



Melanoma of the choroid – Management

Malignant melanoma, Uveal melanoma

MANAGEMENT

Additional investigations

- Ultrasonography helps to confirm the diagnosis and the size of the tumour. Melanomas tend to have a distinct elevated dome shape with low internal acoustic reflectivity. Fluorescein angiography may show intrinsic vascularity and mottled hyperfluorescence
- Systemic imaging investigations and blood tests are largely concerned with diagnosing metastases, which occur most commonly in the liver, bone, skin and central nervous system. These tests are usually performed under the supervision of a medical oncologist.

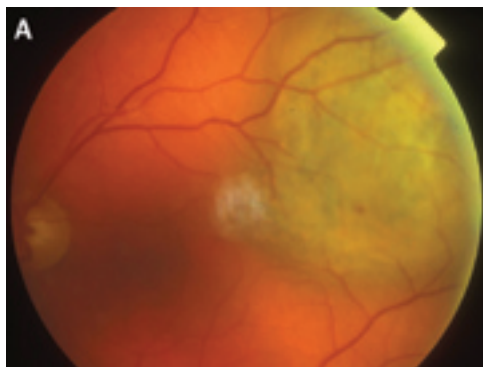
Surgery

Therapeutic modalities include plaque or external beam radiotherapy, brachytherapy, laser photocoagulation, chemotherapy and surgery. The classic treatment for choroidal melanoma has been enucleation, particularly for large or complex tumours. However, the Collaborative Ocular Melanoma Study (COMS) did not find a reduction in the 10-year mortality rate following enucleation compared to use of radioactive plaques. Radiotherapy, either with radioactive plaque or charged particles, is recommended for medium-sized and large melanomas when there is a possibility of salvaging some vision. Management of small tumours, with little evidence of growth, is controversial: they may be treated or observed.

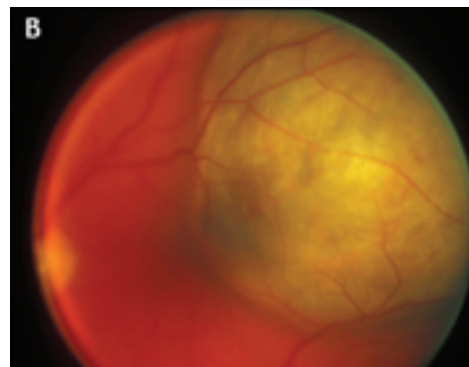
REVIEW AND PROGNOSIS

Approximately half of patients with choroidal melanoma die from malignant complications. Prognosis relates to the tumour dimensions, histological features, extrascleral extension and the presence of metastases.

- See Choroidal melanoma – Assessment (July 20) for description, symptoms, signs, prevalence, significance and differential diagnosis.



A) Large choroidal melanoma affecting the temporal left fundus of an elderly male patient in August 2000. Transpupillary thermotherapy was undertaken with initial regression of the tumour

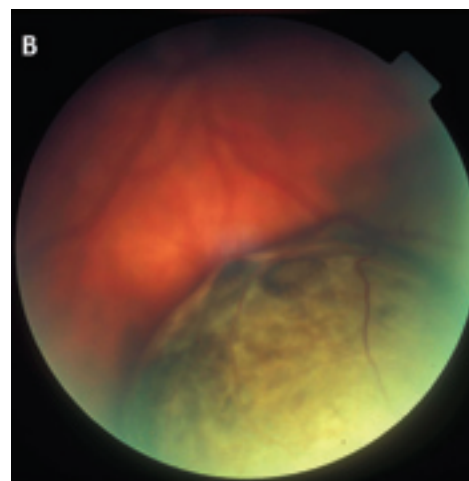


B) However, progression was noted nine months later in May 2001. John Davies, Queensland, referred the patient to PGS for photography



A) Right fundus of a 70-year-old male that appeared normal in primary gaze.

B) A large choroidal melanoma affected the right inferio-nasal fundus of the same eye. John Davies, Queensland, referred the patient to PGS for photography



The full series of these articles will be available in the book *Posterior Eye Disease and Glaucoma A-Z* by Bruce AS, O'Day J, McKay D and Swann P. £39.99. For further information click on the Bookstore at opticianonline.net

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