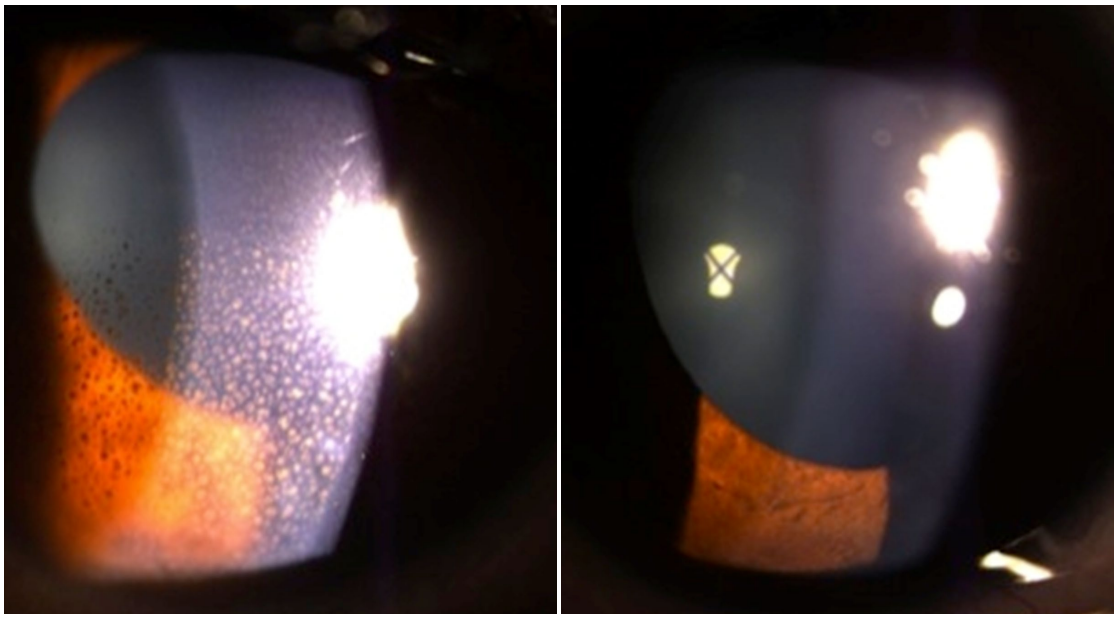
MYSTERY IMAGE

BLINK



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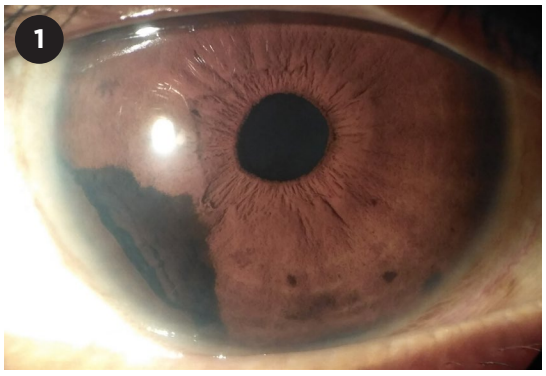
WHAT IS THIS MONTH'S MYSTERY CONDITION? *Visit aao.org/eyenet to make your diagnosis in the comments and get the answer to last month's mystery.*

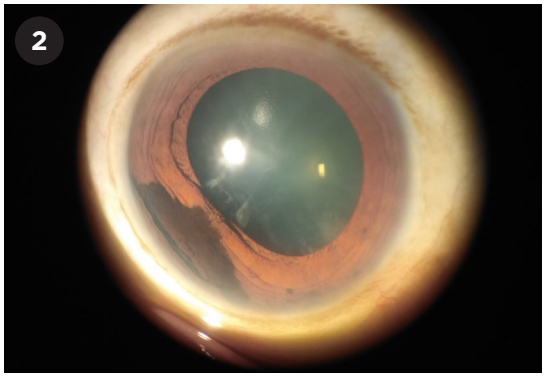
LAST MONTH'S BLINK

Iris Melanoma

A 59-year-old woman came to our clinic for a routine eye examination. On slit-lamp exam, a hyperpigmented iris lesion was noted in her right eye (Fig. 1). The lesion was seen inferotemporally with a feathery margin and iridocorneal involvement with corneal touch. A mild degree of corectopia was also noted. Gonioscopy showed tumor seeding in all quadrants. On dilation (Fig. 2), a localized secondary cataract was noted underneath the lesion. Fine-needle aspiration biopsy and ultrasound biomicroscopy provided confirmation of melanoma.

Iris melanoma is rare, representing 2% of all uveal melanomas, in contrast to iris nevus, which is common. Iris melanoma should be diagnosed quickly and treated promptly. Treatment can be in the form of sector iridectomy/iridocyclectomy, radioactive plaque brachytherapy, or enucleation. Metastasis can be seen in 2%-10% of all iris melanoma cases. It can be asymptomatic at presentation, as in our case, or the patient may notice a sudden increase in size of a preexisting nevus and may have cosmetic concerns, pain, change in vision, or raised intraocular pressure. The melanoma can be circumscribed or diffuse, sometimes involving more than two-thirds of the angle (ring melanoma). The ABCDEF guide for predicting if an iris nevus could become melanoma is: Age < 40 years. Blood in anterior chamber. Clock hour: inferior. Diffuse configuration. Ectropion/corectopia. Feathery margin. Other risk factors: angle involvement, secondary cataract, or glaucoma.





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