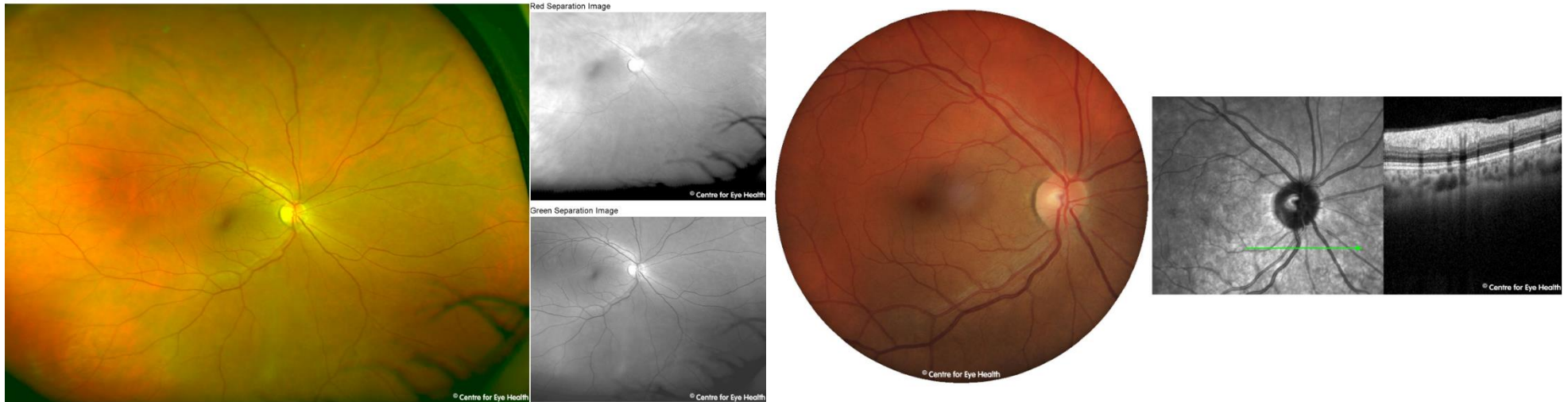


## CFEH Facebook Case #63

A 47 year old Caucasian female was referred to CFEH for assessment. She has high cholesterol and sleep apnoea. The left eye was normal so this case will focus on the right eye only. Visual acuity was 6/6. What ocular condition does this patient have and what is the significance of this condition?



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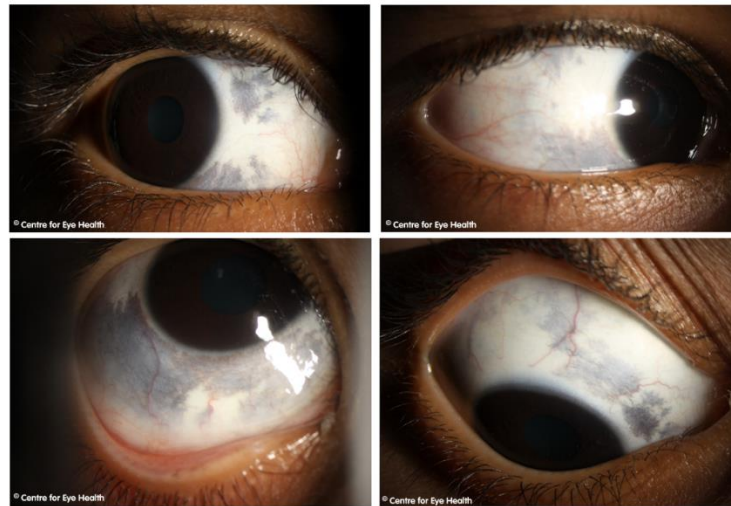
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Optometry  
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# ANSWER

Isolated choroidal melanocytosis. This condition falls within the spectrum of oculo (dermal) melanocytosis but affects only the choroid, not the uvea and episclera. Oculodermal melanocytosis typically does affect these other areas as well and is characterised by pigment elsewhere in the uveal tract, or cutaneously in the periocular area (nevus of Ota – imaged below):



While isolated choroidal melanocytosis is rare, a series of 11 cases has been reported in the literature by Ausberger et al. The authors described the clinical characteristics of this condition as “an homogenous area of dark brown pigmentation greater than 5mm in diameter, with complete lesion flatness”, differentiating it from choroidal naevi (typically less than 5mm diameter) and melanocytomas (which are raised).

It is estimated that one in 400 Caucasian patients with ocular melanocytosis will develop uveal melanoma. Unfortunately however, the increased fundus pigmentation in patients with choroidal melanocytosis can make it more difficult to detect a small pigmented melanoma. Augsberger et al. proposed that, based on their histological analysis of the lesions, the increased risk of melanoma in these cases is proportional to the percentage of uvea involved. This would mean that the risk of developing choroidal melanoma in cases such as this is only slightly higher than the general population.

Patients with choroidal melanocytosis require annual monitoring to ensure the early detection of melanotic changes.