INTRAOCULAR LEIOMYOMA SIMULATING CHOROIDAL MELANOMA

INTRODUCTION
Leiomyoma is a rare benign smooth-muscle tumor of the eye. The tumor initially from the smooth muscle cell and mesenchymal inside the vascular wall and suspected become its place to develop (Blodi, 1950). Choroidal melanoma mostly at the age of 80 years old (80%) and primarily affects male than female but at 20-39 years old the predilection toward female (Bell D, Wilson MW, 2004). Leiomyoma is often difficult to distinguish from melanoma uvea because of the eye and radiological examinations are similar. This case report aimed to differentiate between benign leiomyoma and malignant melanoma and can determine the appropriate therapeutic modality.

Case Report
A male patient, 37 years old, complained of blurred vision in the left eye since four months ago until finally can not see. Patient also see such a small lump on his left viewing eyes that gradually enlarge. The patient was diagnosed with an intraocular tumor suspect choroidal melanoma dd/iris melanoma with MRI imaging result, from Ophthalmic USG, we found retinal detachment. Enucleation was performed and bulb specimens were sent to anatomical pathology for examination with result show morphological features of benign spindle cell neoplasm dd/fibroma, leiomyoma.

Conclusion: Incompatibility of PA results with clinical examination and MRI imaging examination in this case may be due to clinical and similar imaging features. The enucleation is performed as therapy and specimens are examined under a microscope, the prognosis of the action is said to be good, in the absence of a post-action recurrence report.

KEYWORDS: Choroidal Melanoma, Leiomyoma, biopsi, benign spindle cell neoplasm

ABSTRACT
Introduction and Objectives: Intraocular leiomyomas are rare benign smooth-muscle tumors of the uveal and usually found at a young age and women. From clinical and imaging perspectives, leiomyoma can closely simulate choroidal melanoma. Both can appear as a dome-shaped, non-pigmented, smooth-surfaced, solid vascular mass originating in the uvea. This case report purposed to discuss a clinical sign of intraocular leiomyoma at Sanglah hospital.

Case Presentation: The case report, 37 years old male, complained of blurred vision in the left eye since four months ago until finally can not see. Patient also see such a small lump on his left viewing eyes that gradually enlarge. The patient was diagnosed with an intraocular tumor suspect choroidal melanoma dd/iris melanoma with MRI imaging result with contrast, from Ophthalmic USG, we found retinal detachment. Enucleation was performed and bulb specimens were sent to anatomical pathology for examination with result show morphological features of benign spindle cell neoplasm dd/fibroma, leiomyoma.

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From the result of the MRI examination on December 11th, 2017, the impression seems to be consolidation with irregular boundary on the left orbita subretinal, on post-contrast seems slight contrast enhancement, thickening of rectus externa muscle and giving impression of suspect choroidal melanoma. We suspect the patient with choroidal melanoma on the left eye with differential diagnosis melanoma iris and planned enucleation with protesa on the left eye. Three days after surgery, the patient was discharged. The patient suggested to check up four days later bring his anatomy pathology result.

From the result of anatomy pathology, macroscopic imaging of eyeball tissue on the incision came out a yellowish transparent liquid, appear retinal detachment, the inner surface of the eyeball is brown, it appears a mass inside the ocular cavity with dimension 0.5x 0.4x 0.3 cm. On the microscopic found infiltration of malignant cells on the border of the optic nerve and extraocular muscle, retina appears detached, it appears the tumor mass consists of proliferation of neoplastic spindle cells which is partially hyalinized including the choroid tissue, those cells with eosinophilic cytoplasm imaging, spindle nucleus, regular nuclear membrane, smooth chromatin. There is no malignant melanoma appearance, with the conclusion, the morphological appearance tends to be benign with differential diagnosis fibroma, leiomyoma (which hyalinized).

DISCUSSION

Anterior tumors that located around the ciliary body are mostly associated with the increasing of specific mortality rate due to melanoma (Wenjun et al, 2000). Choroid tumors that extend to the ciliary body tend to be larger in the posterior. Also, the expansion into the extra-sclera increases the possibility of recurrence after the patient has received therapy (Gunduz et al, 1998)

Research shows that about 90% of patients experience metastasis to the liver, and the rest metastasize to the lungs (24%), bone (6%) and brain (4%). One consistent prognostic indicator of uvea melanoma is tumor size. The various classifications of tumor size, the largest basal tumor diameter (LBD) and tumor height were the most frequently used. Based on LBD, melanoma divided into small (≤10 mm), medium (10-15 mm), and large (> 15 mm) sizes (barr et al,1981). This patient is subjected to chest x-ray examination and liver function test to find out whether this tumor has spread to the liver or lungs. Based on the examination results showed morphological features tending to be benign with differential diagnosis fibroma, leiomyoma (which hyalinized).

Ultrasoundography B Scan imaging examination is an examination to distinguish leiomyoma from melanoma. Leiomyoma on ultrasonography showed dome-shaped which similar to melanoma imaging. Leiomyoma sometimes can be identified in supravueal location, extrinsic part of the choroid, or in the ciliary body (shield, 2009). In MRI imaging, hard to distinguish leiomyoma with schwanna and malignant melanoma. MRI showed hyperintense imaging in T1 weighted imaging and hypointense in T2, all imaging shows contrast enhancement. In this case, definite diagnosis can't be made based on ultrasonography and MRI but by histopathological examination.

CONCLUSION

The incidence of leiomyoma is very rare, patients with leiomyoma are difficult to distinguish from uveal amelanotic melanoma based on clinical symptoms and imaging features. Both can show imaging like a dome, unipigmented, smooth tumor surface, in the form of a solid vascular mass originating from the uvea and can expand beyond the sclera. We suspect the patient with choroidal melanoma with anatomical pathology examination results showed morphological features tending to be benign spindle cell neoplasms with differential diagnosis fibroma, leiomyoma. Hopefully, this case report can help distinguish between benign leiomyoma and malignant melanoma so that we can determine the appropriate therapeutic modality.

REFERENCES


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