LARGE CONJUNCTIVAL MELANOMA HOW TO TREAT?
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Large conjunctival melanoma tends to deeply invade; thus it is impossible to totally remove them with sufficient security margin with conservative management of the globe as the deep border of the tumor is in contact with the globe. We have learnt from the dermatologist that a large removal is the key for local control but this is not possible with conjunctival melanoma if we want to preserve the eye.

So even if the pathologist finds a complete excision of the tumor, it is mandatory to use radiation therapy in addition to obtain a good local control.

Various type of radiation therapy has been used over the years including strontium applicators, plaque brachytherapy and external beam radiotherapy by photons and by proton beam. In the ideal situation, it is better to have all these techniques available as the best type of radiation varies according to the size and location of the tumor and also the age and general status of the patient.

In 1990 treatment by local excision followed by beta ray irradiation (Sr-90/Y-90) or cryotherapy was recommended as the treatment of choice by P Lommatzsch(1) who had recommended this therapy in previous papers also(2)

Proton beam therapy of conjunctival melanoma was first described by Brovkina in 1987 (3) and Zografos in 1992(4)

In 1999 we have shown in a retrospective study of 56 patients a significant better prognostic for patients who received external beam radiation with photons in addition to surgery(5) but radiotherapy had been used for conjunctival melanoma since many years in our institution(6)

Iodine plaque brachytherapy of conjunctival melanoma was described by Stannard in 2000(7)

Due to the very small number of patients it is difficult to perform randomized study in this disease(8).

In our institution we treat all invasive conjunctival melanoma by complete surgical excision performed under general anesthesia followed by radiation therapy.

We use proton beam for most tumors involving the bulbar conjunctiva, iodine plaque brachytherapy for small bulbar conjunctiva not invading the cornea and external beam radiotherapy with photons for tumors of the lids or sulcus. In addition we perform TEP scanner and if positive results we use surgery and radiotherapy on regional lymph nodes and we treat all residual intra epithelial melanocytic proliferation with 0.04% mitomycin drops two courses of 15 days.

References: