

Ciliochoroidal melanoma presenting as bleeding anterior staphyloma: Report of a case and review of literature

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Key words: Anterior staphyloma, bleeding, choroidal melanoma

A 35-year-old Asian female presented with complaints of bleeding from the left eye for the past 10 days. There was no

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history of trauma and past records suggested diagnosis of left anterior staphyloma. On examination, right eye had a best corrected visual acuity of 20/20, whereas the left eye had no perception of light. The left eye examination showed a partially autoeviscerated eye with prolapse of uveal contents [Fig. 1a]. Intraocular structures were indiscernible on clinical examination. A diagnosis of ruptured anterior staphyloma was made, and the patient was planned for evisceration. Intraoperatively the uveal tissue was found to be thick and adherent to the sclera, which raised doubts of intraocular malignancy and enucleation was performed instead. Histopathology revealed malignant tumor arising from the ciliochoroidal epithelium, with a mixture of spindle and epithelioid cells with intrascleral extension [Fig. 1b and c]. Immunohistochemistry was positive for HMB-45, which confirmed the diagnosis of ciliochoroidal melanoma. Metastatic workup (liver function tests, ultrasound neck and whole abdomen, chest X-ray, magnetic resonance imaging [MRI] orbits) was negative. At 6 months of follow-up, the patient developed hepatic metastatic nodule for which she was advised liver resection by the oncologist. She was then lost to follow up.

Discussion

Uveal melanoma is the most common primary intraocular malignancy in adults, with choroid being most commonly

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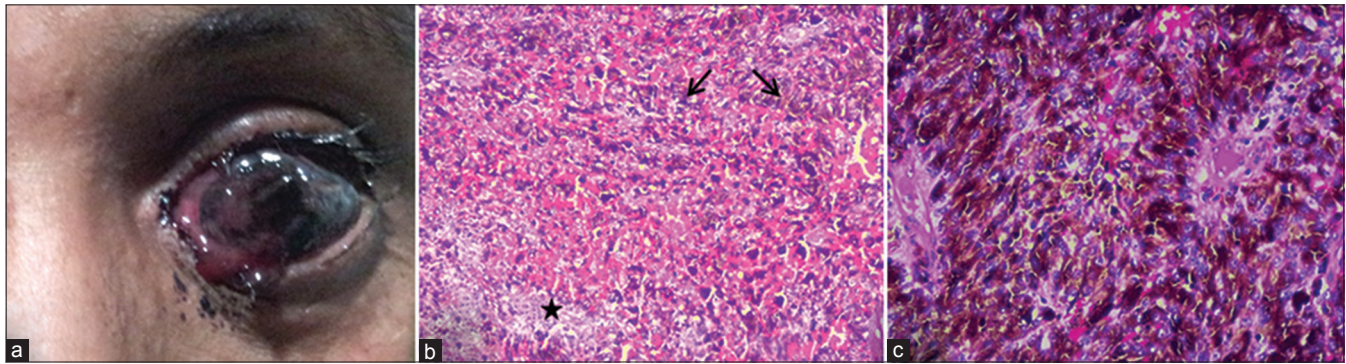


Figure 1: (a) External photograph showing a partially autoeviscerated eye with prolapse of uveal contents. (b) Histopathological picture of enucleated specimen showing mixed type of melanoma consisting of epithelioid and spindle cells (arrows) (25x magnification). Note area of lymphocytic infiltrate (star). (c) High-power magnification (100x) showing area of epithelioid cells. They have large nucleus with prominent nucleoli

affected.^[1] Patients can present with complaints of photopsia, floaters, decreased vision, or may have pain secondary to tumor necrosis, secondary glaucoma, or inflammation or may be asymptomatic and diagnosed incidentally on routine examination.^[2-5] Painful blind eyes may be a harbinger for intraocular malignancy, and many such cases have been described in literature.^[6,7] Our case presented with acute bleed in a pre-existing staphyloma with prolapsed intraocular contents, which had an underlying melanoma. Such a presentation has not been described in literature.

This is the first case of underlying uveal melanoma presenting as bleeding staphyloma with spontaneously ruptured globe. A strong suspicion of intraocular malignancy should be raised. All such cases should undergo MRI and are best managed by enucleation.

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 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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Conflicts of interest

There are no conflicts of interest.

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