A 51-year-old male with a complaint of a 4-week history of redness and swelling of the right temporal bulbar conjunctiva was referred for evaluation of a choroidal lesion in the right eye. He had a history of BRAF V600 E mutation-positive, superficial spreading-type cutaneous melanoma (CM) on the chest with metastasis to a sentinel lymph node 3 years ago. He was treated at the time of diagnosis with excision of the primary tumor with clear margins and axillary lymph node dissection. He also had a papillary thyroid carcinoma 1 year earlier treated with thyroidectomy and radioactive iodine-131.He had a follow-up visit with his oncologist 2 days before his presentation to our ocular oncology clinic and he did not have any systemic findings suggestive of recurrence of his previous malignancies. The best-corrected visual acuity after a new refraction was 20/30 in the right eye and 20/20 in the left eye. Anterior segment examination of the right eye revealed temporal conjunctival hyperemia with dilated episcleral vessels. Fundus examination of the right eye revealed a partially pigmented choroidal lesion, measuring 26 × 21 × 8.1 mm, superotemporally extending to the macula associated with exudative retinal detachment inferiorly (Figure 1A). Ultrasonography showed an acoustically solid lesion with prominent intralesional vascularity with irregular internal structure on B-scan and mid to low internal reflectivity on A-scan (Figure 1B).

WHAT WOULD YOU DO NEXT?

A. Plaque radiotherapy

B. Enucleation

C. Fine-needle aspiration biopsy

D. Observation