Diagnosis of a Choroidal Malignant Melanoma

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Introduction

Only one province in Canada has the privilege of using diagnostic pharmaceuticals at the time of this writing. (New Brunswick.) Many provincial associations are attempting to pass legislation enabling optometrists the use of such pharmaceuticals but surprisingly, have met opposition from some of its own members. This case report should be read by anyone who exhibits a negative attitude towards the use of diagnostic pharmaceuticals. The author is presently working in association with an ophthalmologist and has the use of such pharmaceuticals under his auspices.

Case Report

A fifty-six year old, white male presented himself to our office complaining of decreased vision in his right eye over the past month. A complete medical exam one week prior to his visit to our office revealed the patient to be in excellent general health. The exam finding were as follows:

1. **binocularity**: normal ocular motility and orthophoric at all distances.

2. **manifest subjective** O. D.
   - 2.75/-0.50 155 20/25
   - O.S. - 2.75/-0.25 105 20/15
   (his corrected visual acuity O.D. was 20/15 for the last 9 years)

3. **slit lamp** – moderate corneal edema and conjunctival injection.
   - O.D. normal
   - O.S. normal

4. **goldmann tonometry**
   - O.D. 49 mmHg
   - O.S. 22 mmHg
   @10:00 a.m.

The patient was immediately given 1 Diamox sequel 500 mg orally and one drop Timoptic 0.5% O.D. to reduce the pressure in the right eye. The IOP was retested that same afternoon @ 2:30 and revealed:

- O.D. 25 mmHg
- O.S. 24 mmHg.

Funduscopic examination was negative at this point through undilated pupils. The patient was to continue using Timoptic 0.5% O.D. every 12 hours.

The patient returned two days later and revealed no change in his corrected visual acuity (O.D. 20/25; O.S. 20/15). The IOP measurements were O.D. 14 and O.S. 20 @ 2:30 p.m. The pupils were dilated with one drop each of Mydriacyl 1% and Mydrin to facilitate ophthalmoscopy. To our surprise an elevated pigmented lesion in the far anterior lower retina was observed. Immediately a P32 uptake test was performed and it revealed a 3.3/1.0 right/left ratio. The eye was enucleated eight days later. The post-operative histopathology tissue report confirmed the diagnosis of choroidal malignant melanoma. Additional testing of blood, liver, spleen, heart and skeleton tissue revealed no spread of the cancer. Luckily the tumor had been caught in time.

Conclusion

The important point in this case report is not the diagnosis of the malignant melanoma itself but rather that the tumor could not be seen without the use of a dilating drug. If left undetected, the cancer might have spread throughout the whole body.

If you have not voted in favor of using diagnostic pharmaceuticals in your province; think again . . . . . . you might save someone's life.

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