

# Rare and Interesting Case of Eye Choroidal Melanoma Presenting as a Congestive Glaucoma in a 55 Years Male Patient



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## Abstract

55 years male patient presented as a case of a glaucoma in 2011 at ER ophthalmological dept of medical hospital Srinagar Kashmir; he presented with severe pain marked redness of left eye and marked loss of vision on exam he had sever ciliary congestin corneal odema very shallow a chamber and dilated pupil no clear view of fundus and IOP of more than 550mm Hg. He was put on emergency medication of a c glaucoma in form of topical LUPITISS eye drops one drop l eye od 2 britiblu eye drops i drop L eye bd 3 osmotic diuretic 20 percent mannitol 250cc IV 4 500mf of injection diamox l we even with this medication pt dod not respond even after more than 12 hours of this medication he was advised admission which he refused however no a or B-scan ultrasound was done pt after couple of days sought second ophthalmic consultation this time the con ophthalmologist performed B-scan ultrasound and picked up a solid retinal detachment of l eye to confirm melanoma.ch he was referred for MRI scan of orbits and brain unfortunately for patient and treating ophthalmologist the report of scan was very unsatisfactory the radiologist gave a very unsatisfactory report that pt has pan ophthalmitis l eye however ophthalmologist requested him that this is a case of CD melonoma [1], and it has to be confirmed by MRI in this process p both pt and got confused and patient left the treatment he was unfortunately going from one oph to other as a painful blind eye for two years key words melanoma.ch is the commonest tumor it can be benign or malignant LUPITISS t is prostaglandin analogue and t stands for temilola beta blocker beta blocker 3 britiblu is brimolol 3 mannitol is osmotic durtetic 4 diamox is carbonic anhydrase inhibitor od means one dop once a day 5bd is one drop twice a day glaucoma is a v=condition where i o gets raised in eye pathogenesis of IOP aqueous is produced by ciliary process of ciary epethelium im post chamber where [2], the aqueous nourishes lens then through pupil it comes in ant chamber and aqua nourishes cornea and then it is dained though angle of filtration through canal of schlem and finally aqueous comes in aqua veins so any condition which causes obstruction in drainage of aqueous will result in rise of IOP which is called glaucoma classification of glaucoma cong glaucoma occurs during intra uterine life 2 infantile glaucoma if from birth to 3 years 3 juvenile off 3 years to 17 years 2 primary glaucoma open and closed angle 3 sec glaucoma which occurs sec to any intraocular disease 4 ocular hypertension sec to systematic tension dx of cong glaucoma also called buphthalmos big eye ball a large cornea we do under anesthesia in these neonates and measure [3], IOP and measure corneal diameter treatment modalities which r surgical have been

- I. Goniotomy
- II. Goniopexy
- III.Trabeculotomy
- IV.Sinostomy

## Case Report

In open angle glaucoma there is no pain moderate rise of IOP causes headache there are 3 features

- a. Fundus changes
- b. Changes in visual fields

Fundus causing glaucomatous cupping and even optic atrophy most the times pts of open angle glaucoma are diagnosed late due to lack of pain and pt may come when pt already [4], had glaucomatous cupping and optic atrophy that's why we are doing glaucoma screening after 40 years of age where we do

routine measuring of IOP refraction and fundus examination in this screening we are able to pick up cases of open angle glaucoma treatment is medical and surgical first [5], we put it on medical therapy and if it doesn't respond to it or it not coming for regular ophthalmic evaluation or pt belongs to that of place lack of ophthalmic advice one should do surgery the surgical modalities are 1 trabeculectomy advantages of this procedure

1. It is cosmetically better
2. It can be repeated
3. It is a physiologically better operation
4. It communicates the anterior chamber with canal of schlemm by splitting the trabecular mesh work

Nowadays, we have better options of laser and operation of laser choice is an argon laser trabeculoplasty closed angle glaucoma comes very early due [6], to severe pain redness and marked loss of vision in most of these cases they respond to anti glaucoma medication after the eye settled down we do laser iridotomy even in normal eye of these pts we do polylectic laser iridotomy then we have ocular hypertension due to systemic hypertension key is control of bp then we have a miscellaneous group of glaucoma 1 neovascularisation glaucoma due to c arc occlusion it is said to subside in 3 months lastly by least we have absolute glaucoma pt has painful blind eye treatment modalities.

- a) Cyclotherapy
- b) Cyclopropryl

Sometimes due to severe pain we may inject retrobulbar injection of xylocaine or alcohol to relieve pain sometimes one may have to enucleation if all measures fail introduction of melanoma is the most common primary malignant intraocular tumor and the second most common type of primary malignant melanoma in the body it most often whites of northern European descent essential update early treatment may prevent metastatic deaths in patients with melanoma.ch in a prospective cohort study of 3072 patients with melanoma.ch researchers we found for some pts early treatment rather than watching and waiting might better prevent metastatic deaths signs and symptoms melanoma.ch remain asymptomatic for prolonged period of time may be found incidentally during ophthalmoscope in general the more the their origin the longer the delay of any symptoms melanoma.ch present with following symptoms:

- a. Blurred vision
- b. Paracentral scotoma
- c. Progressive and painless visual loss
- d. Floaters
- e. Severe ocular pain
- f. Weight loss marked fatigue cough or change in bowel or bladder suggests primary non ocular malignancy with

melanoma.

ophthalmological examination may reveal following

- A. Small melanoma.ch typically takes the form of a nodular dome shaped and well circumscribed mass under the retinal pigment epithelium
- B. Melanoma.ch grow they adopt more irregular configurations
- C. Diffuse melanoma.ch characterized by growth throughout the choroid with minimal elevation are more difficult to diagnose and often cause significant exudative detachment
- D. Melanoma.ch may have variable coloration some are more pigmented and others are less
- E. If tumor is light colored its abnormal vascularisation usually can be seen ophthalmoscopically
- F. Overlying melanoma.ch

There are usually few pig epithelial changes eg drusen dx 1 liver enzyme are indicated in any pt with uveal melanoma is the most common site of melanoma.ch metastases so one has to do

- a. Alkaline phosphates
- b. Glutamic oxaloacetic transaminase
- c. Lactate dehydrogenase

Gamma glutamyl transpeptidase a scan and B-scan ultrasound MRI scan ct scan f f angiography can help point to dx 2 small ch melanomas may show fluorescence angiographic changes similar to choroidal nevi 3 large melanomas may show patchy pattern of early hypofluorescence and hyper fluorescence followed by late intense staining simultaneous fluorescence of retinal [7-8], and ch circulation within is fairly distinctive of melanomas.ch management

- I. Observation may be acceptable for post uveal tumors not well established in particular tumors of less than
- II. To 2.5mm and 10mm in diameter can be observed until growth is documented
- III. Plaque brachytherapy is a widely accepted alternative to enucleation medium sized post uveal melanomas less than 10mm
- IV. External beam irradiation with protons and helium ions
- V. Pp vasectomy
- VI. Block excision
- VII. Laser photocoagulation
- VIII. Orbital exenteration in extreme cases.

## Introduction

The above mentioned pt b was seen by me in 2013 his all investigations l f t c bc k f t lipid profile f b s were within normal limits ultrasound abdomen normal no evidence of any metastases i requested for MRI scan of orbits and brain it was very satisfactory showing that optic nerve optic tract Chiasm a basal ganglia pit gland thalmodid brain ventricles and cerebral hemispheres all were normal discussion we have aired mentioned that scleral cavity can be

1. Antto lens so it will cause visual impairment
2. Involve vitrous causind floaters
3. Involve angle of filtration and present and a c glaucoma as was seen in our case.

## Discussion

So after all above mentioned investigations under gowhar ahamed I removed whole cornea lens vitrous chorioid and retina [9-11], so we were left with intact intra scleral cavity optic nerve and all ocular muscles i stitched ant and pst lips of sclera with 6 zero vicryl kept a drain in intra scleral cavity which was removed after 24 hours later i put a confirmer to give shape to orbit for 15 days after removal of confirmer i fitted a well matching and fitting prosthesis the removed tissues were sent for histopathological examination did not show any evidence of malignancy 3 years [12-15], have passed all repeat tests od blood ultra sonography b abdomen are normal.

## Conclusion

So any pt f ac c glaucoma if does not respond to treatment please do a or b scan ultrasound to pick up solid ret det and rule out m melanoma.ch by MRI review of literature 1 vertex varies can present as Uveal melanoma however it is a benign condition and temporary 2 in dept of ophthalmology manchester a pt came with a c glaucoma vision in normal eye unaided was 6,18 have did not respond to treatment MRI showed melanoma.ch so Enucleation was done 2 in Saudi medical lornal and cairio institute of ophthalmology and nophthalmology one pt came with BSEC glaucoma with imp of 56mmhg pt did not respond to

treatment MRI was done it revealed melanoma.ch so Enucleation was done.

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