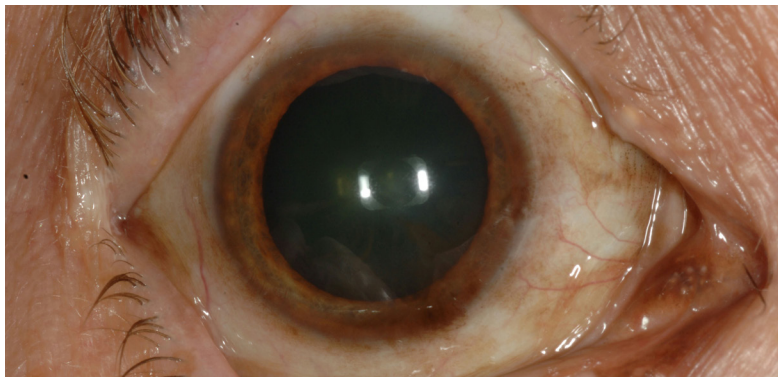


What is PAM?

You have been diagnosed with PRIMARY ACQUIRED MELANOSIS (PAM), pigmentation on the clear skin over the white of the eye. This is a precancerous lesion. If left untreated, approximately 10-30% of cases can transform into melanoma. It usually gradually appears in the middle-aged population. The etiology is unknown but sun exposure may play a role.



PRIMARY ACQUIRED MELANOSIS (PAM)

Premalignant tumor that looks like pigment on the eye surface. Can lead to melanoma.

TREATMENT OPTIONS

There are different options for treatment based on size and location. Sometimes we will observe it if the lesion is small. If the lesion is slightly bigger or extends onto cornea, we recommend surgery. An excisional biopsy with cryotherapy (freezing treatment) is performed to try and prevent it from coming back. CONJUNCTIVAL PAM likes to recur and can sometimes be challenging to treat. You may need multiple surgeries to get it under control.

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. If extensive pigment is seen on the cornea (clear window of the eye), we may recommend topical chemotherapy drops like mitomycin-c (MMC) or interferon (IFN). The drops cannot be purchased at a general pharmacy and must be bought from a compounding pharmacy like the Jefferson Apothecary.

MMC (MITOMYCIN-C)

MMC is harsh to the surface of the eye and can make the eye very irritated. You use it for 2 weeks.

IFN (INTERFERON)

IFN is generally well tolerated. This drop you may have to be on for many months. IFN must also be refrigerated and do not shake.

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 melanosis to grow.