

What is Conjunctival Malignant Melanoma?

CONJUNCTIVAL MALIGNANT MELANOMA

You have been diagnosed with CONJUNCTIVAL MALIGNANT MELANOMA. The tumor may be pigmented or nonpigmented. It can arise from premalignant conditions like a nevus (mole) or primary acquired melanosis (PAM). It has been associated with conditions like blue nevus, xeroderma pigmentosum and neurofibrosis. Conjunctival melanoma is more common in fairer complexions. There is no gender predilection and more common in the middle-aged or elderly population. The etiology is unknown but sun exposure may play a role.

TREATMENT OPTIONS

Melanoma is a cancer and must be removed completely. Surgery is required. Conjunctival melanoma has a tendency to recur and can sometimes be challenging to treat. Cryotherapy (freezing treatment) is performed on all margins to try and prevent the melanoma from recurring. You may need multiple surgeries to get it under control. Sometimes an eye must be removed if the cancer invades the orbit (tissue around the eye). We may use radiation (plaque brachytherapy) if the melanoma extends into the white part of the eye. Sometimes the vision can get blurry because the tumor can damage the stem cells that keep the vision clear (your window gets foggy). The eye can remain red and dry, causing irritation or foreign body sensation.

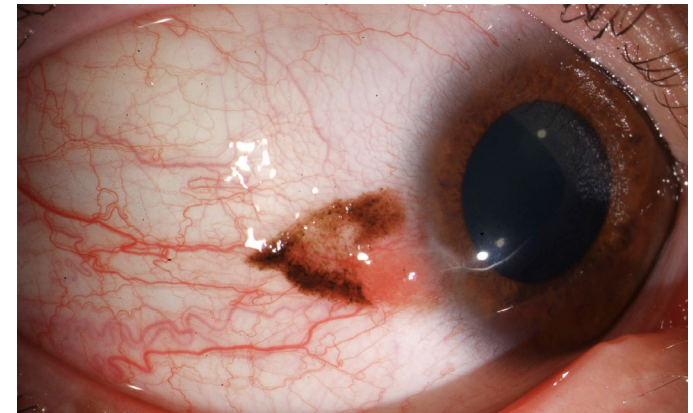
Melanoma can recur locally and can spread to the regional lymph nodes of the head and neck or other parts of the body. Based on the size of your tumor, we may recommend a sentinel lymph node biopsy once you have healed. This procedure is performed by another doctor (otolaryngologist). Radioactive dye is injected into the scar and is traced to the first lymph node it drains. The otolaryngologist then removes this lymph node and sends to pathology to see if the melanoma has spread.

Overall 75% of the time patients do fine but we do recommend systemic monitoring with your medical doctor or medical oncologist. The monitoring includes a:

- Good physical exam 2x/year
- Palpation of the regional lymph nodes 2x/year
- Chest X-ray yearly
- MRI orbits if advanced

PATHOLOGY

After the pathology is reviewed, the tissue will be sent for tumor markers to see if a mutation can be found that caused the melanoma to develop.



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