

## A simple pingueculum or not?

### Case

A 75-year-old Caucasian male developed redness on the surface of the right eye (OD) [Fig. 1a] that persisted for 6 months. Surgical excision revealed amelanotic conjunctival melanoma without primary acquired melanosis [Fig. 1b]. Eight years later, he noted mild recurrent redness on the opposite side of the OD, appearing as an inflamed pingueculum [Fig. 1c].

### What is Your Next Step?

- Prescribe topical nonsteroidal anti-inflammatory drugs
- Prescribe topical corticosteroids
- Perform cryotherapy
- Perform "no touch" surgical excision.

### Findings

"No touch" surgical excision (D) was performed, as there was suspicion for amelanotic melanoma recurrence. Histopathology revealed a segment of conjunctiva containing nests and sheets of atypical small epithelioid and spindle amelanotic melanocytes in the substantia propria, consistent with recurrence of the previously diagnosed conjunctival melanoma [Fig. 1d]. All margins were clear. The specimen was sent for biomarker testing, which revealed pathogenic *NRAS* mutation and no mutation in *BRAF* or *c-KIT* biomarkers.

### Diagnosis

Conjunctival amelanotic melanoma.

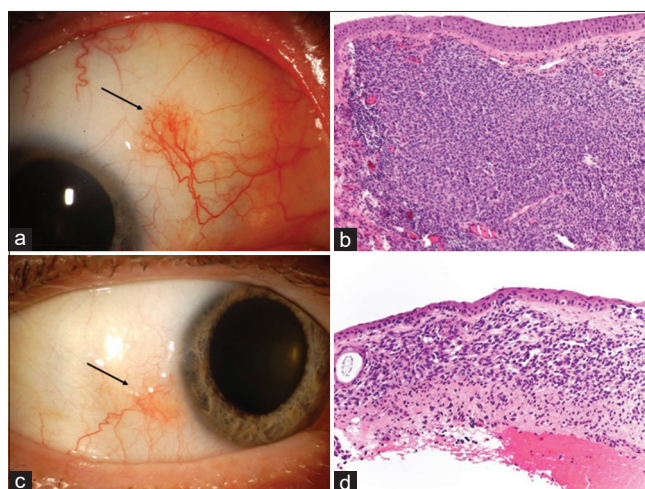
### Correct Answer: D.

### Discussion

Conjunctival malignant melanoma (CMM) represents 0.25% of melanomas.<sup>[1]</sup> Typical management includes complete surgical resection and cryotherapy.<sup>[2]</sup> Adjuvant therapy is considered to prevent tumor recurrence and metastasis.<sup>[2]</sup> Wong *et al.* reported up to 45% local recurrence and 42% systemic metastasis in 5 years.<sup>[1]</sup> Similar to cutaneous melanoma, CMM has been associated with *BRAF*, *c-KIT*, and *NRAS* mutations.<sup>[2]</sup> *NRAS* mutations have been associated with more aggressive disease and decreased survival.<sup>[3]</sup> While no approved *NRAS*-specific targeted therapies are currently available, immune-based therapies such as interleukin-2 (IL-2), anti-CTLA4 antibody (ipilimumab), and anti-PD1 treatment (nivolumab and pembrolizumab) are now first-line treatments for *NRAS*-mutated cutaneous melanoma.<sup>[3]</sup>

### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be



**Figure 1:** An amelanotic mass with feeder and fine intrinsic vessels at the 1 o'clock bulbar conjunctiva of the right eye (a). Histopathology confirmed the diagnosis of conjunctival melanoma (b). Years later a new lesion appeared at the 9 o'clock limbus resembling a pingueculum (c). Histopathology again revealed amelanotic melanoma (d)

reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

### Conflicts of interest

There are no conflicts of interest.

### References

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