

Case Study 80

Ciliary Body Melanoma and IOL

EO is a 75-year-old woman who underwent uncomplicated cataract removal with intraocular lens implantation on her left eye followed a month later by surgery on her right eye. On her first postoperative visit, she was told that the lens in the right eye was “a little tilted” but this did not represent a problem. She felt that this eye never saw as well as the opposite eye, and she saw distorted images to the right periphery of her vision. One year later, she experienced flashes and floaters in the right eye and was evaluated by her ophthalmologist. He noted the IOL tilt had increased and incidentally diagnosed a posterior vitreous detachment. She dilated poorly, and he could not see the temporal peripheral retina well and referred her to a retinal specialist who thought he could just make out a dark shadow in the peripheral temporal fundus. She was referred for echography.

B-scan revealed a nearly spherical mass in the temporal ciliary body in contact with the temporal haptic of the IOL (Fig. 1). The lesion measured

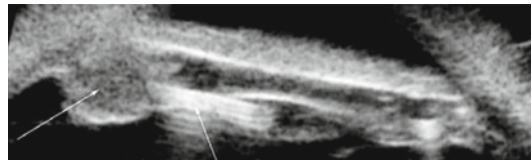


FIG. 1 UBM (35 MHz) of ciliary body tumor (*first arrow*) abutting intraocular lens implant (*second arrow*)

almost 5 mm in thickness by 8.3 mm in basal dimensions. These findings were highly consistent with a malignant melanoma of the ciliary body. The tumor was too large for radiation treatment and the patient underwent an enucleation. Pathology confirmed a spindle B melanoma.

Adults who present with unexplained refractive changes such as increasing astigmatism which are not explained by corneal topography should be evaluated by immersion echography for abnormal lens positions.