

## One Minute Ophthalmology

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### Bilateral mastectomy, choroidal mass: A curve ball

#### Case

An asymptomatic 44-year-old Caucasian lady was referred for an amelanotic mass in her right eye (OD). Routine screening detected a superior visual field defect OD coincidentally. Medical history revealed bilateral mastectomy for breast cancer. On examination, visual acuity was 20/40 OD and 20/30 left eye (OS). Both eyes (OU) had normal intraocular pressure and clear vitreous. Fundus examination revealed an orange-colored choroidal mass inferotemporal to fovea OD. B-scan ultrasonography disclosed a dense lesion. Intravenous fluorescein angiography (IVFA) showed early and late hyperfluorescence. Indocyanine green angiography (ICG) showed early filling and late "washout." Optical coherence tomography (OCT) confirmed lesion without subfoveal fluid.

#### What is Your Next Step?

- A. Observation and follow-up in 4-6 months
- B. Photodynamic therapy
- C. Anti-vascular endothelial growth factor injections
- D. Laser photocoagulation.

Illustration: [Fig. 1]

#### Findings

(a) Fundoscopy showed an orange-colored mass of 4 mm diameter, inferior to the foveola. (b) B-scan ultrasonography revealed an acoustically dense mass with thickness of 2.45 mm. (c) IVFA and (d) ICG demonstrated intense intralesional vascularity and "washout" of dye was noted on ICG. (e) OCT of the foveola showed no subfoveal fluid and the mass was smooth and dome-shaped. These findings suggested choroidal hemangioma instead of metastasis from breast cancer. The patient was managed conservatively with observation. Follow-up 5 months later showed stable findings.

**Diagnosis:** Circumscribed choroidal hemangioma

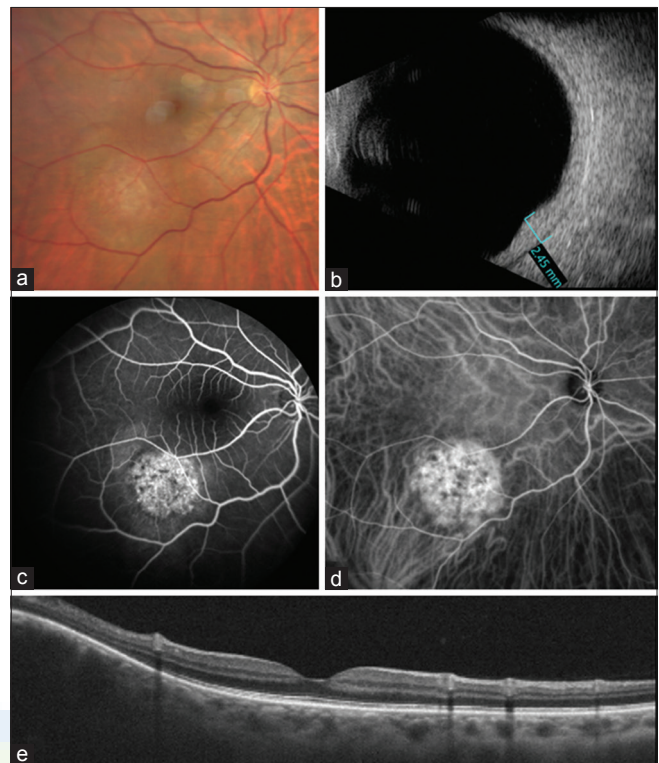
**Correct Answer:** A

#### Discussion

Circumscribed choroidal hemangioma is a benign, orange-red vascular tumor. This tumor can cause visual loss and visual field defects.<sup>[1,2]</sup> Despite the classic color, choroidal hemangioma can be misdiagnosed as amelanotic choroidal melanoma or metastasis in approximately 38% of cases.<sup>[1]</sup> Retinal pigment epithelial atrophy often overlies the mass. Related subretinal fluid or cystoid macular edema can cause visual loss. On IVFA, there is early lacey hyperfluorescence in the pre-arterial and arterial phases. On ICG, there is early filling with classic late "washout" of dye.<sup>[2]</sup> Treatment with photodynamic therapy can reduce leakage and related subretinal fluid, thus protecting visual acuity.<sup>[3]</sup>

#### Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.



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#### Conflicts of interest

There are no conflicts of interest.

#### References

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