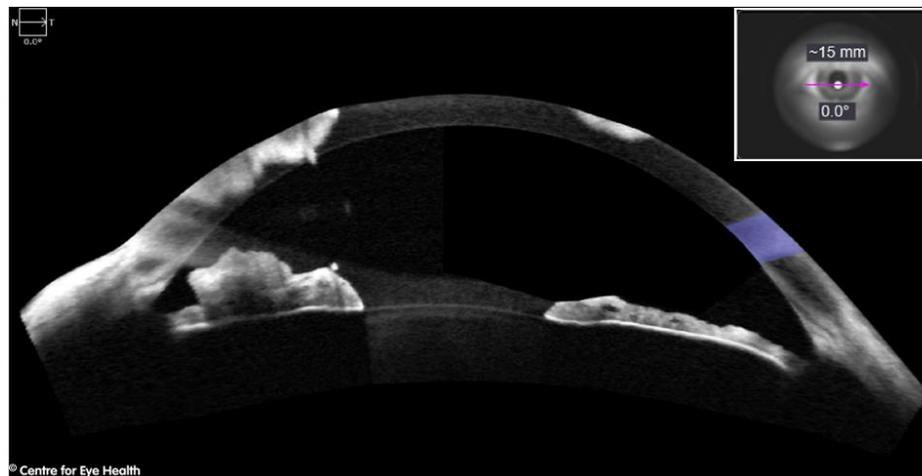
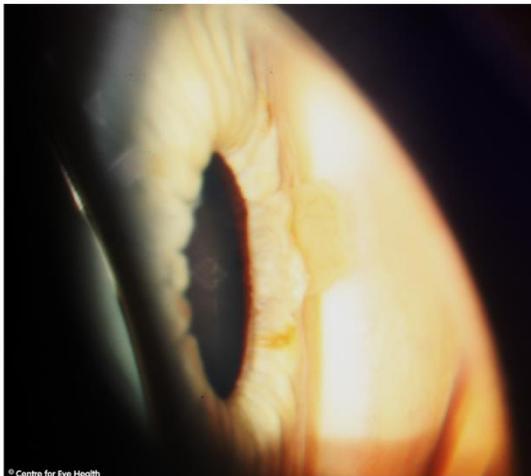
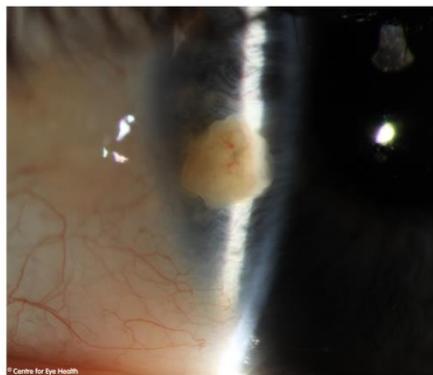


## CFEH Facebook Case #34

A 45 year old Caucasian female presented for an assessment of a long-standing iris lesion. She notes no change in colour, appearance or size. Below are photographs of the lesion, gonioscopy and anterior OCT images. What are the relevant differentials for this condition?



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## ANSWER

Differentials include: iris leiomyoma, iris melanoma, iris naevus and a metastases from a primary tumour elsewhere. The reported stability of the lesion makes it less likely to be a melanoma or metastases, however a final diagnosis can only be made following a biopsy.

Imaging shows the lesion to be a raised, amelanotic lesion with defined margins and a lobular vascularised surface at the nasal peripheral iris of the left eye. Anterior OCT shows no invasion of the lesion into the angle and shows the anterior surface to be hyper-reflective.

An iris amelanotic melanoma is a non-pigmented, benign nodular tumour that is typically found on the inferior iris, usually associated with superficial blood vessels. They are usually at least 3mm in diameter and 1mm thick and exhibit slow growth with extension across the iris surface. This expansion gives rise to the possibility that the angle and anterior ciliary body may be infiltrated. Thus, complications of amelanotic iris melanomas can include pupillary distortion, ectropion uveae, hyphema, cataract and glaucoma.

An iris leiomyoma is an extremely rare benign tumour with an appearance similar to an amelanotic melanoma. Iris leiomyomas are tumours that originate from the smooth muscle, typically this is the sphincter muscle but less commonly can also be the dilator muscle. The mass is typically vascularised, either flat or slightly elevated and usually remains stationary over many years. They are usually found at the region of the sphincter muscle, although rarely can also be found in the iris periphery and anterior chamber angle. Leiomyomas can appear either non-pigmented, lightly pigmented or transparent (greyish white or pinkish). Complications may rarely include secondary glaucoma and decreased vision if the leiomyoma affects the visual axis.

This lesion needs to be referred to an ophthalmologist for a likely biopsy.