Background

1. Choroidal nevus 49%
2. Peripheral exudative hemorrhagic chorioretinopathy 8%
3. Congenital hypertrophy of the RPE 6%
4. Hemorrhagic detachment of retina or RPE 5%
5. Choroidal vortex vein varix 1%

HPI

52 y/o WM presented to the VA Eye Clinic for a routine eye exam. On dilated fundus exam, he is noted to have a suspicious, elevated, reddish lesion located peripherally OD. Otherwise, the exam was normal and without ocular complaints. The retina service attending was consulted for diagnostic assistance.

Point of Interest

6 choroidal melanoma cases presented to the VA Eye Clinic within 1 year

<table>
<thead>
<tr>
<th>Patient</th>
<th>Presenting Age</th>
<th>Diagnosis</th>
<th>Referral to VA</th>
<th>Initial Treatment</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>65 y/o WM</td>
<td>Choroidal Melanoma R eye</td>
<td>20/25</td>
<td>48 RF - Plaque Radiotherapy</td>
<td>2/2015</td>
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<tr>
<td>2</td>
<td>62 y/o WM</td>
<td>Choroidal Melanoma R eye</td>
<td>20/25</td>
<td>1st Plaque Radiotherapy</td>
<td>12/2015</td>
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<tr>
<td>3</td>
<td>62 y/o WM</td>
<td>Choroidal Melanoma R eye</td>
<td>CF 1/1</td>
<td>1st Plaque Radiotherapy</td>
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<td>CF 1/1</td>
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<td>4/2016</td>
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<td>20/70</td>
<td>1st Plaque Radiotherapy</td>
<td>7/2016</td>
</tr>
</tbody>
</table>

EXAM

bcVA: OD 20/20 OS 20/25
IOP: OD 18 OS 16
A.S.: OD WNL OS WNL
DFE: OD SEE IMAGING OS WNL

Vortex Vein Ampulla (V.v.) Imaging

OCT- OD SUPEROTEMPORAL V.v.  OCT- OD SUPEROTEMPORAL V.v.

OCT- OD INFEROTEMPORAL V.v.  OCT- OD SUPERONASAL V.v.

FA/ICG - OD SUPEROTEMPORAL V.v.  B Scan - OD SUPEROTEMPORAL V.v. Applied pressure

Varix of Vortex Ampulla

- A physiologic excessive dilatation of the choroidal vortex vein ampulla (benign condition)
- Seen as an elevated, dark choroidal mass and visualized in specific fields of gaze toward lesion
- Usually located in the nasal fundus
- Viewing in primary and opposite fields of gaze or with directly applied pressure, the dilated vein can flatten or collapse, confirming the diagnosis
- Etiology Unknown:
  - Kinking of the extrascleral portion of V.v. due to change of gaze
  - Gaze-evoked narrowing of the scleral canal
  - Partial obstruction of the vortex v by the superior or inferior oblique muscle
  - Increased intraocular pressure by prone position or Vasalva maneuver

Our case captures with OCT imaging multiple unilateral vortex vein varices, despite these pseudotumors’ transient fundus visualization dependent on fields of gaze

References

2. www.missionforusa.org