cockerham GC, Hummel M, Stein H. Extranodal marginal zone B cell lymphomas of the uvea: an analysis of 13 cases. *J Pathol* 2002; **197**: 333-340 [PMID: 12115879 DOI: 10.1002/path.1130]
- 7 **Coupland SE**, Damato B. Understanding intraocular lymphomas. *Clin Exp Ophthalmol* 2008; **36**: 564-578 [PMID: 18954321 DOI: 10.1111/j.1442-9071.2008.01843.x]
- 8 **Doycheva D**, Zierhut M, Süsskind D, Bartz-Schmidt KU, Deuter C. [Diagnostics and treatment of choroidal lymphoma]. *Ophthalmologe* 2015; **112**: 217-222 [PMID: 25693876 DOI: 10.1007/s00347-014-3206-x]



Published by **Baishideng Publishing Group Inc**  
7041 Koll Center Parkway, Suite 160, Pleasanton, CA 94566, USA  
**Telephone:** +1-925-3991568  
**E-mail:** [bpgoffice@wjgnet.com](mailto:bpgoffice@wjgnet.com)  
**Help Desk:** <https://www.f6publishing.com/helpdesk>  
<https://www.wjgnet.com>

