Suspect Choroidal Melanoma Lesion – USG follow-up Case Report

Fernanda Salata Antunes, Andreia Novelli, Ever Ernesto Caso Rodriguez, Carolina Maria Barbosa Lemos, Walther de Oliveira Campos Neto, Mariana da Rocha Martini, Anésio Ruiz Neto, Nathália Nishiyama Tondelli

INTRODUCTION

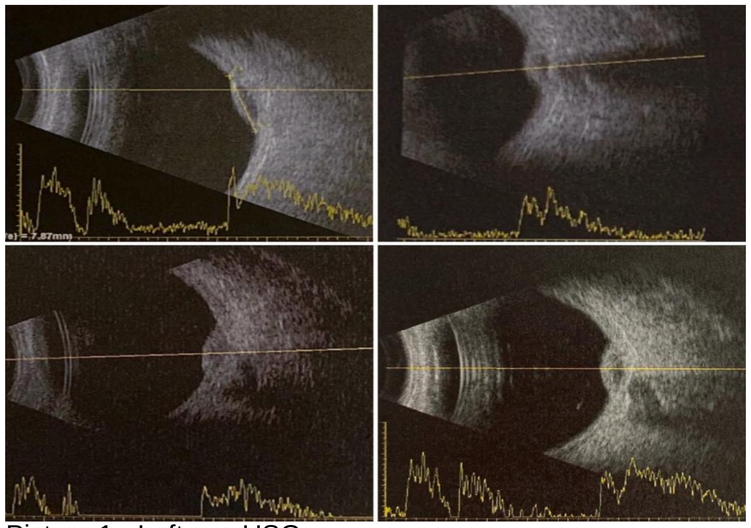
Choroidal nevus are flat/slightly elevated benign lesions with variable pigmentation and clearly defined margins (4). About 10% of suspect nevus have malign progression(1). Choroidal melanoma is the most commom primary intraocular malignant tumor in adults(5) and commonly affect people over the age of 55, specialy caucasians.

METHODS

Ultrasound follow-up case report of a patient with suspect Choroidal Melanoma lesion.

RESULTS

Female patient, age 66, presented for routine ophthalmologic check-up in June/2019. Best corrected visual acuity: 20/25 in the right eye and 20/100 in the left eye. Left eye Fundoscopy revealed a slightly elevated macula, measuring about 6 disc diameters. Ultrasonography (USG) showing a cupuliform lesion with smooth surface and acoustically homogeneous interior; A-scan mode showed high inicial amplitude followed by pregressive eco atenuation resulting in Kappa angle. Diagnostic hypothesis: small Melanoma or Choroidal nevus. Opted for follow-up with serial USG for measure(Table 1).

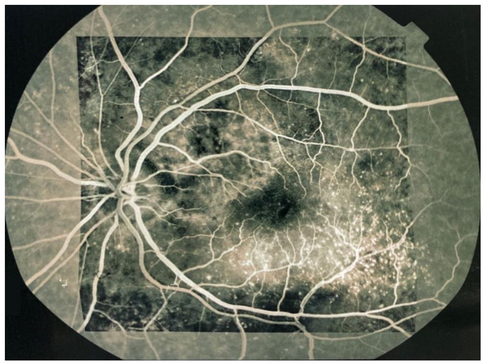


Picture 1 - Left eye USG

	06/22/19	08/06/19	09/25/18	11/19/19	01/08/20
Height	2,75mm	2,60mm	2,75mm	2,2mm	2,36mm
Longitudinal	7,87mm	6,96mm	7,36mm	7,68mm	5,92mm
Latero-Lateral	6,8mm	6,57mm	7,50mm	5,84mm	7,32mm

Table 1 – Serial USG Measures

Picture2 – Left eye Retinography



Picture 3 – Left eye Angiography

DISCUSSION

Differential diagnosis between choroidal nevus and small melanomas can be challenging. They are considered indeterminate lesions when height (thickness measure -TM) exceeds 1mm in USG, and base measure is beyond 5 mm. Recent studies defined manegement based on tumors size and progression(6). Atipic Nevus (TM 0,5-2mm): observation and reavaluation in 6 months(5,6). Small (TM 2-3mm)/non-progressive lesions: Retinography and ultrasound; follow up every 2-3 months(5,6). Medium tumors (TM 3-5mm): Local ressection, brachytherapy or enucleation(5). Large lesions (TM 5-10mm): Brachytherapy or enucleation(5). Exenteration is restricted for lesions with extensive orbital involvement(5). Our patient has an indeterminate lesion with Kappa angle, wich is highly sugestive of melanoma. Usg follow-up identified it as a small tumor and no progression has been identified in every two months avaluation, such as observed in table 1. Even though it has stable features, with no progression observed, it is important to have a systemic screening for metastasys exclusion,specially in lungs and liver,due to melanomas agressive behaviour and malignancy.

KEY WORDS

Choroidal melanomas; Nevus; indeterminate lesion; uveal tumors;

BIBLIOGRAPHY

1- ANDRADE, Gabriel. Nevus de coroide. In: ANDRADE, Gabriel. **Atlas de Doenças da Mácula.** Sao Paulo: Elsevier, 2015. Cap. 104. p. 345-437.

2- ARCIERI, Enyr Saran et al . Estudo de melanoma de coróide na Universidade Federal de Uberlândia. **Arq. Bras. Oftalmol.**, São Paulo , v. 65, n. 1, p. 89-93, Jan. 2002.

3- Basic and clinical Science course 2016-2017 **American Academy of ophthalmology**

4- CHEUNG, Albert et al. Distinguishing a Choroidal Nevus From a Choroidal Melanoma. **Eyenet Magazine**, San Francisco, p.39-40, fev. 2012.

5- CUNHA, Aline Amaral Fulgêncio da et al . Melanoma de corpo ciliar e coróide: relato de caso. **Arq. Bras. Oftalmol.**, São Paulo , v. 73, n. 2, p. 193-196, Apr. 2010

6- SANTO, Ruth Miyuki; BECHARA, Sarnir Jacob. Tumores intra-oculares. **Arquivos Brasileiros de Oftalmologia**, Sao Paulo, p.242-255, abr. 1998.