

# OKAP Pearls

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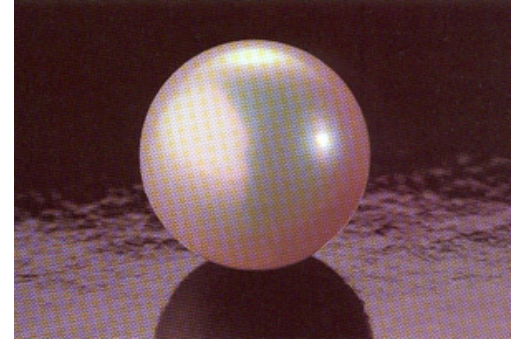
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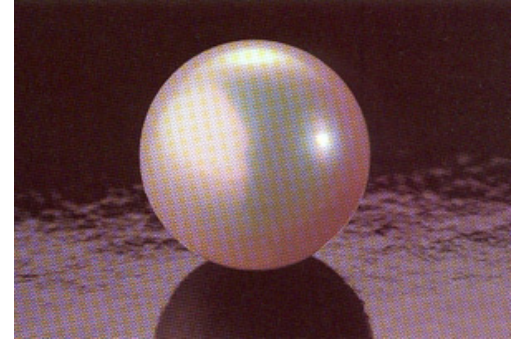
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## *Risk Factors for Malignancy (iris tumor):*

- Ectropion Uveae
- Correctopia
- Pigment dispersion (with or without glaucoma)
- Intrinsic vascularity
- Sector Cataract
- **Growth** (over a relatively short period of time)

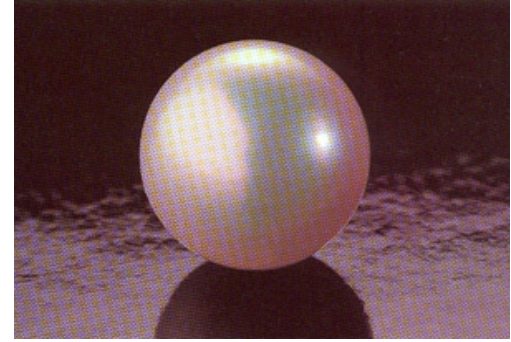
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## Iris Tumors

- Indications for biopsy (Growth, secondary glaucoma, atypical tumors, metastatic with no primary)
- Indications for treatment (Growth or secondary glaucoma).
- Growth (over a relatively short period of time)

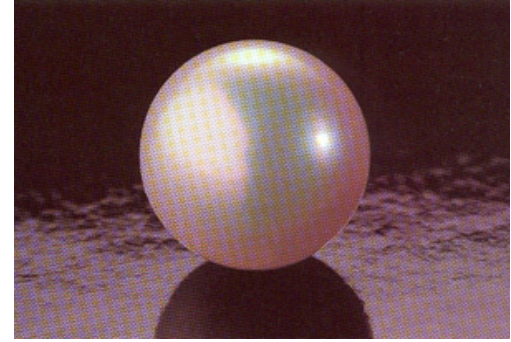
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## Choroidal Nevus:

- Orange pigment, thickness and leakage are risk factor for growth.
- Rapid growth (months) is associated with malignant transformation.
- Choroidal nevi should be photographed and followed for evidence of change.

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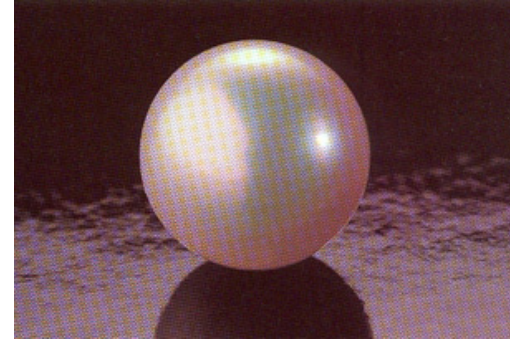
## Observation:

- Atypical choroidal tumors
- Small choroidal melanomas

When treatment is likely to cause vision loss

“Tipping the scales” tumor growth will cause loss of vision anyway.

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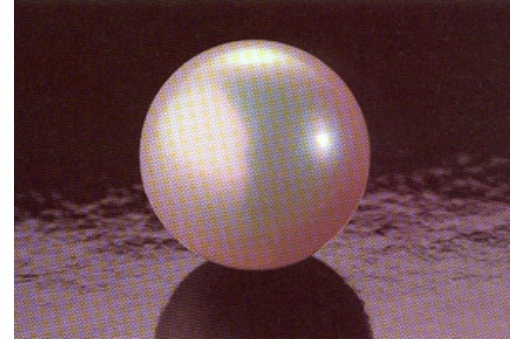


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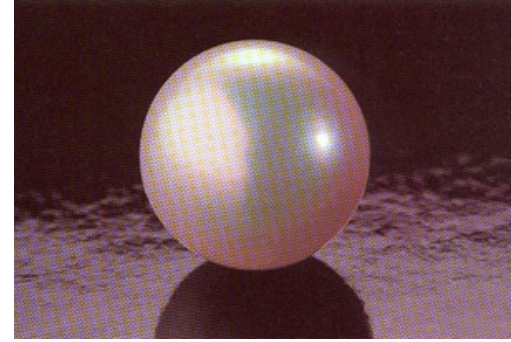
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## Enucleation:

- Select Large melanomas
  - Blind painful eyes
  - Large extraocular extension
- Removes the tumor from the body
- COMS - “As good as plaque”

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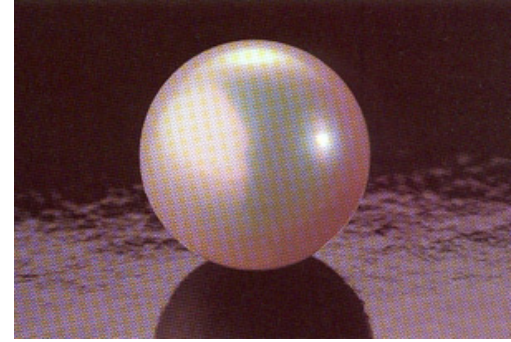


## ***Choroidal Melanoma Treatment:***

- Standard Treatments: Observation, Enucleation, Radiation.
- You may be required to know of different forms of treatment, but unlikely to be required to know the differences.
- All forms of radiation can be used to destroy a choroidal melanoma
- ***Differences exist in the location and type of side effects (eye and vision sparing results).***



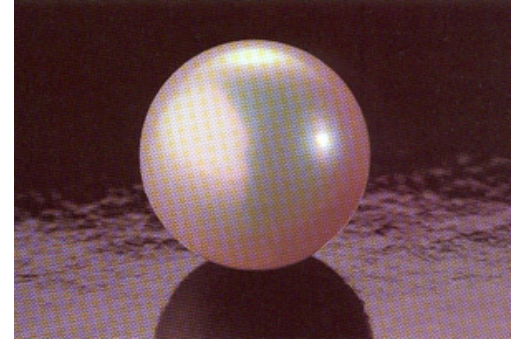
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## **COMS: Multivariate Analysis**

- **Younger age** and **smaller tumor basal diameter** were statistically significant factors predicting metastasis.
- Older patients with larger tumors had worse prospects for choroidal melanoma related survival.

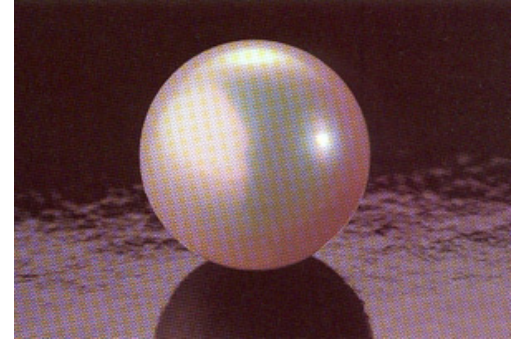
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## ***Metastatic Choroidal Melanoma:***

- Staging is performed for metastasis at diagnosis and periodically during follow-up after treatment.
- Most common site of discovery (LIVER)
- Other sites include; **Skin, bone**, lung, brain

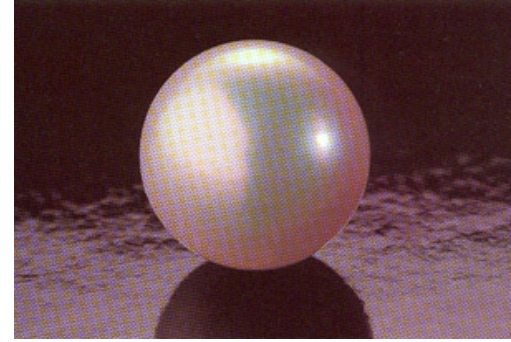
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## COMS:

- Small Melanoma: 22% of small tumors grew, 3% metastasized (3 yrs.)
- Medium Melanoma: No difference between plaque and enucleation for survival.
- Large Melanoma: No survival advantage to pre-enucleation radiation therapy.

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## *Choroidal Metastasis:*

- Primarily breast and lung origin
- Bilateral 25%
- Check for synchronous lung and brain metastasis.
- **They grow quickly**, prompt treatment usually required.