

Rare and interesting case of Choroidal Melanoma (CM) presenting as a case of a congestive glaucoma left eye in a 55 years old male patient

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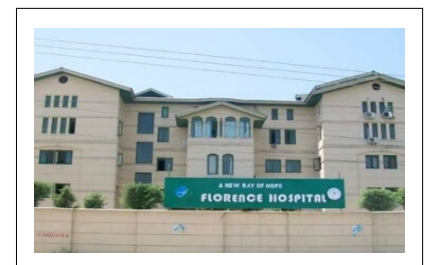
Abstract

Choroidal Melanomas are one of the commonest intraocular tumors which can be benign or malignant pigmented and non-pigmented more common in whites than blacks has an early tendency of liver metastasis however if diagnosed and treated in time and promptly one can prevent liver metastasis 7 per million in u s a and 5.5 per million in Denmark and other Scandinavian countries they are 80 percent Choroidal 12 and 8 percent involve c body and iris respectively very difficult to diagnose however inmost of cases present as solid. Or exudative retinal detachment on b scans ultrasound and indirect ophthalmoscopy Malignant melanoma of c body yields poor results as far treatment is concerned Diagnostic modalities are Direct ophthalmoscopy, Indirect ophthalmoscopy a, scan ultrasound scan ultrasound CT scans Braine, MRI scan. If the tumor is ant to lens presentation is painless visual field loss blued vision paracentral scotoma if tumor involves angle of filters tion presentation is ac glaucoma Sec glaucoma ocular tension chronic Uveitis If tumor involves vitreous Presentation is vitreous floaters Sometimes ocular pain may be the only presentation.

Case Report: In 2011, a 55 years old male patient presented with typical presentation of Ac glaucoma acute onset sudden loss of vision marked redness and severe pain left eye was treated at emergency eye depot of medical college with anti-glaucoma medication in the form of prostaglandin t eye drops one 'drop once dorzolamide t eye drops one' drop twice steroid eye drops one 'drop 4 times with systemic administration of 20 percent 500ccs of mannitol infusion 500 mg i v acetazolamide Even after 5 to 8 hours of this anti glaucoma regime patient did not show any kind of improvement in his signs and symptoms however no b scan ultrasound was performed pt waa advised admission which he refused later pt. sought second ophthalmic consultation who performed b scan ultrasound and picked up solid retinal detachment radiologist gave a unsatisfactory report even repeated twice so this created lot of confusion and pt left untreated for a period of 2 years with painful blind eye i saw pt in 2013 as a case of painful blind eye with hazy media dis b scan ultrasound and picked up. Solid retinal detachment and MRI scan of brain confirmed the radiological evidence of choroidal melanoma also optic nerve chiasma react radiation wee normal so were thalami midbrain ventricles c hemisphere also pituitary gland fossa vassal ganglion normal ultrasound liver normal treatment if tumor is less than 22 mm treatment is observation if more than 22mm treatment is enucleation, brachytherapy, block resection, radiotherapy, chemotherapy, pars plana vitrectomy (PPV), retinal photocoagulation. In most severe cases exenteration for this patient block resection was done taking out all contents of eye ball leaving behind sclera optic nerve intact orbital adnexa and extra ocular muscles removed tissues did not show any evidence of malignancy on histopathology examination ant and post lips of sclera were sutures and later intraorbital conformer was put to increase intraorbital volume for better fitting prosthesis the conformers is removed after 15 days later a well matching and fitting prosthesis was put more than 7 years have passed ptnis pain free with nicely fitting prosthesis MRI scan normal. In conclusion glaucoma medication vision in normal eye was 5 18 m r u scan brain e revealed choroidal melanomas so enucleation was done sometimes choroidal melanomas can present as. sec glaucoma though rare in institute of ophthalmology and pathology Cairo University pt of choroidal melanoma presented with sec glaucoma with iop of 58 mm hg did not respond to anti-glaucoma medication MRI scan Braine revealed choroidal melanoma so enucleation was done sometimes malignant melanoma of c body may present as ocular hypertension or chronic uveitis .

Biography

Gowhar Ahmad senior ophthalmologist from Florence hospital Chanapora Srinagar Kashmir and MBBS from Government Medical College (GMC) of Srinagar Fellowship in pediatric ophthalmology Oculoplasty and Neuropathology from King Khaled Eye Specialist Hospital, Riyadh, Saudi Arabia.



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