

Ocular melanoma



Information for patients Ophthalmology (Oncology)

What is an ocular melanoma?

An ocular melanoma is the most common primary malignant tumour of the eye. It can arise from pigmented cells known as melanocytes, which are found in the layers of the uveal tract called the iris, ciliary body or choroid. It will usually show up as a solitary lesion and will only affect one eye.

What is the cause of an ocular melanoma?

There is no known cause of ocular melanoma and it is not linked to skin melanoma. It is a very rare form of cancer only affecting 5-7 people per million each year. It is more common in fair skinned, blue-eyed people and the average age of onset is 55 years.

What are the symptoms of an ocular melanoma?

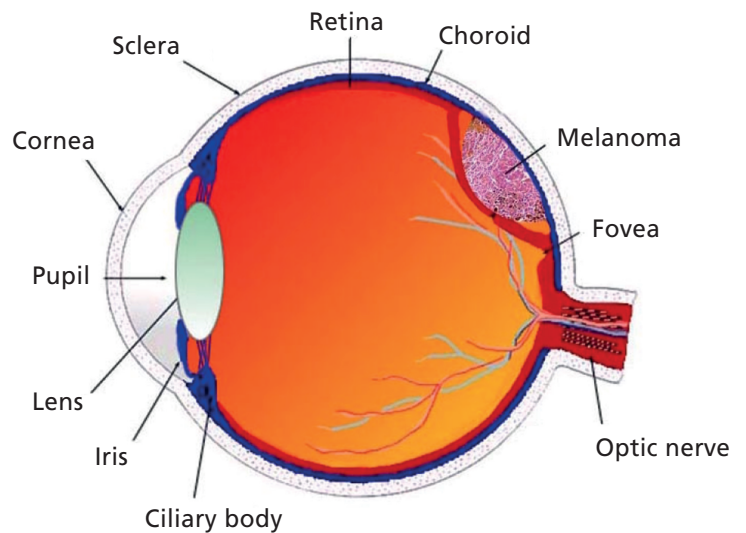
For some people there may not be any symptoms and the tumour is found during a routine eye test. For others it can cause visual disturbances such as flashing lights or a shadow.

How is the diagnosis made?

During your first visit to the Ocular Oncology Clinic the following investigations will be carried out:

- Visual acuity and dilatation of both eyes
- Clinical examination by the consultant
- Colour photographs of the lesion will normally be carried out. Sometimes it is also necessary to perform an intravenous angiogram. This involves injection of one or two dyes Fluorescein and or Indocyanine green, and then photographs are taken at timed intervals to look at tumour circulation.
- Ultrasound scan of the eye to determine the size and location of the tumour.

The consultant will discuss the results of any investigations with you and confirm the diagnosis.



What are the treatment options?

The appropriate treatment depends largely on the size and location of the melanoma. Options include:

Enucleation (removal of the eye)

This option is chosen for a number of different reasons, some of which are given below. Usually we only consider removal of the eye if:

- Your tumour is in a difficult place to treat using conventional treatments e.g. using laser or radiation
- Your tumour is relatively large and because of this there is an increased risk of causing a painful blind eye following conventional treatment
- You have other problems with your general health
- You decide that removing your eye is a better choice than other kinds of treatment

Ruthenium plaque treatment

This is a treatment whereby a plaque is surgically placed over the tumour in your eye. The plaque is made of a radioactive isotope of Ruthenium. These plaques are available in different sizes. This means the correct size can be used for each individual patient, minimising damage to the retina.

Stereotactic radiosurgery

Stereotactic radiosurgery is a type of radiation treatment that uses Gamma rays. Gamma rays are different from the x-rays used in a standard x-ray in that they have a much shorter wavelength. These gamma rays are directed at the tumour in your eye.

Proton beam radiotherapy

Protons are Hydrogen ions that are accelerated to a high energy making them penetrating. They penetrate tissue to a specific, clearly defined depth and area, and for this reason are very practical for treating small areas of the eye.

The treatment works by sterilising the tumour cells so that they can no longer reproduce. The results can vary depending on the size of the tumour but for small lesions the success rate is extremely high, however larger lesions do carry a greater risk of complications

Local resection (surgical removal of the tumour)

Small melanomas inside the eye, near the front of the eye can occasionally be surgically removed under a general anaesthetic.

Iridectomy (surgical removal of iris melanoma)

Small melanomas on the iris (coloured part of the eye) can occasionally be surgically removed under a general anaesthetic.

Who decides what treatment I will need?

Each patient case is discussed at our weekly MDT meeting (multidisciplinary team) where diagnosis and treatment options are considered. Feedback will be given to you by your support sister who will confirm the recommended treatment options and arrange your admission for surgery.

Who can I speak to if I have any questions?

If you have further questions, you can contact one of the following:

Support Sister (key worker) Rhona Jacques

- **0114 271 2029**
- **0114 271 1900** (ask for bleep 2026)

Support Sister (key worker) Lesley Hinchliffe

- **0114 226 1341**
- **0114 271 1900** (ask for bleep 2853)

Where can I find further information?

If you would like more information, you can contact one of the above support sisters, or visit our website:

- **www.sheffielddoculardoncology.org.uk**



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