MALIGNANT MELANOMA OF CONJUNCTIVA – A RARE CASE REPORT FROM A TERTIARY HEALTH CARE CENTRE

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ABSTRACT
A 50 year old male presented with a rapidly increasing mass in his left eye since 5 months. It did not show any intraocular extension as examined by slit lamp, gonioscopy, indirect ophthalmoscopy & ultrasonography. There was no sign of systemic metastasis. The mass was excised completely and sent for histopathological examination. Dry amniotic membrane grafting was done to cover the conjunctival defect. Histopathological examination of the mass revealed the diagnosis of malignant melanoma of conjunctiva.

KEYWORDS
Malignant melanoma, dry amniotic membrane

INTRODUCTION
Malignant melanoma of the conjunctiva is a rare tumour of middle and old age group. It is more common in the white population. A majority of malignant melanomas in the eye are seen in the choroid (85%), while only about 1 in 20 are found in the conjunctiva. Very few cases of conjunctival malignant melanoma have been reported in India. Conjunctival melanoma is a potentially lethal neoplasm, with an average 10 year mortality rate of 30%. It has no sexual predilection and it is found predominantly in middle aged and more senior adults. Only 1 rare case has been reported in children. Conjunctival melanomas are malignant tumours of proliferating melanocytes that are derived from the neural crest. They are most frequently identified in the perilimbal interpalpebral conjunctiva.

CASE REPORT
A 50 year old male presented to our OPD on 27 May 2015, with a rapidly increasing mass in the left eye. He had a small black discolouration in his left eye since childhood, which suddenly increased to the present size since the last 5 months. Patient gave a history of similar swelling at the same site following trauma 10 years back, for which he was operated. There was no signs of intraocular inflammation. His vision was reduced to 6/24 in the left eye due to induced astigmatism. IOP and fundus were normal.

On examination of the left eye, the mass was in the inferior aspect of bulbar conjunctiva, measuring 12mm x 6mm. The lesion was raised 4-5mm above the surface. It was nodular, firm and immobile in places. There were few areas of superficial keratosis. There was conjunctival chemosis. The right eye and adnexa were normal. CT scan of orbit did not show any intraocular extension. There was no lymphadenopathy. Blood, bone marrow and biochemical studies revealed no abnormalities.

Complete surgical excision of the mass was done under local anaesthesia with tumour free margin of 2mm. Dry amniotic membrane grafting was done to cover the conjunctival defect. The excised mass was sent for histopathological examination.

The biopsy report revealed malignant melanoma of conjunctiva. The patient was advised radiotherapy postoperatively.
DISCUSSION

Conjunctival malignant melanoma is a rare condition and usually develops spontaneously or from a previous benign naevus. Our case had conjunctival naevus since childhood and had a recurrence after 10 years of excision. This surgical trauma was the possible precipitating factor for malignancy in our case. The histology of the lesion confirmed the diagnosis of epitheloid variety of malignant melanoma showing rich vascularisation and areas of necrosis. Epitheloid variety has the worst prognosis while the spindle cell variety has the best prognosis. The mortality rate has been shown to be approximately equal in patients with conjunctival melanoma in association with and without PAM with atypia. The staging of the disease by sentinel lymph node biopsy is now done in some centres.

According to TNM staging for conjunctival malignant melanoma, clinical stage of our case was T1bN0M0 and pathological stage was T1aN0M0.
REFERENCES


