Saudi Journal of Ophthalmology (2015) 29, 242–245

Case Report

A case of choroidal melanocytoma mimicking a choroidal melanoma

Syed Shoeb Ahmad [a,*]; Lalit Lad [b]; Shuaibah Abdul Ghani [a]

Abstract

A 17-year-old young girl was seen by us with complaints of progressive, painless decreasing vision in one eye for the last 4 years. No other supporting history could be elucidated. On examination, a large choroidal mass was found. Since the features were suggestive of malignant melanoma of the choroid, an enucleation of the eye was performed. Subsequently, histopathological examination of the enucleated eye revealed findings consistent with melanocytoma of the choroid. This case is unique in that the patient was of relatively young age and the tumor was huge compared to previous such reports.

Keywords: Melanocytoma, Choroid, Enucleation

http://dx.doi.org/10.1016/j.sjopt.2015.02.002

Introduction

Intraocular melanocytomas are relatively rare, benign, tumors. They are usually diagnosed in patients between the ages of 30 and 50 years.[1] Commonly occurring near or on the optic disk, they have also been reported to develop in the choroid, ciliary body, iris, conjunctiva or sclera.[2–5] The differential diagnosis of melanocytomas includes a number of conditions such as malignant melanoma, nevi, hyperplasia of the retinal pigmentary epithelium (RPE) and hamartomas of the RPE/sensory retina.[6] Unfortunately, melanocytomas may clinically and/or radiologically mimic malignant melanomas, leading to drastic procedures such as enucleation.[7,8]

This case report describes a 17 year old girl who was found to have a huge intraocular tumor on initial presentation. The clinical examination and subsequent investigations pointed to the possibility of a malignant melanoma. Thus, an enucleation was performed. However, on subsequent histopathological examination, it was found to be a benign melanocytoma.

Thus, this case is a pointer that proper diagnosis of benign intraocular tumors can lead to a more conservative approach. This can avoid unnecessary enucleations and thereby protect the quality of life in a young individual from being considerably affected.

Case report

A 17-year-old female reported to the ophthalmology clinic of Queen Elizabeth Hospital, Kota Kinabalu, Malaysia, with complaints of progressive decreasing vision in the right eye for the past 4 years. There was no pain, redness or swelling noticed in or around the eye. The patient also denied any history of trauma or other systemic symptoms such as weight loss or headaches. No other supporting history could be elicited.

Ocular examination revealed a visual acuity of no-perception-to-light in the right eye and 6/6 in the left eye. Intra-ocular pressures were 18 mm Hg in right eye and 14 mm Hg in the left eye. The anterior segment in the right eye showed

Received 12 July 2014; received in revised form 23 January 2015; accepted 24 February 2015; available online 4 March 2015.

[a] Department of Ophthalmology, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia
[b] Department of Pathology, Queen Elizabeth Hospital, Kota Kinabalu, Malaysia

* Corresponding author. Tel.: +60 1126868346.
e-mail address: syedshoebahmad@yahoo.com (S.S. Ahmad).

Peer review under responsibility of Saudi Ophthalmological Society, King Saud University

Production and hosting by Elsevier

Access this article online:
www.saudiophthaljournal.com
www.sciencedirect.com

a mid-dilated and non-reacting pupil. The iris was normal in appearance with no evidence of rubeosis iridis. A retrolental brownish mass with overlying blood vessels could be seen on slit-lamp biomicroscopy (Fig. 1a). No orange pigments or drusens were visible on the tumor. The anterior segment examination of the left eye did not reveal any abnormality. Gonioscopically, both eyes showed open angles.

Fundus examination of the right eye showed a large brownish mass occupying most of the posterior segment except for the nasal periphery. The tumor was large enough to obscure most of the fundal details and it could not be ascertained if the tumor was arising from a juxtapapillary location. The posterior segment of the left eye was within normal limits.

A B-scan ultrasonography of the right eye revealed a large choroidal, dome-shaped mass, without sub-retinal fluid, arising from the posterior pole without any acoustic hollowing or calcification. High internal reflectivity was observed in some

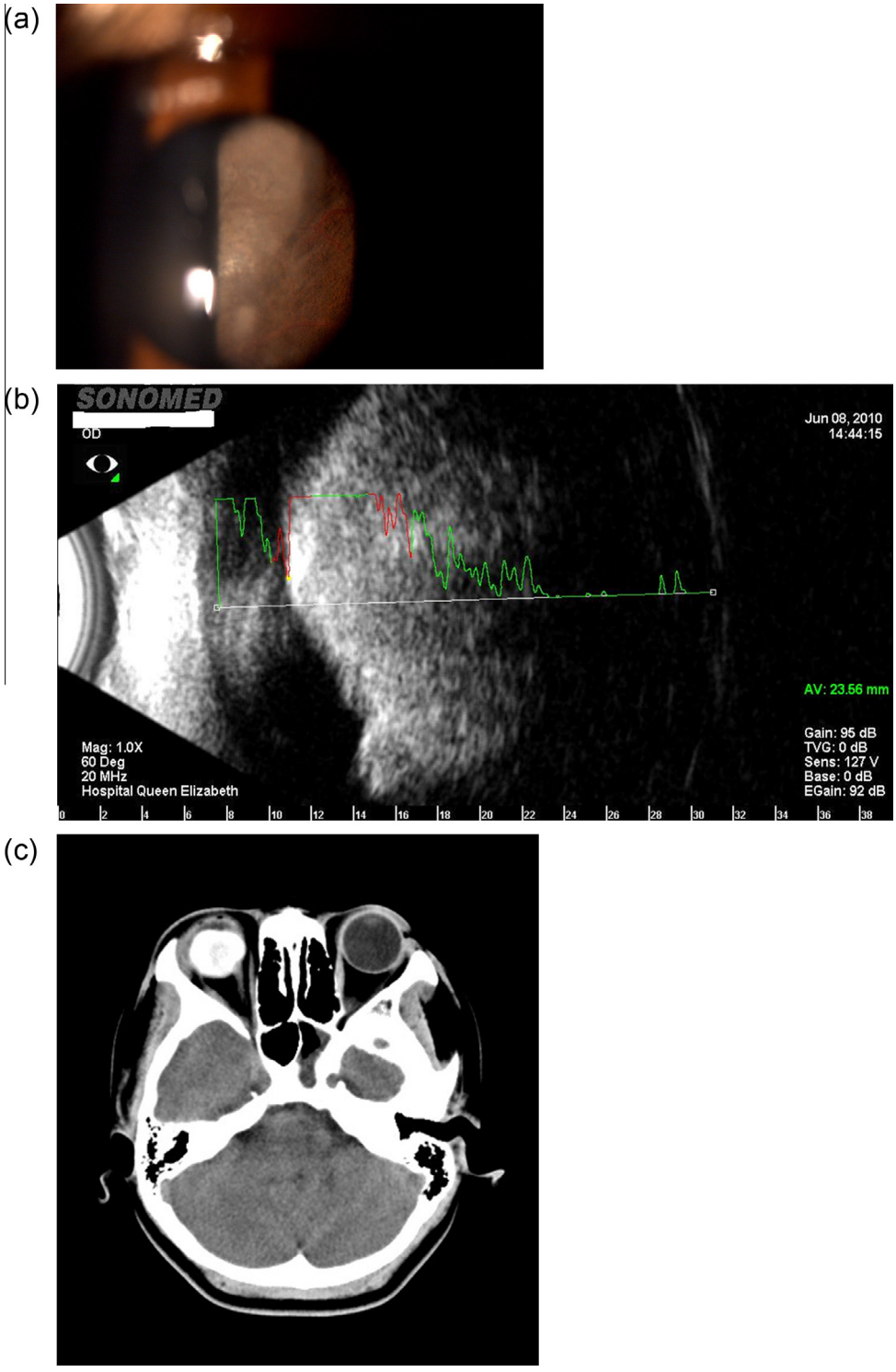

Figure 1. (a) Slit-lamp image of the right eye, showing the retrolental tumor. (b) Ultrasound image showing the huge choroidal tumor, with areas of high internal reflectivity. (c) CT-scan image shows the 12mm × 20 mm intraocular tumor without any extension.