A 77-year-old woman presented to the ophthalmology department with a 5-year history of a painless neoplasm in her left eye. Her medical history included gastric antral ulcers and reflux esophagitis. She had no history of tumors and no family history of ocular disease. On initial examination, her visual acuity was 20/40 OD and 20/50 OS. Intraocular pressures were 17 mm Hg in the right eye and 20 mm Hg in the left eye as measured with noncontact tonometry. Pupils were round and reactive, without a relative afferent pupillary defect. Slitlamp examination showed an isolated papillary tumor on the limbal conjunctiva, with prominent conjunctival blood vessels extending to the tumor (Figure 1A). The findings of both the anterior segment and fundus examinations were normal. Optical coherence tomography angiography (OCTA) demonstrated blood vessels of the neoplasm in the shape of popcorn (Figure 1B) and blood vessels extending beneath the surface of sclera (lower right of Figure 1A).

WHAT WOULD YOU DO NEXT?

A. Observation and periodic monitoring

B. Surgical excision with conjunctival autograft

C. Surgical excision with topical mitomycin therapy

D. Surgical excision with radiotherapy