

Partial lamellar uvectomy for choroidal tumors: 10 years Egyptian experience

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Advantages:

Uveal melanoma resection offers a last resort in management of large and extra-large uveal tumors when enucleation remains the only option. Studies have shown no statistical difference in long term survival between enucleation and surgical resection.

Methods:

Consecutive prospective case series presenting with iris, iridociliary, irido-cilio-choroidal, cilio-choroidal or choroidal masses.

Results:

Forty nine cases were identified between July 2000 and December 2008. Age varied from 18 months to 56 years. Lesions involved iris in 7 cases, iris, angle and ciliary body in 23 cases, ciliary body alone in 5 cases, iris, ciliary body and choroid in 3 cases, and choroid alone in 11 cases. Mean tumor diameter was 11.3 mm (range 6-16 mm) mean tumor thickness was 7.6 mm (range 6-12 mm). Surgery was associated with insertion of radioactive plaque brachytherapy in 19 cases, and laser diode thermotherapy was used postoperatively to tumor bed in 11 cases. Histopathological diagnosis was uveal melanoma in 42 cases, and other simulating lesions in 12 cases. Surgical complications included mild hemorrhage in 40 cases, persistent retinal detachment in 18 cases. Tumor recurrence was noted in 5 cases with extraocular extension noted in an additional 2 cases. Hepatic metastases developed in 10 cases at 9 year follow up.

Effectiveness / Safety:

Uveal lamellar tumor resection is a technically demanding technique associated with ocular salvage in big tumors. Reoperation may be necessary in 30 % of cases with persistent vitreous hemorrhage or retinal detachment.

Take home message:

DO not give up on an eye with big uveal tumor.