Multiple Conjunctival Metastases as the Initial Sign of Metastatic Uveal Melanoma

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PURPOSE: To describe a 31-year-old patient who was initially examined with a uveal malignant melanoma metastatic to the ipsilateral conjunctiva.

METHOD: Thirteen months after ruthenium 106 plaque therapy for a ciliochoroidal malignant melanoma, numerous pigmented conjunctival lesions first appeared.

RESULTS: These lesions were excised and found to be metastases of melanoma to the superficial subepithelial conjunctival tissue, composed of epithelioid cells.

CONCLUSION: The appearance of darkly pigmented conjunctival lesions in a patient known to harbor a uveal malignant melanoma, even though lacking any evidence of extrascleral extension or metastatic involvement, may indicate metastatic disease.

Metastatic involvement of the conjunctiva, a rare entity, is usually associated with advanced nonocular metastatic disease and usually carries a grave prognosis.1 We report a patient in whom numerous pigmented conjunctival metastases from an ipsilateral uveal malignant melanoma were the first recognized metastatic site.

A 31-year-old man was diagnosed with a ciliochoroidal malignant melanoma also involving the anterior chamber angle. Diagnosis was based on the typical clinical manifestation and the standardized echographic pattern. The patient underwent local irradiation treatment using a ruthenium 106 CIB-shaped brachytherapy plaque (Bebig, Berlin, Germany). The calculated dose was 1,000 Gy to the tumor base. After the plaque treatment, periodic echographic examinations documented a gradual decrease in the height of the tumor, from a maximal height of 8.2 mm initially to 5.1 mm at 13 months posttreatment. As evident on standardized A-scan echography, the internal reflectivity of the lesion was initially medium and regular and gradually changed to a medium to high, moderately irregular reflectivity.

Ten months after the plaque treatment, a routine systemic metastatic evaluation, including ultrasound of the liver, chest x-ray, and liver function tests, was normal. Thirteen months after the plaque treatment, 11 superficial conjunctival lesions were first seen (Figure 1). These discrete lesions, the largest measuring about 2 mm, were heavily pigmented and did not adhere to the underlying tissue. The lesions were excised and found to be metastases of melanoma to the superficial subepithelial conjunctival tissue, composed of epithelioid cells (Figure 2). There was no evidence of atypical intraepithelial melanocytic proliferation, as would be expected in association with a primary conjunctival melanoma. Shortly after, ultrasound of the liver and a computed tomographic scan showed numerous metastases of the liver, and the patient underwent partial hepatectomy. A histologic examination of the resected hepatic lesions confirmed

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the diagnosis of metastatic uveal melanoma. The patient was then treated with intrahepatic chemotherapy.

Metastatic tumors to the conjunctiva from any primary site are rare. Of the 10 cases reported by Kiratli and associates, the primary site was carcinoma of the breast in four cases, lung cancer in two, cutaneous melanoma in two, laryngeal carcinoma in one, and unknown in one case. Jakobiec and associates reported a series of seven patients with metastatic melanoma to the conjunctiva. Of these, the primary site was cutaneous melanoma in five cases and juxtalimbal conjunctival melanoma in two cases. In both reports, the uvea was not the primary site in any of these cases.

In our patient, metastatic spread could have resulted from direct invasion, hematogenic or lymphatic spread, or spread through the aqueous collecting channels; in addition, it could be surgically related. We believe it is unlikely that direct extension would result in numerous, widely spread, discrete lesions, lacking underlying adhesion or a scleral component. Direct surgical spread is also unlikely because the surgical plaque procedures did not involve penetration of the globe. In our opinion, the almost simultaneous appearance of numerous conjunctival metastases as well as hepatic metastases favors a hematogenic route of spread.

This case demonstrates that the appearance of darkly pigmented conjunctival lesions in a patient known to harbor a uveal malignant melanoma, even though lacking any evidence of extrascleral extension, should raise suspicion of a metastatic disease.

REFERENCES


Ewing Sarcoma
Metastatic to the Iris
Kaan Gündüz, MD, Jerry A. Shields, MD, Carol L. Shields, MD, Patrick De Potter, MD, and Matthew J. Wayner, MD

PURPOSE: To report a case of Ewing sarcoma metastatic to the iris.
METHODS: A 19-year-old woman with metastatic Ewing sarcoma of the femur developed a diffuse,