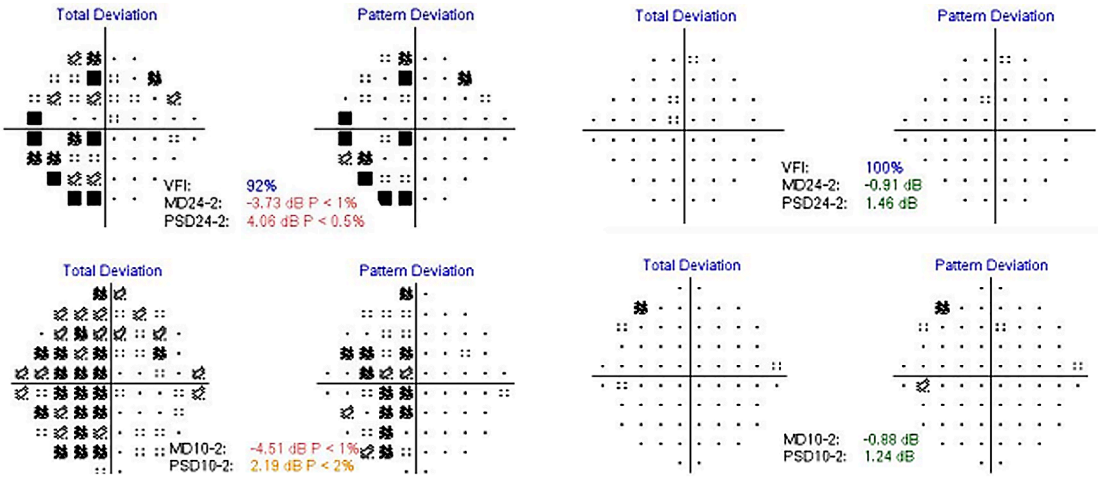
MYSTERY IMAGE

BLINK



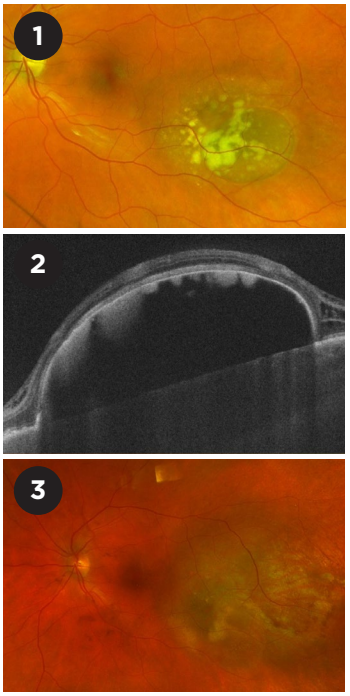
Richard L. Rabin, MD, Walnut Creek Eye Care, Walnut Creek, Calif.

WHAT IS THIS MONTH'S MYSTERY CONDITION? *Visit aao.org/eyenet to make your diagnosis in the comments.*

LAST MONTH'S BLINK

Choroidal Nevus With Pigment Epithelial Detachment

A 57-year-old woman presented to the ocular oncology service for a lesion noted in the left eye by her local optometrist. The patient reported no recent changes in the vision of either eye. In the left eye, the BCVA was 20/20, and the IOP was 17 mm Hg. Slit-lamp exam of the left eye was largely unremarkable. Fundus exam of the left eye disclosed within the posterior pole a 12 × 10–mm flat pigmented choroidal lesion (Fig. 1) with an 8 × 6 × 1.7–mm dome shaped pigment epithelial detachment (PED) with multiple drusen overlying and surrounding the PED. A spectral-domain OCT scan through the area of interest depicted the choroidal lesion with an overlying PED and subretinal pigment epithelium drusenoid deposits (Fig. 2). The patient was diagnosed with a choroidal nevus, and repeat examination in six months demonstrated lesion stability.



Due to the COVID-19 pandemic, the patient was lost to follow-up for two years. When she returned, she reported no changes in vision. In her left eye, BCVA was 20/20 and IOP was 13 mm Hg. The choroidal nevus had undergone malignant transformation into a 15.5 × 15 × 6.7–mm choroidal melanoma with an overlying exudative retinal detachment (Fig. 3). The patient received iodine-125 episcleral plaque brachytherapy and transvitreal biopsy of the tumor. The biopsy confirmed malignant melanoma cells, and gene expression profiling of the tissue yielded a result of class 1B. The patient continues to be followed and is responding to plaque brachytherapy.

WRITTEN BY **MEGAN S. STEINKERCHNER, MD,** AND **ARUN D. SINGH, MD.** PHOTOS BY **SHARON S. ALLEN, LISA JAHN-GREGORY, OCT-C,** AND **MARK HARROD, CRA, OCT-C.** ALL ARE AT CLEVELAND CLINIC COLE EYE INSTITUTE.