

## A rare and interesting case of a choroidal melanoma presenting as a case of a congestive glaucoma left eye in a 55 years old male patient



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### Abstract

Choroidal melanomas are one of the commonest intraocular tumors they can be benign malignant pigmented non pigmented more common in whites than blacks have got an early tendency for liver metastasis however if diagnosed and treated early one can prevent liver metastasis they are 6 per million in USA and 7:5 per million in Denmark and other Scandinavian countries very difficult to diagnose due to their atypical manifestations however in most of situations present as solid in exudative retinal detachment on indirect ophthalmoscopy and b scan ultrasound, they are: 80 % choroidal; 12 % involve ciliary body; 8 % involve iris.

**Introduction:** If the tumour is ant to lens presenting features are painless progressive visual field loss paracentral scotoma blued vision in choroidal tumour involves angle of filtration is involved the presenting features will be a c glaucoma; sec glaucoma; ocular; hypertension; diagnostic modalities; direct ophthalmoscopy; indirect ophthalmoscopy; a) scan ultrasound; b) scan ultrasound; c) CT scan; d) brain; MRI scan brain; f) angiography.

**Case report and results:** It was in the year 2011 a 55 years old male patient presented with all the typical features of le a c glaucoma was put on antiglaucoma medication in an ophthalmic department of medical college however even after more than 8 hours of the treatment there was no improvement however at this stage no. Scan ultrasound was done patient was advised admission which was refused by him later he took second ophthalmic option this time ophthalmologist performed b scan ultrasound and picked up solid retinal detachment he wanted radiological confirmation of melanoma so it was referred for MRI scan brain which unfortunately was misleading so it was left untreated for almost two years as a painful blind eye I saw patient in, 2013 le hazy media did again b scan showed solid retinal detachment MRI scan brain concerned radiological dx of melanoma.

Report also showed normal basal ganglia pituitary fossa optic nerve; optic tract; optic radiation and vision all were normal. Midbrain thalmi ventricles cerebral hemispheres all were normal ultrasound liver was normal so in planned block resection as modality of surgery removed all the contents leaving behind intact orbital adnexa and extra ocular muscles the removed tissues sent for histopathological examination did not show any evidence of malignancy later an I put an ocular conformer to increase the intraorbital volume in order to put a fit in a good prosthesis the conformer was removed after two weeks and later a well-fitting and well matching prosthesis was put

**Discussion:** More than six years have passed patient is pain free nicely fitting prosthesis MRI scan brain is normal ultrasound liver normal.

**Conclusion:** If a patient of a c glaucoma does not respond to usual antiglaucoma management. It is very important to perform scan ultrasound in order to pick up the retinal detachment then confirm melanoma by MRI scan brain. In this patient I first case b scan was not done the when b scan was done and solid retinal detachment was picked MRI scan was not satisfactory. So patient was left untreated for two years. Hence, this case is a rare one. Treatment modalities of choroidal melanoma

If the tumour is less than 22 mm it is observation If it is more than 22 mm it is Enucleation; Block resection; Plaque brachytherapy; Chemotherapy; Radiotherapy; Pars plana vitrectomy; Pan retinal photocoagulation. In some severe rare cases: Exenteration.



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