

Ophthalmic Images

Iris Neovascularization After Vitreous Metastasis of a Cutaneous Melanoma

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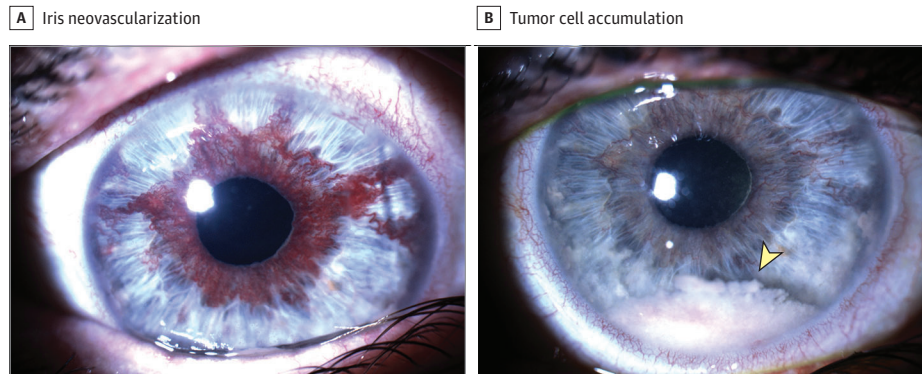


Figure. A, Iris neovascularization in a patient with vitreous metastasis of a cutaneous melanoma and its regression (B) after intracameral repackaged (compounded) bevacizumab, 1.25 mg per 0.05 mL (Avastin [Genentech]). B, Amorphous material and tumor cells occupy the anterior chamber (arrowhead).

A 75-year-old man had a 1-year history of cutaneous melanoma and was undergoing immunotherapy with an inhibitor of programmed cell death protein 1. Although his systemic disease was in remission, the patient developed a vitreous metastasis in his left eye (confirmed by vitreous biopsy). During follow-up, he presented with neovascular glaucoma (intraocular pressure, 27 mm Hg) with iris and angle neovascularization (Figure, A), which have been associated with intravitreal metastatic cutaneous melanomas.¹



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An intracameral injection of repackaged (compounded) bevacizumab, 1.25 mg per 0.05 mL (Avastin [Genentech]), was performed. After 5 days, the iris neovascularization regressed, but amorphous material and tumor cells accumulated in the anterior chamber (Figure, B). Unfortunately, the patient also developed a rhegmatogenous retinal detachment (secondary to the previous biopsy) and after 3 months, the eye had to be enucleated. At the last follow-up, 23 months after iris neovascularization, the patient remains alive without melanoma recurrence, undergoing regular oncologic monitoring.

ARTICLE INFORMATION

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