

3241

DIFFICULTIES IN DIAGNOSING OCULAR MELANOMA.

CAPUTO G.¹, D'HERMIES F.¹, POULIQUEN Y.¹.

¹ Department of Ophthalmology, Hotel-Dieu Hospital, Paris, France.

Purpose: To illustrate and discuss difficulties in diagnosing ocular melanoma, by presenting a two cases report.

Methods: Case 1 is a 20 year old woman, with known amblyopia of the left eye, who developed a massive intraocular hemorrhage leading to refractory glaucoma, necessitating enucleation. Case 2 concerns a 68 year old woman also presenting a severe intravitreal hemorrhage associated with a history of progressive visual loss over the past weeks. Repeated ultrasound examinations in case 1 showed a macular "staphyloma" with no solid mass visible, and in case 2 a large intraocular tumor, with choroidal excavation; in this last case, color doppler ultrasonography detected a superior temporal vascularized mass corresponding to a melanoma. Visual acuity was limited to light perception, and enucleation was performed after 8 weeks.

Results: Histopathological examination in case one revealed an exteriorized melanoma at the posterior pole, and in case 2 a pseudotumoral age related macular degeneration.

Conclusion: Revelation of melanomas by intravitreal hemorrhage is not uncommon, but sure diagnosis is difficult to confirm even with color doppler ultrasonography, and repeated ultrasound examinations.

3243

Metastatic Choroidal Melanoma to the Contralateral Orbit 40 years after Enucleation

Sarah E. Coupland¹, Sikander Sidiki², Brian J. Clark⁴, Katherine McClaren³, Peter Kyle², William R. Lee⁴.

¹ Department of Pathology, Universitätsklinikum Benjamin Franklin, Berlin, Germany

² Department of Ophthalmology, Southern General Hospital, Glasgow, Scotland

³ Department of Pathology, Royal Infirmary, Edinburgh, Scotland

⁴ Department of Pathology, Western Infirmary, Glasgow, Scotland

The most common sites of secondary deposits from an ocular melanoma are the liver, lungs and bone. Although known to occur (1, 2, 3, 4, 5, 6, 7, 8), metastatic uveal melanoma to the contralateral orbit is extremely rare. The majority of cases reported have presented with metastatic disease between 6 months and 10 years after primary diagnosis; only one case presented later than this at 17 years (7). We report a case of metastatic uveal malignant melanoma to the contralateral orbit 40 years after enucleation for the primary tumour. As well as the remarkable feature of an exceedingly long time interval between recognition of the primary tumour and the complication of metastatic disease, the latter is unusual in its presentation in the contralateral orbit and in its histological characteristics. Despite the unlikely clinical and morphological patterns, a definitive diagnosis of the orbital metastasis could be reached with the combined use of immunophenotyping and electron microscopy.

1) Philips Br J Ophthalmol. 1949; 2) Foster et al. Br J Ophthalmol. 1957; 3) Troeber and Nover. Klin Mbl Augenheilkd. 1980; 4) Sobor et al. Laryngoscope. 1980; 5) Orcutt and Char Ophthalmology. 1988; 6) Shields et al. Br J Ophthalmol. 1988; 7) Bowling and Damato Eye. 1994; 8) Hutchison et al. Orbit. 1994.

3242

MRI VERSUS CT IN THE DIAGNOSIS OF UVEAL MELANOMA

Monteiro-Grillo, M., Magro, P., Marques-Neves, C., Monteiro-Grillo, I., Coutinho, D., Sousa-Lé, J., Ribeiro-da-Silva.

Eye Clinic of Santa Maria Hospital, Lisbon, Portugal

ABSTRACT:

MRI and CT were performed and compared in 14 cases of uveal Melanoma.

Tumour mass assessment and extra-scleral extension were better evaluated through MRI as well as tumor limits delimitation from surrounding structures.

MRI has a great value in evaluating uveal melanoma and for therapeutic options.

3244

DAMAGE OF OPTIC NERVE AFTER TREATMENT OF INTRAOCULAR MELANOMA

MIRKIEWICZ-SIERADZKA, B.; ROMANOWSKA, B.; ZYGULSKA-MACH, H.

Department of Ophthalmology, Jagiellonian University, Kraków (Poland)

The aim of this paper is to evaluate the degree of optic nerve damage in patients with intraocular melanoma treated with different methods.

The clinical material contains 95 patients (95 eyes), 44 women and 51 men, in the age of 23-73 years (mean 53). The weight of the tumour was estimated according to TNM classification. 3 locations of the tumour were described: before the equator, behind the equator and equator. Methods of treatment were the following: brachytherapy (⁶⁰Co, ¹⁰⁶Ru - 44 eyes), xenon-arc photocoagulation (35 eyes) or brachytherapy combined with photocoagulation (16 eyes). The damage of optic nerve and retina was estimated with ophthalmological methods and by means of ERG and VEP. Follow-up time was 1/2 to 23 years (mean 3,2 years).

It was found, that the damage of optic nerve was the most frequent complication related to the treatment (72,7% of cases). The degree of damage depended on the location of the tumours.

Brachytherapy caused greater damage (50,3%) than photocoagulation (28,2%).