

An Overview on Choroidal Melanoma

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COMMENTARY

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The choroid is the layer of the eyeball between the retina and the sclera, and it is part of the uveal tract, which contains the iris and ciliary body anteriorly and the choroid posteriorly. The choroid absorbs the most blood flow in the body. Choroidal melanoma is the most common primary intra-ocular malignant tumour, as well as the second most prevalent location of the ten malignant melanoma sites in the body. Current choroidal melanoma diagnosis is dependent on the specialist's clinical experience as well as current diagnostic procedures such as Indirect Ophthalmoscopy (IO), A- and B-ultrasonography scans, Fundus Fluorescein Angiography (FFA), and trans-illumination.

Invasive investigations, such as Fine Needle Aspiration Cytology (FNAC), can have high morbidity and should be considered only when therapeutic intervention is necessary and no other method of diagnosis can be established. The rate of misdiagnosis of eyes enucleated for choroidal melanoma was roughly 20% prior to 1970, however diagnosis of choroidal melanoma has improved substantially in the last three decades, and wrong diagnosis has gradually dropped to roughly 10% since that time. Melanoma is dreaded by both patients and professionals as a potentially fatal ocular illness.

Uveal melanoma is a rare illness. Primary choroidal melanoma affects approximately 6 cases per million people in the United States and approximately 7.5 cases per million each year in Denmark and other Scandinavian nations. Caucasians of Northern European heritage are the most commonly affected by choroidal melanoma and other uveal melanomas. The occurrence of choroidal melanoma in blacks is quite low. When compared to whites and blacks, Hispanics and Asians are regarded to have a low yet intermediate risk. Children are infrequently diagnosed with uveal melanoma. The median age at diagnosis in most series is around 55 years. Choroidal melanoma is significantly more common in men across all age categories, with the exception of those aged 20 to 39, where women have a slight advantage. Several studies have demonstrated that nevi on the skin increases the risk of cutaneous melanoma.

According to the existing evidence, the risk of choroidal and ciliary body melanomas linked with uveal tract nevi is modest. In a study with 2514 choroidal nevi, increased thickness, subretinal fluid, symptoms, orange pigment, margin near disc, and two additional criteria were found to be predictive of melanoma growth: ultrasonographic hollowness and the absence of a halo. Based on findings of an elevated risk for women in their child-bearing years, hormonal factors are considered to be a factor in cutaneous melanoma. Acute or severe ultraviolet light exposure may raise the incidence of uveal melanoma, however the impact of chronic or acute sunlight exposure remains unknown. Host factors, notably ancestry, continue to be the most powerful recognised risk factors for this disease. The degree of pigmentation and the presence of a cutaneous mole appear to be risk factors as well. There have also been isolated occurrences of uveal melanoma in blood relatives. Further research into occupational and chemical exposures is needed so that the risk of this potentially lethal tumour can be minimised one day.

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