

Unusual presentation of malignant melanoma of the choroid

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Although extraocular extension of choroidal melanoma is not unusual, gross extrascleral extension, especially as a presenting sign, is sufficiently uncommon to be described here.

In a 15-year survey (Fitterman and McClean, 1963) of choroidal melanoma, gross examination of the globe after enucleation showed evidence of extrabulbar spread in only three cases from a total of 71. Indeed, it is unusual for the presenting complaint of the patient to be associated with a large extrascleral growth.

Case report

A 69-year-old male with no previous ocular history suddenly became aware of a redness on the medial aspect of the left eye. He was referred to the ophthalmic clinic *via* a dermatologist, who had ventured a diagnosis of conjunctivitis.

Examination

There was a bluish-brown lesion covered by injected conjunctiva (Fig. 1), and on abduction of the eye a large extrascleral pigmented mass was revealed (Fig. 2).



FIG. 1 *Presenting lesion*



FIG. 2 *Presenting lesion; eye in position of abduction*

The retina clearly seen through clear media showed a detachment related to the extraocular lesion. The lesion was opaque to transillumination and malignant melanoma of the choroid was diagnosed.

In spite of this detachment the patient had not noticed any disturbance of vision; the visual acuity was recorded as 6/12 (uncorrected).

Enucleation was advised and carried out and complete removal of the tumour was achieved (Fig. 3), no evidence of orbital extension being found (microscopically or macroscopically).

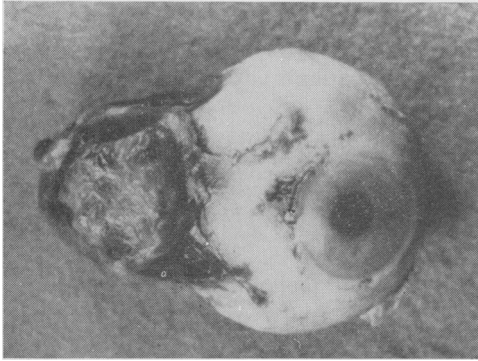


FIG. 3 *Enucleated eye with melanoma*

Pathological report

Macroscopical examination

The sectioned eye showed a retinal detachment, with a small underlying tumour, which was small in comparison to the extraocular extension. The extension was encapsulated (Fig. 4).

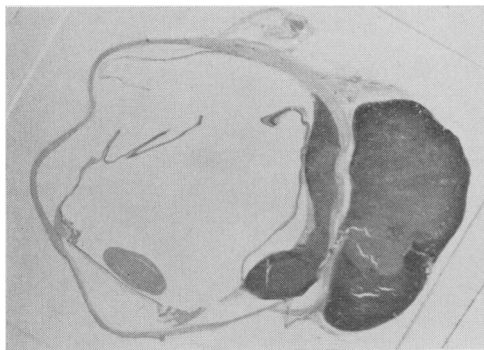


FIG. 4 *Cross-section, showing flat diffuse intraocular tumour and encapsulation of extraocular extension*

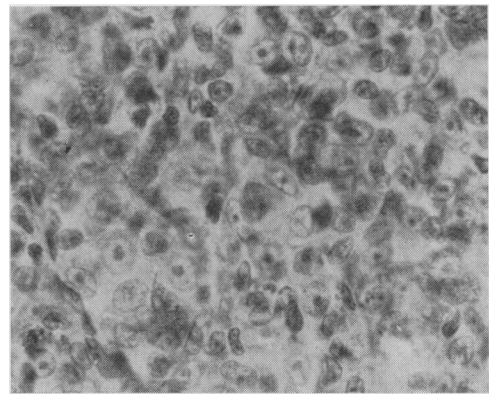


FIG. 5 *Photomicrograph, showing pigmented spindle cells. $\times 380$*

Microscopical examination

A malignant melanoma was present in the choroid on one side extending from the ora to the posterior pole. There was a shallow retinal detachment in front of the tumour. The melanoma consisted of mixed cells, spindle and epithelioid, with abundant pigment in certain areas, but a low reticulin content (Fig. 5). Through a communicating channel in the posterior sclera, the tumour has reached the surface, where a large nodule has developed consisting mostly of pigmented spindle cells.

Discussion

In the case reported there was little difficulty in diagnosis, but it illustrates clearly the delay that may occur when a patient has normal vision and the tumour does not follow the usual mode of progression. Extraocular extension is most likely to occur as in this case (Fig. 4) from flat diffuse melanomata (Reese, 1963).

If the extension is encapsulated, as in this case, prognosis is not affected, but diffuse extraocular extension with scleral necrosis has a much worse prognosis. In recorded cases mortality has been 20 per cent. higher than in patients with no extraocular or encapsulated extraocular extension.

Extraocular extensions usually contain less pigment and the cells tend to be round. The case here reported showed abundant pigment together with spindle cells.

Summary

A case of extrascleral extension of a choroidal melanoma is described. The unusual nature of the extension with this presenting sign is emphasized. Features relevant to extrascleral extension are briefly discussed.

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References

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