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Cataract Obscuring a Large Primary Choroidal Melanoma with Exudative Retinal Detachment: A Case Report

Joshpher, UK

Department of Internal Medicine

*Corresponding Author:

Joshpher

Department of Internal Medicine

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1. Abstract

Choroidal melanoma is the most common primary intraocular malignancy in adults. It may remain undiagnosed until advanced stages, particularly when coexisting ocular conditions, such as dense cataract, limit fundus visualization. We describe a case of a large choroidal melanoma presenting with severe visual loss and associated exudative retinal detachment in an eye initially presumed to have cataract-related visual impairment. Imaging confirmed a large intraocular tumor without extrascleral extension or systemic metastasis. Due to the advanced stage and absence of useful vision, enucleation was performed. This case highlights the diagnostic challenges posed by media opacity and the importance of early imaging in unexplained vision loss.

2. Introduction

Uveal melanoma, particularly choroidal melanoma, represents the most frequent primary intraocular malignancy in adults and accounts for the majority of uveal melanomas. Although rare, it is clinically significant due to its potential for local destruction of ocular structures and distant metastasis, most commonly to the liver. Early diagnosis is critical, as treatment options are more effective and eye-preserving when tumors are detected at smaller sizes. However, diagnosis can be delayed when coexisting ocular pathology, such as cataract or vitreous opacity, prevents adequate visualization of the posterior segment. In such situations, tumors may grow undetected until they become large and symptomatic.

We report a case in which a large choroidal melanoma was discovered in an eye with dense cataract and long-standing visual impairment, emphasizing the importance of maintaining suspicion for intraocular malignancy in cases of unexplained vision loss.

3. Case Presentation

A 72-year-old male presented with progressive visual decline in his left eye over a period of approximately three years. The deterioration was gradual and painless, without associated flashes, floaters, or systemic symptoms. His medical and family history were unremarkable, and he was not on any regular medication.

On ophthalmic examination, best-corrected visual acuity was 6/6 in the right eye and limited to light perception in the left eye. Intraocular pressure measurements were within normal limits bilaterally. Slit-lamp examination revealed an immature corticonuclear cataract in the right eye and a dense nuclear and posterior subcapsular cataract in the left eye.

Due to poor visualization of the fundus in the left eye, indirect ophthalmoscopy was limited. However, suspicion arose for a posterior segment pathology based on clinical findings.

B-scan ultrasonography was performed and revealed a dome-shaped intraocular mass arising from the choroid in the temporal peripheral region of the left eye. The lesion demonstrated low to medium internal reflectivity and measured approximately 10 mm in thickness with a basal diameter of 17.2 mm. Associated findings included marked acoustic hollowing and extensive exudative retinal detachment. No evidence of extrascleral extension was identified.

Magnetic resonance imaging of the orbit further characterized the lesion as an intraocular mass measuring approximately 9.7 × 16 mm. It appeared hyperintense on T1-weighted images and hypointense on T2-weighted sequences, with moderate contrast enhancement. There was no invasion of the ciliary body, anterior segment, or orbital tissues, and no signs of extraocular extension. A systemic metastatic workup was conducted, including liver function tests, chest radiography, abdominal ultrasonography, brain MRI, and bone scintigraphy. All investigations were negative for metastatic disease.

Given the large tumor size, associated retinal detachment, and absence of visual potential, the patient was advised to undergo enucleation of the left eye.

4. Pathological Findings

Histopathological examination of the enucleated globe confirmed a mixed-cell type choroidal melanoma. Surgical margins were free of tumor infiltration, and there was no evidence of scleral or extrascleral extension.

5. Discussion

Choroidal melanoma is a serious intraocular malignancy that often remains asymptomatic until it reaches an advanced stage.

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Prognosis is closely related to tumor size at diagnosis, location, histological subtype, and the presence of metastatic disease.

In this case, diagnosis was significantly delayed due to dense cataract, which obscured visualization of the posterior segment. As a result, the tumor progressed unnoticed, ultimately leading to severe visual loss and extensive retinal detachment.

This case highlights the critical role of ocular ultrasonography in evaluating patients with opaque media. B-scan ultrasound remains an essential diagnostic tool when fundus examination is not possible, allowing detection and characterization of intraocular masses. MRI further assists in defining tumor extent and ruling out extrascleral invasion, which is a key prognostic factor.

Large choroidal melanomas with associated retinal detachment generally have poor visual prognosis, and enucleation is often required, particularly when vision is already irreversibly lost. While globe-preserving therapies such as plaque radiotherapy or proton beam therapy are available, they are typically reserved for smaller, localized tumors.

Interestingly, despite the large tumor size, systemic evaluation in this patient did not reveal metastatic spread. This may reflect biological variability in tumor aggressiveness or relatively early systemic staging.

This case reinforces the importance of thorough evaluation of unexplained visual loss. Even when cataract is present, clinicians should consider posterior segment pathology and perform appropriate imaging studies to avoid missed or delayed diagnosis.

6. Conclusion

Choroidal melanoma may be concealed by coexisting ocular conditions such as dense cataract, leading to delayed diagnosis and advanced disease at presentation. Early use of ocular ultrasonography is essential when fundus visualization is not possible. Large tumors with retinal detachment often require enucleation due to poor visual prognosis. Awareness of such diagnostic challenges is crucial for timely identification and management of intraocular malignancies.

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