Endoresection technique and outcomes in the management of posterior choroidal melanoma.

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Purpose: To evaluate the efficacy and safety of endoresection for recurrent posterior choroidal melanoma

Methods: Retrospective nonrandomised interventional case series. All patients who had pars plana vitrectomy and endoresection for choroidal melanoma at The Royal Victorian Eye and Ear hospital between August 2008 - August 2014 were included. All patients had previous brachytherapy. All patients had initial reduction in tumour size following brachytherapy with subsequent recurrence. Surgery: All patients underwent small gauge vitrectomy (23 or 25 gauge) plus laser and/ or cryopexy and gas or oil tamponade.

Main outcome measures: Enucleation rate, local recurrence, post-operative surgical complications, metastasis, mortality

Results:
Mean follow up time was 22 months. Range 7-72 months

Pre-op visual acuity (VA) ranged from 6/12-HM, Post-op VA range 6/15- HM

Visual outcomes: 1/7 VA improved, 1/7 patient VA reduced, 5/7 unchanged

Time from plaque treatment to endoresection surgery median: 42 months, range 19-96 months

Tamponade: Gas 6/7 patients, 1/7 silicone oil

No patients had evidence of recurrence in the post-operative observation period.

No patients required enucleation following surgery.

There was no reported metastasis. There were no deaths.

Post-op complications: 1 patient developed a post-operative retinal detachment following removal of silicone oil.

Conclusion: Endoresection of high posterior choroidal melanomas was not associated with a higher risk of metastasis, death or local recurrence than other reported techniques used to treat similar melanomas.