



**Australasian Division of the International Academy of Pathology Limited**

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## **IAP Companion Meeting Friday 30<sup>th</sup> May 2025**

### **Ophthalmic Pathology Companion Session**

#### **Convenor**

**Min Li Huang**

St Vincent's Hospital Sydney, Sydney, NSW, Australia

#### **Report**

See how to send vitreous to the lab to get useful results. Pdf

**Amanda Charlton**

**LabPlus, Auckland City Hospital, NZ**

***Vitreous cytology for suspected Lymphoma at Labplus Auckland. Audit leading to a change of practice***

#### **Abstract**

**Background:** We receive vitreous biopsies for suspected lymphoma and infections. However, our impression is that cytology is non diagnostic.

**Aim:** To evaluate the utility of vitreous cytology in diagnosing lymphoma and to identify optimal testing strategies.

**Methods:** We conducted a retrospective review of 111 vitreous biopsies from 2007-2021. We performed an in-depth analysis of the last 30 cases, examining pre-analytical factors (clinical question, sample volume, tests requested) and analytical factors (adequacy, cytology report).

**Results:** Of the 111 biopsies, none were positive for lymphoma. Cytology was suboptimal in two-thirds of cases due to low cellularity and or cell degeneration. Flow cytometry was

suspicious for lymphoma in one case. Viral PCR identified CMV in two cases and Toxoplasma in one.

**Conclusion:** Vitreous cytology in our lab has zero sensitivity for the diagnosis of lymphoma. For suspected lymphoma, we recommend prioritizing flow cytometry and MYD88 testing. For suspected viral infections, aqueous PCR is a more effective diagnostic tool. To optimize specimen testing, we have stopped vitreous cytology and published a [clinical guideline](#) for ophthalmologists for specimen testing for suspected lymphoma.

**Please view the separate PDF titled How to send vitreous to the lab to get useful results.**

### **Case Presentation**

**Nada Hamad**

St Vincent's Hospital Haematology Department Darlinghurst, NSW, Australia

*Why is lymphoma is tricky in the eye*

*No slides submitted*

### **Case Presentation**

**Rasha Cosman**

The Kinghorn Cancer Centre, St Vincent's Hospital, Sydney, NSW, Australia

*Uveal Melanoma- Cracking the Code*

*No slides submitted*

### **Case Presentation**

**Cesar M Salinas-La Rosa**

St Vincent's Hospital, Melbourne, VIC, Australia

*Conjunctival stromal tumour: 2 Cases from our institution*

*No slide submitted*

### **Case Presentation**

**Emma Moloney**

SydPath, St Vincent's Hospital Sydney, NSW, Australia

***Case series: Inflammatory diseases of the vitreous***

*No slide submitted*

## **Case Presentation**

**Michael Chang**

St Vincent's Pathology, Saint Vincent's Hospital, Sydney, NSW, Australia

***Tearjerker: A tale of IGG4 disease involving the lacrimal gland***

*No slide submitted*

## **Case Presentation**

**Simin Daneshvar**

St Vincent's Hospital Melbourne, VIC, Australia

***Corneal dystrophy***

*No slide submitted*