

**RARE AND INTERTING CASE OF CHOROIDAL MELANOMA PRESENTING AS A CASE OF A CONGESTIVE GLUCOMA LEFT EYE IN A 55 YEARS OLD MALE PATIENT**

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**ABSTRACT**

*CHOROIDAL MELANOMAS ARE ONE OF THE COMMONEST INTRODUCTION TUMOURS CAN BE BENIGN OR MALIGNANT PIGMENTED OR NON PIGMENTED MORE COMMON IN WHITES THAN BLACKS HAVE GOT AN EARLYTENDENCY FOR LIVER METATASSIS HOWEVER IF DIAGNOSED AND TREATED IN TIME ONE CAN PREVENT LIVER METATASSIS*

*THEY ARE 6.5 PER MILLION IN U S A AND 7 PER MILLION IN DENMARK AND OTHER SCANDENAVIAN COUNTERS*

*KIND OF 89 PERCENT CHOROIDAL 12 AND 8 PERCENT INVOLVE C BODY AND IRIS RESPECTIVELY*

*VERY DIFFICULT TO DIAGNOSE DUE TO ATYPICAL MANEFESTATIONS HOWEVER IN MOST OF SITUATIONS PRESENT AS SOLID OR EXUDATE RET DETACHMENT ON B SCAN ULTRASOUND OR INDIRECT OPHTHALMOSCOPY*

*MALIGNANT MELANOMA OF C BODY YIELDS POOR RESULTS*

*DIAGNOSTIC MODALITIES*

*DIRECT OPHTHALMOSCOPY*

*INDIRECT OPHTHALMOSCOPY*

*A SCAN ULTRASOUND*

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*B SCAN ULTRASOUND*

*CT SCAN BRAINE*

*MRI SCAN BRAINE*

*FFA*

*OCT*

*ANGIO OCT*

## **INTRODUCTION**

IF TUMOUR IS ANT TO LENS PRESENTING FEATURES ARE

PAINLESS AND PROGRESSIVE VISUAL FIELD LOSS

BLUED VISION

PARACENTRAL SCOTOMA

IF TUMOUR INVOLVES ANGLE OF FILTER ATION

FEATURE ARE

A C GLUCOMA

A A C GLAUCOMA

SEC GLAUCOMA

OCCULAR HYPERTENSION

NORMAL TENSION GLAUCOMA

LOW TENSION GLAUCOMA

IF TUMOUR INVOLVES VITROUS

FEATURES ARE

VITROUS FLOATERS

SEVERE OCCULAR PAIN MAY BE SOME-

TIMES PRESENTING FEATURES ARE

IN SOME VERY RARE CASE ONE MAY HAVE LOSS OF WEIG APETITE AND LOSS OF BLADDER CONTROL

## **METHODOLGY**

55 YEARS OLD MALE PATIENT IN 2011 PRESENTED WITH AN EPISODE OF A C GLAUCOMA WITH ALL TYPICAL SIGNS AND SYMPTOMS IN THE FORM OF SUDDEN LOSS OF VISION SEVERE PAIN AND MARKED REDNESS SEVER C INJECTION COREA HAZY SHALLOW A C DILATED FIXED PUPIL WITH IOP OF MORE THAN 50 MMHG PT WAS PUT ON ALL MODALITIES OF ANTI GLUCOMA MEDECATION WITH OUT ABY IMPROVEMENT NONB SCAN WAS DONE HOWEVER PT WAS ADVISED WHICH HE REFUSED WENT LAMA LATER HE SOUGHT ANOTGER EYE CONSULATION THIS TIME B SCAN ULTRASOUND WAS OERFORMED WHICH REVIELED SOLID RET DETACHMENT WAS SENT FOR MRI SCAN BRAINE FOR RADIOLOGICAL CONFERMATTION OF MELANOMA HOWEVER TO THE BAD LUCK OF PTBAND OPHTHALMOL-

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OGIST MRI SCAN DONE TWICE WAS SO  
CONFUSING IT IT CREATED MISTRUST AND  
LEFT WITHOUT HAVING ANY KIND OF  
DX AND TREATMENT FOR A PERIOD OF 2  
YEARS AS PAINFUL BLIND EYE WITH HAZY  
MEDIA

I HAPPEN TO SEE PT IN 2013 WITH HAZY  
MEDIA LEFT EYE MARKING DETAILS OF  
POST SEGMENT DIFFICULT TO BE VISUAL-  
ISED

REFERED FOR MRI SCAN BRAINE WHICH  
CONFIRMED RADIOLOGICAL CONFIR-  
MATION OF MELANOMA

WITH PIT FOSSA GLAND AND BASAL GAN-  
GLION NORMAL AND OPTIC NERVE TRACT  
RADIATION CHIASMTRICLES C HEMISPHERE  
VENTRICLES NORMAL

SURGICAL MODALITIES

IF TUMOUR IS LESS THAN 22MM

TREATMENT IS OBSERVATION

IF IT IS MORE THAN 22MM ENUCLEATION

PLAQUE BRACHYTHERAPY

BLOCK RESECTION

RADIOTHERAPY

CHEMOTHERAPY

PARAS PLANA VITRECTOMY

PAN RETINAL PHOTOCOAGULATION

EXENTERATION IN SOME VERY SEVERE  
CASES

## **RESULTS AND DISCUSSION**

AS PER MRI SCAN BRAINE

BLOCK RESECTION WAS PERFORMED L  
EYE UNDER GA REMOVING ALL INTRAOC-

ULAR CONTENTS LEAVING BEHIND IN-  
TACT ORBITA

L ADENEXA AND ALL EXTRAOCULAR  
MUSCLES AND INTACT SCLERA AN INTRA-  
ORBITAL CONFIRMER WAS PUT FOR 15  
DAYS TO INCREASE THE INTRAORBITAL  
VOLUME FOR BETTER FITTING PROSTHESIS

AFTER REMOVAL OF INTRAORBITAL CON-  
FIRMER A WELL FITTING AND MATCHING  
PROSTHESIS WAS PUT THE REMOVED IN-  
TRAOCULAR CONTENTS REMOVED SENT  
FOR HISTOPATHOLOGY DID NOT SHOW  
ANY EVIDENCE OF MALIGNANCY

## **DISCUSSION**

MORE THAN 9 YEARS HAVE PASSED PT IS  
PAIN FREE WITH NICELY FITTING AND  
MATCHING PROSTHESIS.

CT AND MRI SCAN BRAINE NORMAL UN-  
TRASOUND LIVER NORMAL

## **CONCLUSION**

IF WE ARE DEALING WITH A CASE OF A C  
GLUCOMA NOT RESPONDING TO ANTI  
GLUCOMA MEDICATION

B SCAN ULTRASOUND SHOULD BE DONE  
TO PICK UP SOLID RET DETACHMENT AND  
PERFORM MRI SCAN BRAINE FOR RADIO-  
LOGICAL CONFIRMATION OF MELA-  
NOMA AND SO GO FOR THE NECESSARY  
TREATMENT

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## REFERENCES

1. IN INSTITUTE OF OPHTHALMOLOGY UNIVERSITY OF MANCHESTER LONDON
2. A PATIENTT OF CH MELANOMA PRESENTING WITH A C GLAUCOMA DID NOT RESPON TO ANTI GLUCOMA MEDECATION
3. VISION IN NORMAL EYE WAS 6/18 MRI SCAN BRAINE WAS DONE WHICH REVEILED CH MELANOMA SO ENUCLEATION WAS DONE
4. IN BASCOM PALMAR INSTITUTE OF OPHTHALMOLOGY UNIVERSITY OF MIAMI AND FLORIDA
5. 2 PATIENTS OF CH MELANOMA PRESENTED WITH A A C GLUCOMA
6. ONE PT WAS PUT ON ANTI GLUCOMA MEDECATION AND LATER LASER IRI-DOTOMY WAS DONE
7. 2ND PT HAD HAZY MEDIA MAKING DETAILS OF POST SEGMENT DIFFICULT TO BE VISUALISED GIVING STRONG EVIDENCE OF INTRAOCULAR TUMOURS
8. B SCAN ULTRASOUND WAS DONE AND NRI SCAN BRAINE CONFERMED CH MELANOMA SO ENUCLEATION WAS DONE
9. SOMETIMES CH MELANOMA CAN PRESENT AS SEC GLAUCOMA THOUGH RARE
10. IN INSTITUTE OF OPHTHALMOLOGY AND PATHOLOGY UNIVERSITY OF CAIRO EGYPT PT OF CH MELANOMA PRESENTED WITH SEC GLAUCOMA WITH IOP OF 58 MMHG B SCAN ULTRASOUND SHOWED.SOLID RET DETACHMENT AND MRI SCAN CONFERMED CH MELANOMA SO ENUCLEATION WAS DONE
11. MALIGNANT MELANOMA OF C BODY MAY PRESENT AS OCCULAR HYPERTENSION OR CH UVEITIS YIELDS POOR RESULTS
12. VERTEX VARICES MAY PRESENT AS UVEAL MELANOMA WHICH IS BENIGN AND DISAPOERS ITSELF