



THE AGA KHAN UNIVERSITY

eCommons@AKU

Department of Surgery

Department of Surgery

February 2008

Conjunctival malignant melanoma mimicking as a chalazion

Sana Shoukat Memon
Aga Khan University

Roomasa Channa
Aga Khan University

Tanveer Anjum Chaudhry
Aga Khan University, tanveer.chaudhry@aku.edu

Khabir Ahmad
Aga Khan University, khabir.ahmad@aku.edu

Follow this and additional works at: http://ecommons.aku.edu/pakistan_fhs_mc_surg_surg



Part of the [Ophthalmology Commons](#), and the [Surgery Commons](#)

Recommended Citation

Memon, S., Channa, R., Chaudhry, T., Ahmad, K. (2008). Conjunctival malignant melanoma mimicking as a chalazion. *Pak J Ophthalmol*, 24(2), 104-105.

Available at: http://ecommons.aku.edu/pakistan_fhs_mc_surg_surg/367

Case Report

Conjunctival Malignant Melanoma Mimicking As a Chalazion

Sana Shoukat Memon, Roomasa Channa, Tanveer A. Chaudhry, Khabir Ahmad

Pak J Ophthalmol 2008, Vol. 24 No. 2

.....
See end of article for
authors affiliations

.....
Correspondence to:
Tanveer A Chaudhry
Section of Ophthalmology
Department of Surgery
Aga Khan University Karachi

Received for publication
May' 2007
.....

Conjunctival melanoma is an uncommon tumour with an incidence of 0.3-0.8 cases / million population. It is likely to recur and carries an overall mortality rate of approximately 30 %. The mean age at diagnosis is 53 years (\pm 11 years) and like other tumours, its incidence increases with advancing age and sun exposure^{1,2}.

CASE

A 35-year-old man was referred by his family physician to our eye clinic for the management of a chalazion on his right upper lid. According to the patient, he had a slowly growing painless swelling of recent onset over his right upper lid. He did not have any other complaints. Eye examination revealed a firm, non-tender swelling in the middle of the right upper lid. On everting the upper lid, the lesion on the conjunctival side did not look like a typical chalazion (Fig. 1). It was rather a vascular lesion, surrounded by a pigmented area. Local lymph nodes were not

palpable and no similar lesion was found elsewhere on his body. The rest of the systemic examination was unremarkable.

After taking his consent, a complete resection of the lesion was performed under local anesthesia. Histopathology of the lesion revealed a conjunctival malignant melanoma with clear edges. Further biopsies were taken 360° around the site of the lesion which also revealed clear edges. Liver function tests and abdominal ultrasonography were normal.

The patient was followed regularly and one and a half year after the initial excision there was no sign of recurrence.

As mentioned earlier, conjunctival melanoma is a rare tumour, but is likely to recur and has a very high mortality rate-around 30%. Advancing age and sun exposure are important risk factors. As our patient was relatively younger, the clinical suspicion for a malignancy was very low. The different presentations of conjunctival melanoma reported in literature include occurrence of bloody tears and rapidly

growing mass^{3,4}. However, to the best of our knowledge, this is the first case where conjunctival malignant melanoma was presenting as a chalazion. Various lesions of the lids and eyes are confused as chalazion by physicians. Ozdal et al reported that⁵, amongst the malignancies misdiagnosed as chalazia, the most common were sebaceous cell carcinoma and basal cell carcinoma. Conjunctival melanoma was not mentioned as a possible misdiagnosis.



Fig: Vascularised, pigmented lesion noted on lid eversion.

CONCLUSION

Chalazion is a common benign eyelid cyst which is easily treatable by an incision and curettage. Rarely some malignancies can mimic chalazion in their presentation. Every chalazion, especially the ones on the upper eyelid, should be thoroughly examined before treatment and in case of recurrence should be biopsied for histopathological examination.

We suggest that although conjunctival melanoma is a rare tumour, the possibility of a significant differential for a slowly growing mass in the lid and

early detection and treatment is vital due to the high mortality and metastases rates.

Author's affiliation

Dr. Sana Shoukat Memon
Section of Ophthalmology, Department of Surgery,
Aga Khan University
P O BOX 3500, Stadium Road
Karachi

Dr. Roomasa Channa
Section of Ophthalmology, Department of Surgery,
Aga Khan University
P O BOX 3500, Stadium Road
Karachi

Dr. Tanveer A. Chaudhry
Section of Ophthalmology, Department of Surgery,
Aga Khan University
P O BOX 3500, Stadium Road
Karachi

Dr. Khabir Ahmad
Section of Ophthalmology, Department of Surgery,
Aga Khan University
P O BOX 3500, Stadium Road
Karachi

REFERENCE

1. **Lommatzsch PK, Werschnik C.** Malignant conjunctival melanoma. Clinical review with recommendations for diagnosis, therapy and follow-up. *Klin Monatsbl Augenheilkd.* 2002; 219:710-21.
2. **Seregard S.** Conjunctival melanoma. *Surv Ophthalmol.* 1998; 42:321-50.
3. **Duchateau N, Meyer A, Hugol D, et al.** Nodular melanoma on primary acquired conjunctival melanosis. *J Fr Ophtalmol.* 2005; 28: 331-5.
4. **Biswas MC, Dutta S, Nath U, et al.** Malignant melanoma of conjunctiva-a case report. *J Indian Med Assoc.* 2004; 102: 730-64.
5. **Ozdal PC, Codere F, Callejo S, et al.** Accuracy of the clinical diagnosis of chalazion. *Eye* 2004; 18: 135-8.