A 38-year-old White man was referred for evaluation of an incidentally discovered asymptomatic macular choroidal mass in the right eye. The spherical equivalent of refractive error was +2.50 D OU. His medical history was noncontributory. Visual acuity was 20/20 OU. External and anterior segment examination findings were unremarkable in each eye. Fundus examination of the right eye revealed an orange mass in the temporal macular region, measuring 6.0 mm × 6.0 mm in basal dimension and 2.6 mm in thickness, abutting the foveola, with prominent horizontal macular choroidal folds and a solitary retinal pigment epithelial (RPE) detachment inferiorly (Figure 1A). In addition, another orange mass was identified in the right eye nasal to the optic disc, measuring 3.0 mm × 3.0 mm in basal dimension and 2.1 mm in thickness. Indocyanine green angiography (ICGA) showed early choroidal hyperfluorescence of both tumors, with rapid choroidal washout and pooling of dye within the RPE detachment (Figure 1B). On optical coherence tomography (OCT), both lesions were located within the choroid, with smooth apical surface configuration, choroidal vascular expansion, no subretinal fluid, and nearby choroidal folds. On ultrasonography, both lesions were acoustically dense. Subfoveal choroidal thickness measured 310 μm OD and 252 μm OS. Examination and multimodal imaging of the left eye showed subtle horizontal macular choroidal folds and no mass. Axial length by A-scan ultrasonography was 21.7 mm OD and 22.7 mm OS, consistent with axial hyperopia greater in the right eye than in the left eye.

WHAT WOULD YOU DO NEXT?

A. Transpupillary thermotherapy

B. Laser photocoagulation

C. Imaging of the chest and abdomen

D. Plaque radiotherapy