

Mini Symposium on the Management of Choroidal Melanoma

Introduction

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All Ophthalmologists must be aware of the controversy which exists over the management of choroidal melanoma. Whether one accepts Zimmerman's views¹ that enucleation may cause death from choroidal melanoma by the dissemination of tumour cells at the time of surgery or takes a different view, and there are many who take an opposing view,² there is no doubt that the controversy has caused us all to look critically at the management of these difficult and life-threatening tumours. Additionally, the controversy has stimulated a great deal of interest in forms of treatment other than enucleation.

Whether we are enucleating eyes or treating tumours in other ways it is important that we are certain of the diagnosis before embarking on treatment. We know that atypical disciform degeneration and many unusual but not necessarily malignant tumours may pose diagnostic difficulties on occasion and the topic of diagnostic difficulties will be addressed in this mini symposium by Mr John Hungerford from the clinical standpoint and by Professor William Lee from the aspect of pathology.

Both clinicians and pathologists have many novel and useful techniques at their disposal and currently it is quite unacceptable that eyes should be enucleated or treated for presumed malignant melanoma without full use of the investigative techniques available. These techniques may somewhat controversially include biopsy for tissue diagnosis in selected

cases³ or fine needle biopsy for cytology.⁴ Where diagnosis has been based solely on clinical features, up to 20 per cent of eyes have been reported as having been inappropriately enucleated⁵ a figure which may fall to 4 per cent or less in centres where the full range of available investigative techniques is used.⁶ On occasion, even with all the investigative armamentarium at our disposal, mistakes can be made and there is nothing quite as sobering as having an ophthalmic pathologist in the department to prove the point. As an example of diagnostic difficulty an interesting entity which is probably not too rare is the development of pigmented tumours in both eyes as a manifestation of some other form of malignancy elsewhere^{7,8} (Fig. 1).

Two methods of treatment which have received some attention recently are radiotherapy and the surgical management of choroidal melanoma. Mr. John Hungerford will present the former and I shall present an update of our results in relation to the latter. In suitably selected cases radiotherapy (Fig. 2), local surgical resection (Fig. 3) or even laser photocoagulation (Fig. 4) may all on occasion produce good results but it is only by an adequate follow-up of large series of cases that we can identify which forms of treatment are best suited to the management of particular varieties of tumour in relation to mortality and visual morbidity.

Enucleation, surgical resection and even

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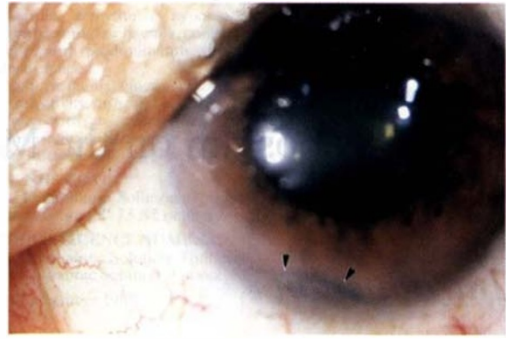
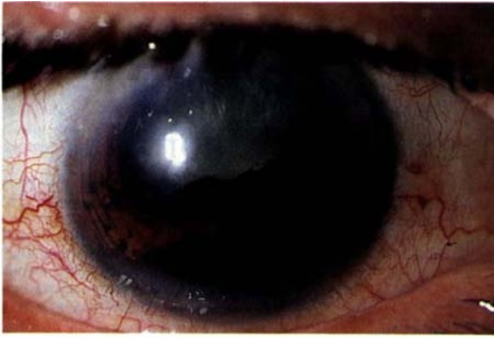


Fig. 1a, b. Right and left eyes of a patient with extensive bilateral ciliary body melanoma as a manifestation of bronchiogenic carcinoma.

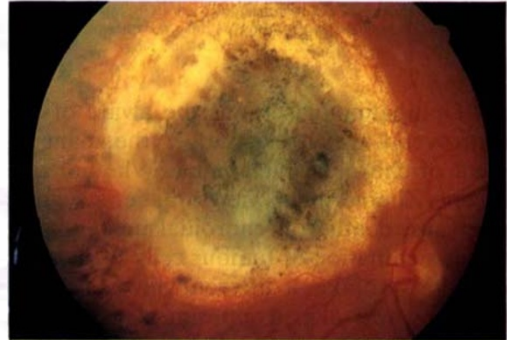
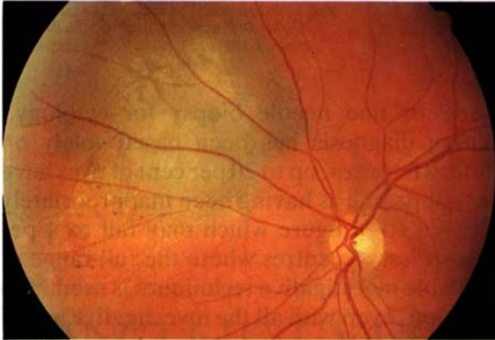


Fig. 2a, b. Pre-operative and post-operative appearance of the fundus of an eye with choroidal melanoma successfully treated by local radiation using a Beta emitting 106 Ruthenium/Rhodium plaque.⁹

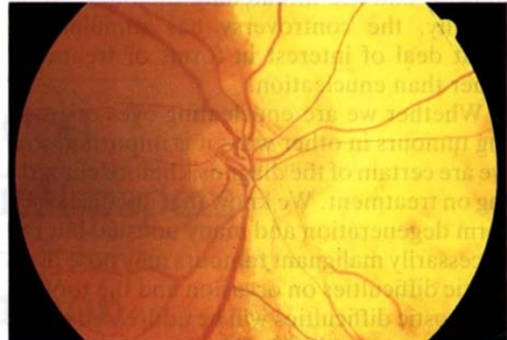
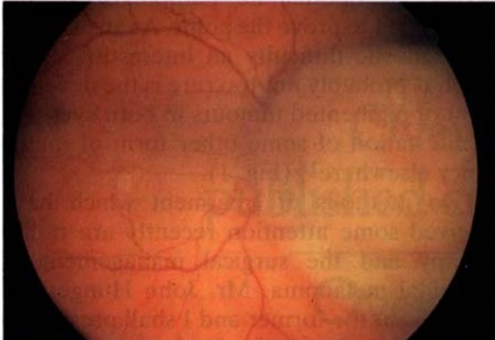


Fig. 3a, b. Pre-operative and post-operative appearance of an eye successfully treated for choroidal melanoma by local surgical resection.

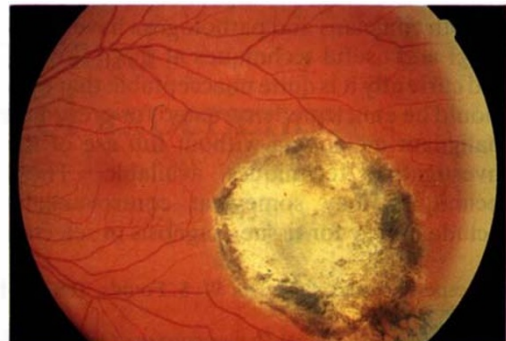
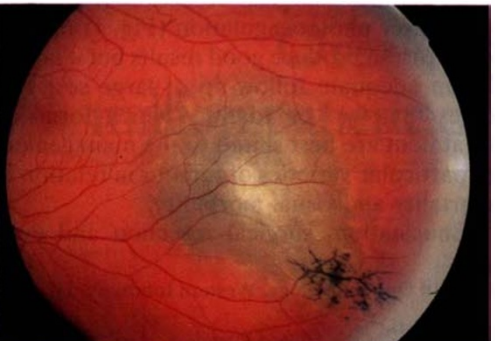


Fig. 4a, b. Pre- and post-treatment appearance of the fundus of an eye with a small choroidal melanoma successfully treated by low energy long exposure Argon green and Krypton red laser.¹⁰

radiotherapy are all destructive forms of therapy and relatively unselective. Photodynamic therapy offers the theoretical advantage of a more selective form of therapy while a knowledge of the immune system and its involvement in malignancy and particularly its possible role in preventing metastases is of growing interest. Both of these aspects will be considered in this mini symposium. The former by Dr. Anita Phillips and the latter by Dr. Bertil Damato.

References

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