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Respond to: Safe endoresection

Dear Sir,

We thank Dr. Seider and Damato for critically reviewing our recent paper.^[1] Apparently, they have some misunderstanding about the management of our patient. We hereby elucidate further.

The patient had previously been managed in another center and the information we presented about her initial management 11 years ago was extracted from her old file in that center, which unfortunately was not adequate. All the information we could obtain was that the tumor has been 15 disc diameters in size, located in nasal quadrant, and associated with exudative retinal detachment. Enucleation had been suggested to her, but she refused. Therefore, endoresection was performed as one of the few available options. We would have recommended brachytherapy in addition to endoresection had we been in charge of this patient then. We do not know whether this option was suggested at that time, but it was not performed anyway. Reportedly, she was followed for 5 years, free of recurrence, and then was lost to follow-up. We first examined the patient a few months ago when she referred with huge enlargement of the eye with multiple protruding dark brown masses as described in our paper, and she was immediately referred for orbital exenteration after detailed explanation of the situation. Even then, she accepted the treatment after a 2 months delay.

We agree that endoresection is an acceptable modality of treatment for tumors up to 18 mm in basal diameter, especially when in close proximity to optic disc and macula.^[2,3] However, this patient's eye has had an entirely different picture and was not suitable for endoresection. The surgery was performed out of obligation due to her refusal of enucleation.

The aim of presentation of this patient was not to point out the dangers of a properly performed endoresection, but to report the unfortunate consequences of a large melanoma for which endoresection was performed as the only available option in a patient who refused enucleation and did not comply with a regular follow-up schedule.

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