A 70-year-oldAsian-Indian male was referred for evaluation of a slow-growing conjunctival mass in the right eye over 27 years. There was no pain or discharge. He had previously undergone partial lamellar sclerouvectomy (PLSU) 30 years prior for ciliochoroidal melanoma in the right eye, followed by pars plana vitrectomy and scleral buckle 1 year later for retinal detachment (RD) with vitreous hemorrhage (VH) in the right eye. On examination, visual acuity was no light perception OD Multimedia and 20/25 OS, with intraocular pressures of 33 mm Hg and 17 mm Hg in the right and left eyes, respectively. Examination results of the left eye were normal. Anterior segment examination in the right eye revealed thin conjunctiva with a nontender multilobular pigmented lesion in the superonasal quadrant (Figure 1), underlying Tenon fascia and surrounded by prominent episcleral feeder vessels (Figure 1, yellow arrowhead). The cornea showed nasal epithelial defect and flat anterior chamber with cataract and iris neovascularization. There was no view to the posterior segment. Ultrasonography revealed a homogenous echodensity within the vitreous cavity (Figure 1 insets, asterisks) measuring 21 mm in thickness, along with an echolucent episcleral mass (Figure 1 insets, arrowhead) 7 mm thick. In addition, spontaneous vascular pulsations (SVP) were noted within the intraocular component(Video).

WHAT WOULD YOU DO NEXT?

A. Scleral patch graft

B. Magnetic resonance imaging of the head and orbits

C. Incisional biopsy

D. Observation