LAST MONTH’S BLINK

Amelanotic Ciliochoroidal Melanoma

A 64-year-old woman presented with decreased vision in her right eye for an unknown duration. In that eye, VA was counting fingers, and IOP was 21 mm Hg. Temporal conjunctival sentinel vessels were seen on slit-lamp biomicroscopic examination (Fig. 1), and gonioscopy revealed a 3 × 3-mm vascularized pink mass extending into the anterior chamber from the temporal iridocorneal angle (Fig. 2). There was a nasally displaced white cataract, and the temporal ciliary processes were visible after phenylephrine and tropicamide instillation. B-scan revealed a ciliary body mass that was 16 mm in basal diameter and 11 mm in height, with low internal reflectivity, and inferior retinal detachment. Magnetic resonance imaging (MRI) and computed tomography revealed an intraocular mass without invasion of adjacent tissue. Additional imaging (liver ultrasound and positron emission tomography) was negative for metastases.

Because of the large size of the lesion and strong suspicion for melanoma, the patient underwent enucleation. Pathology revealed an amelanotic spindle cell–type ciliochoroidal melanoma with extension into the anterior chamber and trabecular meshwork with 60% scleral invasion (Figs. 3, 4). Gene expression profiling revealed a class 2 PRAME-negative molecular signature. The patient is being closely monitored with full-body MRI for recurrence and metastases.

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