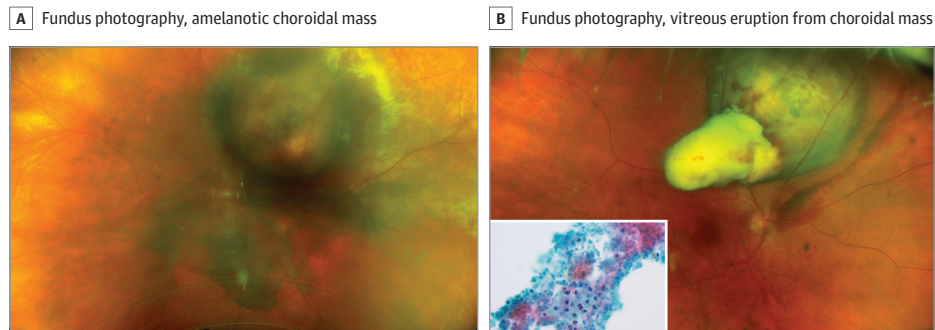


## Ophthalmic Images

## Necrotic Eruption of an Inflammatory Melanoma

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**Figure.** Necrotic eruption of an inflammatory melanoma. A, Fundus photography revealed an amelanotic choroidal mass with vitritis. B, Ten months after anti-inflammatory treatment, the patient presented with a white vitreous eruption emanating from the choroidal lesion. Inset: vitreous biopsy revealed background necrosis, scattered histiocytes, and atypical cells.

**A 64-year-old male individual** presented with blurry vision and was found to have an amelanotic choroidal mass with vitritis (Figure, A). Systemic anti-inflammatory medications were started and led to clear vision and stability in the mass. Ten months after presentation, the patient developed sudden-onset floaters and was found to have a white vitreous eruption emanating from the choroidal lesion (Figure, B). A vitreous biopsy demonstrated background necrosis, scattered histiocytes, and atypical cells (Figure, B, inset). A subsequent fine-needle aspiration biopsy

(FNAB) of the choroidal mass showed atypical melanocytes consistent with a choroidal melanoma. Despite the stability in the size of the melanoma and widespread necrosis, the melanocytes within the choroidal FNAB appeared to be viable, and the decision was made to treat the melanoma. Eighteen months after proton-beam radiation, the patient maintained good vision without melanoma recurrence. Inflammatory melanomas can present with necrotic vitreous eruptions and may contain viable tumor cells requiring treatment.

## ARTICLE INFORMATION

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