Letter to the Editor: Subluxated Lens May Mimic Choroidal Metastasis of Cutaneous Malignant Melanoma

Dear Editor,

We have read with interest the case report “Traumatic Lens Subluxation Presenting as Pseudomelanoma” recently published in *OSLI Retina*.1 We recently made a similar observation in a patient with a malignant melanoma of the skin.

This 53-year-old patient underwent excision of a superficially spreading malignant melanoma in 2012. Although resection was complete, 15 months later widespread metastases developed in the lungs, lymph nodes, and lumbar vertebrae. During diagnostic work-up, a CT of the brain was performed to rule out brain metastases. There were no metastatic lesions in the brain, but a small rounded hypodense lesion was seen in the right globe (Figure 1A). On MRI, the lesion displayed low (black) signal on T2-weighted images (Figure 1B) and a very high (white) signal on T1-weighted images (Figure 1C). It is noteworthy that the T1 intensity of this lesion was higher than the intensity of the contralateral normal lens. Because metastases of malignant melanoma in the brain can present with similar low signal on T2- and high signal on T1-weighted images, the diagnosis of a choroidal metastasis of cutaneous malignant melanoma was made. The patient rapidly developed brain metastasis and expired.

When reviewing this case later, a visiting fellow drew our attention to the fact that the lens was missing in the right globe. Checking the patient’s ophthalmologic history revealed a trauma at age 15, with luxation of the lens and aphakia.

Figure 1. (A) Computed tomography scan of the brain. Note hypodense lesion in the posterior aspect of the right globe. (B) T2-weighted magnetic resonance image at the same level. The lesion has low signal on this sequence. Note that the normal left lens has a similar signal. The right lens is missing. (C) T1-weighted magnetic resonance image. The lesion displays a very high signal. Note that the normal left lens has a lower signal. The right lens is missing.

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Choroidal metastases of cutaneous malignant melanomas are rare but have been described in the ophthalmological literature, mostly as case reports. Like uveal melanoma, metastatic malignant melanomas to the brain tend to present with high signal on T1- and low signal on T2-weighted images. Therefore, we diagnosed the lesion in the right globe of our patient as a choroidal metastasis. The fact that the intensity of the luxated lens presented with higher signal than that of the contralateral normal lens was misleading and probably due to a difference in vascularization or hydration.

In conclusion, lens (sub)luxation can present as a mimic of choroidal metastasis of cutaneous malignant melanoma.

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REFERENCES


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