OCULAR NEOPLASM

- Tumours could be benign or malignant
- Can affect any structure in the eye

RETINOBLASTOMA

- Highly malignant tumour and more common in children.
- Incidence is 1:15,000 in live births
- No particular race or sex is at a greater risk
- Mostly unilateral tumour but sometimes 25 – 35% bilaterally.
- Average age at diagnosis is 18 months
- 6% have family history
- 94% are sporadic.

CLINICAL FEATURES

- White pupil (***Leukocoria***)
- Squint
- Red painful eye with glaucoma at times
- Poor vision
- Orbital cellulitis
- Dilated Pupil
- Hyphaema
- Failure to thrive

INVESTIGATIONS

- Ultra sound
- A – Scan
- B – Scan
- C.T. Scan
- MRI

MANAGEMENT

- Early diagnosis improves Prognosis and saves life of a child.
- Cryotherapy for small equatorial or peripheral tumour
- Laser photocoagulation for small posterior tumours
- Chemotherapy
- Thermotherapy using infrared radiation
- Radiotherapy
- – Exenteration or Enucleation if tumour advanced

SQUAMOUS CELL CARCINOMA

- Aggressive tumour with eventual metastasis to regional lymphnodes
- Accounts for 5 – 10 % of eye tumour
- Immune compromised patients with AIDS or renal transplant are at increased risk.

CLINICAL PRESENTATION

- Fast growing Irregular Cauliflower shaped tumour with dilated blood vessels supplying it.

MANAGEMENT

- If small – local Excision Biopsy
- If has spread on eyeball conjunctiva – then do enucleation.
- If has spread to orbit exanteration is recommended to save life.