Near-infrared transillumination photography to detect anterior uveal melanomas through black IOLs

Krohn et al describe a novel photographic technique using near-infrared (NIR) transillumination to detect peripheral anterior choroidal and ciliary body melanomas not visible on slit lamp examination. The described imaging technique uses a broad spectrum background light source to illuminate the fundus and external photography with a 720–1100 nm NIR filter to evaluate anterior uveal masses, permitting topographical description of tumour location in relation to the ciliary body and ora serrata.

NIR transillumination photography may serve another essential clinical application as the first diagnostic technique described capable of detecting anterior uveal melanomas in patients implanted with black intraocular lenses (IOLs) who cannot undergo slit lamp examination.

Black IOLs are indicated in patients with intractable diplopia, visual confusion, unsightly leucocoria and a range of neuro-ophthalmic disorders. Despite high rates of postoperative satisfaction in patients, their use has been restricted by concerns from ophthalmologists that an inability to visualise the retina may prevent the identification of life-threatening pathology—principally uveal melanoma—behind the occlusive IOL.

Morcher black IOLs have been demonstrated to transmit high levels of NIR light. This property permits high quality imaging of the macula and optic nerve using scanning laser ophthalmoscopy and optical coherence tomography with any imaging system in clinical use. However, conventional non-contact scanning laser ophthalmoscopy (SLO)/optical coherence tomography (OCT) imaging is restricted to a field 30° around the foveal centre and cannot detect melanomas located anteriorly in the uveal tract.

Transmission spectra of Morcher black IOLs have demonstrated exponential light transmission from 750 nm, transmitting 99%–100% of SLO/OCT scanning wavelength light (820–870 nm) (figure 1).
This NIR window of transmission would enable retinal illumination, as described by Krohn et al., sufficient to delineate uveal melanomas with an external camera possessing a NIR filter.

Delineation of uveal melanoma through Morcher black IOLs (all models; 85F, 6S, 80D, 34D and 81D) using NIR transillumination photography may be superior to images acquired in phakic or pseudophakic patients with conventional IOLs described by Krohn et al. since NIR-transmitting black IOLs would function as NIR filters occluding light transmission below 750 nm (figure 1). This would markedly reduce absorption by chromophores and light scatter from shorter wavelength light while enhancing tissue penetration for clearer topographic delineation of uveal tumours.

Krohn et al. suggest the addition of NIR filters on the primary illuminating light source to improve image quality. Figure 1 illustrates the NIR-transmitting properties of Morcher black IOLs in comparison with commercially available NIR-transmitting filters, demonstrating more complete transmission at wavelengths over 800 nm. NIR-transmitting black IOLs effectively function as endogenous NIR light filters in this patient group.

We suggest that contact lenses manufactured from optically similar material to NIR-transmitting black IOLs may be incorporated into the imaging protocol to optimise image quality. This would optimise image quality, prevent patient discomfort from broad spectrum light directed flush against the cornea through a dilated pupil (NIR light is not as strongly perceived by patients) and protect the cornea from light source related contact epitheliopathy (figure 2).

NIR transillumination photography fulfils a requirement for an imaging technique to detect anterior uveal melanoma in patients with black IOLs. The combination of conventional non-contact SLO/OCT imaging and SLO/OCT imaging with a Staurenghi contact lens to enable retinal examination to 150° (Yusuf et al., unpublished manuscript), and NIR transillumination photography should enable light-based detection and evaluation of uveal melanomas at all anatomical locations in patients with implanted black IOLs.

The novel imaging technique of NIR transillumination photography may permit more patients to benefit from black IOL implantation. It is the first light-based imaging technique described capable of detecting anterior uveal melanomas in this patient group.

**Contributors** IHY, SNP and CKP wrote the manuscript.

**Funding** Stuart N Peirson’s research is funded in part by the Wellcome Trust. Grant number: HMRSBT0 (WTPG).

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**Provenance and peer review** Not commissioned; externally peer reviewed.
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Received 16 April 2013
Accepted 22 April 2013
Published Online First 18 May 2013
doi:10.1136/bjophthalmol-2013-303574

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