

Cavitary choroidal melanoma

Emiliano M. Becerra,*† MD; Maria A. Saornil,*† MD, PhD;
Gonzalo Blanco,† MD, PhD; María C. Méndez,† MD, PhD;
Yerena Muiños,*† MD; María R. Esteban,‡ MD

ABSTRACT • RÉSUMÉ

Case report: We report an unusual case of cavitary choroidal melanoma. The results of ultrasonography, magnetic resonance imaging, computed tomography, and immunohistochemical studies are presented for a 38-year-old woman who developed an amelanotic tumor in the posterior choroid. B-scan ultrasonography disclosed intratumoral cavitations. Systemic and extraocular extension studies were negative. Enucleation was performed and histopathologic examination showed a choroidal melanoma of spindle cell type, with intratumoral cavitations lined by flattened tumor cells.

Comments: The majority of previous reports of intraocular cavitary tumors describe cavitary ciliary body tumors. Uveal melanoma should be included in the differential diagnosis of choroidal cavitary lesions. As far as we know, this is the second documented clinicopathologic correlation of a cavitary choroidal melanoma.

Observation : Nous faisons état d'un mélanome choroïdien cavitaire. L'exposé porte sur le résultat de divers examens : ultrasonographie, imagerie par résonance magnétique, tomographie informatisée et étude immunohistochimique, effectués chez une femme de 38 ans qui avait développé une tumeur amélanotique dans la choroïde postérieure. L'ultrasonographie B-scan a décelé la présence de cavitations intratumorales. La recherche d'extension systémique et extraoculaire a été négative. L'énucleation a été effectuée et l'examen histopathologique a montré la présence d'un mélanome choroïdien de type cellule fusiforme avec cavitations intratumorales bordées de cellules tumorales applaties.

Commentaires : La majorité des rapports antérieurs de tumeurs cavitaires intraoculaires décrivaient des tumeurs du corps ciliaire cavitaires. L'on devrait inclure le mélanome de l'uvée dans le diagnostic différentiel des lésions cavitaires de la choroïde. À notre connaissance, il s'agissait de la deuxième corrélation clinico-pathologique d'un mélanome choroïdien cavitare.

From *the Ocular Oncology Unit, Ophthalmology Department, Hospital Clínico Universitario, Valladolid, Spain, †the Ophthalmic Pathology Registry Miguel Burnier, Instituto Universitario de Oftalmobiología Aplicada, Valladolid, Spain, and ‡the Radiology Department, Hospital Clínico Universitario, Valladolid, Spain

Originally received Apr. 28, 2004

Accepted for publication Dec. 2, 2004

Correspondence to: Dr. Emiliano Becerra, Leloir 339, 1° piso dpto "B," Neuquen, CP: 8300, Argentina; emilianophth@yahoo.com.ar

This article has been peer-reviewed.

Can J Ophthalmol 2005;40:619–22

Uveal melanoma is typically a solid tumor. Cystic changes or cavity formation are rare. Most previous reports of cavitary melanocytic tumors dealt with ciliary-body malignant melanomas.^{1–4} We present a case of cavitation in a posterior choroidal melanoma detected by ultrasonography and confirmed by histopathological analysis, with unclear initial clinical diagnosis not suggestive of uveal melanoma.

CASE REPORT

A previously healthy 38-year-old white female was

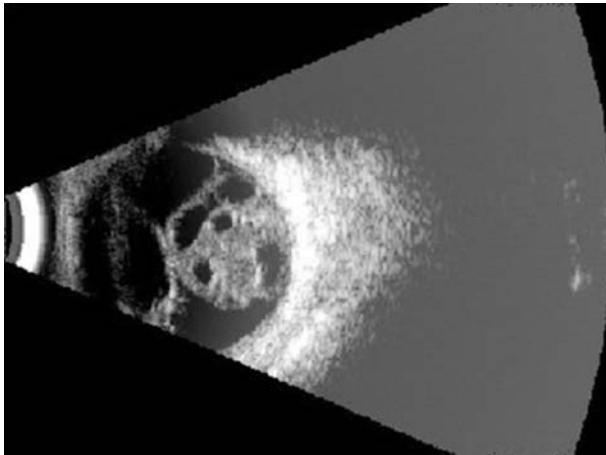


Fig. 1—B-scan ultrasonography of left eye. Acoustically solid lesion, 12 mm on maximal basal diameter and 12 mm high, with multiple, well-defined, cyst-like cavities and associated retinal detachment.



Fig. 2—Computed tomography of the orbits. Left intraocular hyperdense area with anterior concavity consistent with left retinal detachment, and poorly defined heterogeneous hyperdense signal inside with no clearly defined cavitations.

referred to the ocular oncology unit for evaluation and management of an intraocular tumor. She had a 1-month history of red eye associated with painless visual loss. The patient was being treated with topical atropine, steroids, and beta-blockers because of presumed neovascular glaucoma. Ophthalmic examination revealed best visual acuity of 20/20 in the right eye and hand movement in the left eye. Ocular examination of the right eye was unremarkable. Slit-lamp examination of the left eye showed rubeosis iridis, and fundus examination revealed a bullous infero-

nasal retinal detachment. B-scan ultrasonography disclosed an intraocular mass with intratumoral cavities in the superonasal peripapillary area (Fig. 1). Computed tomography showed the left retinal detachment, but the mass showed no clearly defined cavitations (Fig. 2).

T1- and T2-weighted magnetic resonance imaging (MRI) demonstrated the left intraocular mass with intratumoral cavities. No extraocular extension of the mass was detected (Fig. 3).

Based on the clinical appearance of the tumor and the results of the imaging studies, metastasis from an occult primary tumor, cavitary vascular tumor, and cavitary uveal melanoma were considered in the differential diagnosis.

The patient underwent systemic evaluation, with negative results for occult primary tumor or metastatic disease. Due to the size of the tumor and the presence of retinal detachment and neovascular glaucoma, no conservative treatments were considered and enucleation was performed.

Macroscopic examination showed a choroidal amelanotic mass with intratumoral cavitations and an associated retinal detachment (Fig. 4A). Light-microscopic examination disclosed a choroidal mushroom-shaped malignant melanoma with multiple intratumoral cavities (Fig. 4B) comprising predominantly B cells of spindle cell type, arranged in a palisade pattern with 1 mitotic figure per 10 high power fields. The melanoma disrupted Bruch's membrane, the retina, and the inner scleral layers. The cavities were sometimes lined by flattened tumor cells (Fig. 5). No areas of necrosis were observed. Immunohistochemical studies showed negative results for cytokeratin and S-100 protein and positive staining for vimentin and HMB-45, confirming the diagnosis of malignant melanoma.

COMMENTS

Cystic changes or cavity formation are rare in uveal melanomas. These are usually solid tumors with characteristic features of ultrasound and histopathology.^{5,6} A review of the literature disclosed only 16 published cases of cavitary melanocytic tumors: 14 cases of ciliary body tumors,¹⁻⁴ 1 case of ciliary body melanocytoma,⁷ and 1 case of posterior choroidal melanoma.⁸

In 1948, Kennedy⁴ reported the first case of a ciliary body malignant melanoma with a large cavity, which he attributed, on histopathologic study, to degenerative changes and necrosis of the tumor. The

Download English Version:

<https://daneshyari.com/en/article/10076663>

Download Persian Version:

<https://daneshyari.com/article/10076663>

[Daneshyari.com](https://daneshyari.com)