Melanocytoma is a benign, deeply pigmented intraocular tumor that is classically associated with the optic disc but can occur anywhere in the uveal tract. Histopathologically, this tumor consists of a relatively homogenous population of heavily pigmented plump to polyhedral cells with small, round, uniform nuclei. Melanocytoma of the ciliary body may infiltrate surrounding tissues and can undergo spontaneous necrosis resulting in pigment dispersion and secondary glaucoma.

A 62-year-old woman presented with increased IOP in her right eye. Visual acuity of the right eye was light-perception and the IOP was 44 mmHg. Slit-lamp examination and ultrasonography revealed a ciliary body mass with widespread pigment dispersion in the anterior segment (Fig. 1). Because of no useful vision and uncontrolled pain, enucleation of the right eye was performed. The tumor had a gross finding of a heavily pigmented, soft, and smooth surface 1.0x0.8x0.7 cm in size (Fig. 2). Histopathologic examination revealed a melanocytoma of the ciliary body and focal malignant transformation with extension of melanocytoma cells and macrophages into the trabecular meshwork and anterior chamber angle (Fig. 3-6).

Melanocytoma of the ciliary body is a rare benign intraocular tumor. Ciliary body melanocytoma, because of its obscured location, is often clinically undetected until it extends into the pupil, anterior chamber, or sclera. Seeding of tumor cells on the iris, pigment dispersion from necrosis, elevated intraocular pressure, extrascleral extension, change in refractive error with increasing astigmatism, or cataract from compression are other telltale signs. These findings may be suggestive of a malignant change in the tumor.

References