

Suprachoroidal and vitreous haemorrhage as a presenting feature of metastatic melanoma

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OBJECTIVE

To describe a case of suprachoroidal and vitreous haemorrhage as the presenting sign of metastatic melanoma in a 71-year-old male

BACKGROUND

- Suprachoroidal haemorrhage and vitreous haemorrhage are rare vision-threatening pathologies¹
- Suprachoroidal haemorrhage rarely results from malignancy and most often presents as a complication of ocular surgery²
- Vitreous haemorrhage is more commonly associated with malignancy relative to suprachoroidal haemorrhage³
- Ocular metastasis of melanoma is rare⁴

CASE PRESENTATION

- 71-year-old male presented with right ocular pain, vision loss, and temporal headache
- On presentation, right visual acuity was light perception and intraocular pressure was 4 mmHg
- Patient underwent laser peripheral iridotomy 4 days prior to presentation and had lost 10 lbs over preceding six weeks
- Past medical history was significant for previously excised melanoma of the left arm in the 1990s without recurrence
- Fundus exam showed evidence of haemorrhage in the anterior vitreous in the right eye

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INVESTIGATIONS

Investigations occurred over the following 3 months:

- Ultrasound B-scan of right eye confirmed suprachoroidal haemorrhage
- Complete blood count, mutation analysis, and bone marrow biopsy confirmed a JAK2 V617F positive essential thrombocythemia
- Bone scan confirmed lytic lesions on the right anterior fourth rib and left femoral distal diaphysis, consistent with a chronic myeloid myeloproliferative neoplasm
- Brain MRI confirmed a right-sided enhanced intra-ocular lesion and associated choroidal detachment
- Cytology samples from vitreous aspirate confirmed malignant melanoma



B scan of the right eye demonstrating a suprachoroidal haemorrhage at initial presentation

TREATMENT

- Course of radiotherapy (2000 cGy in five fractions) to the bilateral orbits was prescribed
- CT of the chest, abdomen, and pelvis indicated a progressive lung nodule, progressive adrenal nodules, and a neck nodule, prompting consideration of systemic therapy for metastatic disease

OUTCOME

- Patient was admitted to hospital two weeks after first radiotherapy session with neck pain, fatigue, and progressive weakness
- Patient decompensated with severe shortness of breath and died in hospital shortly after admission

DISCUSSION

- There are 0 and 1 reported cases of suprachoroidal haemorrhage and vitreous haemorrhage, respectively, as the first presenting feature of metastatic cutaneous melanoma⁵
- Sparse reports exist of suprachoroidal and/or vitreous haemorrhage in the setting of other malignancies, including leukaemia^{6,7}

CONCLUSIONS

This is the first known case of suprachoroidal haemorrhage secondary to metastasis from suspected cutaneous melanoma

It is important to consider malignancy on the differential diagnosis for suprachoroidal haemorrhage and involve ocular oncology early for thorough workup and management

Suprachoroidal haemorrhage may be the initial presenting sign of malignancy despite the presence of widespread visceral metastases