

Clinical Image

Open Access, Volume 3

Choroidal melanoma in the setting of nevus of ota**Muhamad Festok^{1,2}; Behnam Rabiee^{1,2*}; Michael Gaspari^{1,2}; Imtiaz Chaudhry^{1,2}**¹Trinity Health Mid-Atlantic, Nazareth Hospital, Department of Ophthalmology, Philadelphia, PA, USA.²IC Laser Eye Care, Bensalem, PA, USA.***Corresponding Author: Behnam Rabiee**

Research Faculty, Department of Ophthalmology,
Trinity Health Mid-Atlantic, Nazareth Hospital,
Philadelphia, PA, USA.
Phone: +1 (215) 639-4500;
Email: Behnam.Rabiee@gmail.com

Received: May 20, 2022

Accepted: Jun 20, 2022

Published: Jun 27, 2022

Archived: www.jcimcr.org

Copyright: © Behnam Rabiee (2022).

DOI: www.doi.org/10.52768/2766-7820/1911

Clinical image description

The patient is a 56 years old female who presented to the office with a complaint of blurry vision OS for a few weeks. Upon initial encounter, several pigmented macules were visible around the left eye and on the lids. The patient mentioned she had these lesions since birth.

The vision was 20/20 OD and 20/25 OS. No relative afferent pupillary defect was present. External ocular movements were within normal limits. The slit-lamp exam showed pigmented-macules on the eyelid skin, palpebral and bulbar conjunctivae, consistent with a Nevus of Ota.

Dilated fundus exam and fundus photo showed an elevated pigmented lesion superior temporal to the macula OS, with an approximate diameter of 6 x 4.5 mm. Prominent clumps of orange pigments were noted associated with the lesion. Sub-retinal fluid was noted underneath the macula. Pigmentary changes from the tracking of subretinal fluid were appreciated around and inferior to the lesion past the inferior arcade in the fundus photo and red-free fundus photo (Figure 1-A,B).

B-Scan (Figure 1C) showed a raised homogenous lesion with an apical diameter of 3.28 mm, and choroidal shadowing.

A-Scan (Figure 1D) showed low to medium reflectivity of the lesion.

Fundus fluorescein angiography showed initial blocking and late staining and pooling in different areas of the lesion, as well as a double circulation pattern (Figure 1E).

Fundus OCT with 2D and 3D reconstruction (Figure 1F, G) showed a heterogenous dome-shaped lesion with subretinal fluid, shaggy photoreceptors, and thinning of the overlying choriocapillaris as well as optical shadowing.

Macular OCT with 2D and 3D reconstruction (Figure 1H, I) showed subretinal fluid in the macula, adjacent to the dome-shaped lesion.

These findings in a patient with a history of Nevus of Ota are consistent with a diagnosis of Choroidal Melanoma. Nevus of Ota is a well-known risk factor for this disease, and patients with a Nevus of Ota should have regular retinal examinations to catch the possible melanoma early and proceed with life-saving treatment.

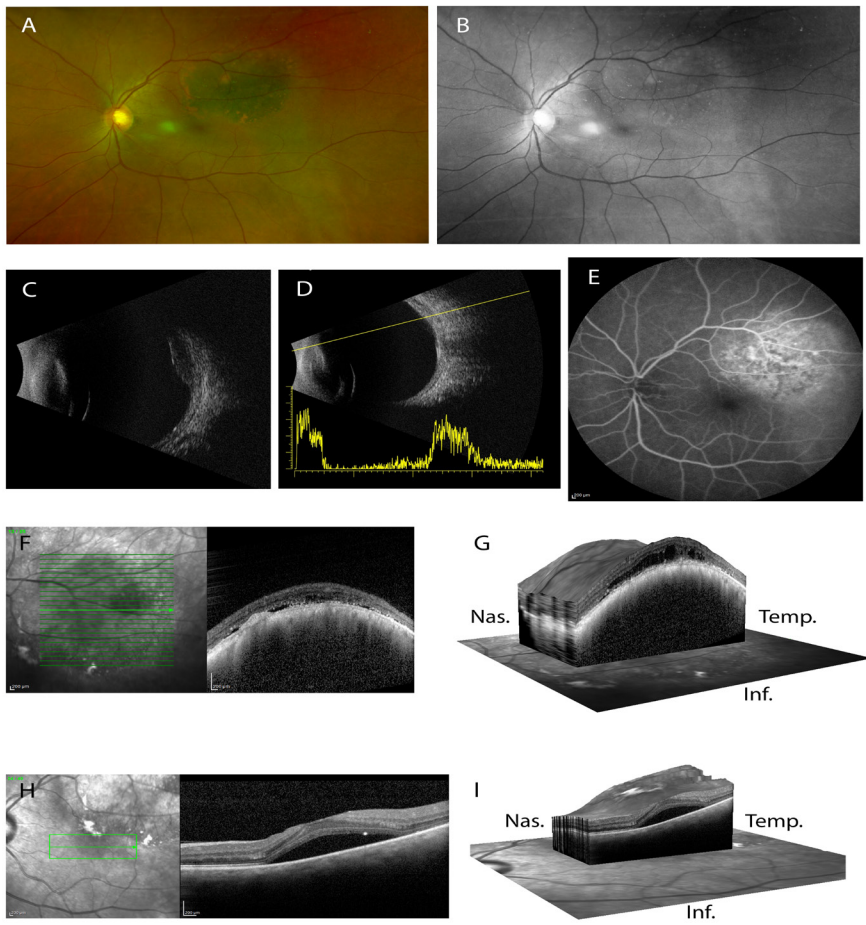


Figure 1(A-I):