[8457] Bilateral severe panuveitis occurring during check-point inhibitor therapy with Dabrafenib and Trametinib therapy due to ocular toxoplasmosis. A case report

Hsin, Safia; Stappler, Theodor; Schalenbourg, Ann; Guex-Crosier, Yan
Jules Gonin Eye Hospital, Fondation Asile des Aveugles, University of Lausanne

Bilateral severe panuveitis occurring during check-point inhibitor therapy with Dabrafenib and Trametinib therapy due to ocular toxoplasmosis. A case report Authors: Safia Hsin, Theodor Stappler, Ann Schalenbourg, Yan Guex-Crosier **Purpose:** Severe ocular inflammation is a well-known complication of check-point inhibitors while managing systemic cancer, but other causes of ocular inflammation should be ruled out. **Methods:** A 57-year-old woman presented with severe bilateral uveitis occurring during check-point inhibitors therapy with Dabrafenib and Trametinib for metastatic pulmonary adenocarcinoma. **Results:** Her best visual acuity was limited to counting fingers in the right eye (RE) and to 0.25 in the left eye (LE). Vitritis was respectively of 3+ in the RE and 2+ in the LE. Bilateral yellow foci were present in OU with choroidal folds. Laboratory work-up revealed a positive serology for ocular toxoplasmosis. When an anterior chamber PCR for Toxoplasma gondii resulted negative, a diagnostic vitrectomy allowed to confirm a positive PCR for Toxoplasma gondii. A complete healing of the ocular lesions was observed after 2 months' anti-biotherapy with sulfadiazine and pyrimethamine. Dabrafenib and Trametinib were maintained. Final visual acuity was 0.8 (RE) and 0.63 (LE). **Conclusion:** Severe ocular inflammation during check-point inhibitor therapy is not always an immune-related adverse event (irAEs) but may occur as a secondary infectious complication. Vitrectomy is necessary to avoid a delay in the diagnosis as well as an unnecessary interruption of the checkpoint inhibitor therapy.

[8301] Comparison of visual performances of enhanced monofocal vs. standard monofocal IOLs in a mini-monovision approach

Rizzato, Angelica[1]; Beltraminelli, Tim[2]; Toniolo, Katia[2]; Galli, Andrea[2]; Menghini, Moreno[2]
[1] EOC Lugano; [2] Ospedale Regionale di Lugano – Civico e Italiano

Purpose: To compare visual performances and quality of life of patients who received either monofocal IOLs (i.e., Alcon SN60WF or J&JTecnis DCB00) or an enhanced monofocal IOL (i.e., Tecnis Eyhance) in a mini-monovision target approach. **Background:** Monofocal lenses are the most common intraocular IOLs employed during cataract surgery because of their relatively low cost and good performance for distance sight. However, these lenses, generally, do not exonerate patient from spectacle use for near or intermediate tasks. On the other hand, enhanced monofocal IOLs (e. g. Tecnis Eyhance) feature optical properties conferring patients with good intermediate visual outcomes. Satisfactory near visual acuity results, regardless of IOL type, may be achieved through mini-monovision. We assessed visual performance outcomes between these IOLs, in a mini-monovision approach. **Methods:** Patients who underwent bilateral cataract surgery at the Ospedale Italiano, with implantation of Alcon SN60WF, J&J Tecnis DCB00, or J&J Tecnis Eyhance DIB00 with a pre-operative mini-monovision target were convoked for an ophthalmologic examination. Post-operative spherical equivalent was measured by NidekR auto-refractometer. Best-uncorrected binocular visual acuity (BUCBVA) at far (3m), intermediate (66 cm), and near (40 cm) was measured using Snellen charts, while binocular contrast sensitivity (100%, 25%, and 5%, all at 1m) with Pelli-Robson charts. Visual performance in daily life was evaluated with the Cataract VF-14 quality of life survey. **Results:** 72 patients (35 in the monofocal IOL and 37 enhanced IOL group) were enrolled. Patient demographics were similar between both groups. Patients implanted with enhanced IOL exhibited statistically significant better BUCBVA results at 66 cm and 40cm distances compared to patients in the monofocal group. Additionally, patients in the enhanced IOL group presented a better contrast sensitivity in lower contrast conditions (5%) than patients with monofocal IOL. The quality-of-life survey showed statistically significant higher scores in daily activities without spectacles for patients with enhanced IOL. This difference is ablated when spectacles are used. **Conclusion:** Our results indicate that enhanced monofocal IOLs, combined with a mini-monovision approach, provide patients with good visual performance at all tested distances. Notably, at near and intermediate distances, enhanced monofocal IOLs perform better compared to standard monofocal IOLs.