Iris Melanoma
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Abstract: Suspicious iris lesion in a 79 year old male

1. Case History: A 79 year old male presents to VA for refraction. Patient was being followed and treated for wet AMD left eye outside the clinic and was last seen at VA 4 years prior. Ocular history is remarkable for a suspicious iris lesion right eye that he had been referred to Wills Eye Hospital for in the past. Patient reported that he noted no changes in the lesion.

2. Pertinent Findings: On examination, his best-corrected visual acuity is 20/20 in the right eye and 20/40 in the left eye. Pupil testing shows equal and reactive pupils without an afferent pupillary defect, however the right pupil is remarkable for inferior corectopia. Anterior segment examination in the right eye reveals an elevated iris lesion from 4:00-6:00 extending from the limbus to the pupil. There is evidence of pigment seeding in the iris and nasal bulbar conjunctiva. Gonioscopy reveals angle involvement with a heavily pigmented, vascularized iris lesion in the nasal quadrant. Anterior segment OCT confirms elevated iris lesion obstructing the angle and extending to the ciliary body. Anterior segment photos of the iris lesion were taken at this visit. These photos were compared to previous photos from 2008 and demonstrates significant growth and change.

3. Differential diagnosis:
   a. Iris melanoma
   b. Atypical iris nevus
   c. Iris pigmented epithelial tumors
   d. Iris melanocytoma

4. Treatment: The patient was referred to Wills Eye Hospital for further evaluation where he was diagnosed with malignant iris melanoma. He received plaque radiation therapy

5. Diagnosis and discussion: Iris melanoma is the least common uveal tract malignancy, accounting for 3-10% of all uveal melanomas. Most iris melanomas start from pre-existing nevi. Common features of iris melanoma include location in inferior quadrant, increased pigmentation, corectopia, ectropion uveae, anterior seeding and hyphema. It can also lead to secondary cataract formation and glaucoma. Treatment options include excision, brachytherapy, external proton-beam irradiation and enucleation.

6. Conclusion: Any iris or other uveal lesions should be examined with proper documentation and auxiliary testing when necessary. Any suspected growth or change to a lesion should be further evaluated.