Expression of Vascular Endothelial Growth Factor in Iris Melanoma

Uveal melanomas are the most common primary intraocular malignancy in adults. Iris melanomas constitute a small proportion of uveal melanomas with estimates ranging from 4% to 10%.1 Recent research in tumor microvasculature has emphasized vascular endothelial growth factor (VEGF) as a mediator of tumor angiogenesis. Considering its low metastatic potential (<5%),2 iris melanoma may be a good candidate for local therapy using anti-angiogenic agents directed against VEGF. To our knowledge, we present the first case of iris melanoma evaluated for VEGF.

Report of a Case. A 68-year-old woman was referred for the evaluation of an iris lesion in the left eye (Figure 1). Three weeks before our evaluation, she developed unilateral decreased vision. On examination, corrected visual acuity was 20/100 with no improvement with pinhole. A small hyphema was present in the anterior chamber. At the 5-o’clock meridian, there was a 2.5 × 1.6-mm, raised, vascular, non-pigmented mass on the iris, extending into the angle. The remainder of the eye examination results were unremarkable. Gonioscopy revealed several small, pale nodules in the inferior iridocorneal angle, separate from the main lesion. The patient underwent a diagnostic iridotrabeculectomy. Pathology specimens showed a spindle-type malignant melanoma of the iris as well as a melanoma nodule involving the adjacent iridocorneal angle tissue (Figure 2). Immunohistochemical staining for VEGF was positive using a rabbit antibody directed against human VEGF (Laboratory Vision Corporation/NeoMarkers, Fremont, Calif) (Figure 3).

Comment. Vascular endothelial growth factor is a 46-kDa glycoprotein that functions as an endothelial cell mitogen and a vascular permeability factor. It is thought to play a role in tumor angiogenesis. Some cutaneous melanomas have also been shown to express VEGF using immunohistochemical techniques. It has even been suggested that VEGF expression may be an unfavorable prognostic indicator in cutaneous disease.3 In normal retina and choroid, several studies have reported low levels or absence of VEGF immunoreactivity; however, VEGF is up-regulated in a variety of retinal ischemic diseases,3 such as prolif-
The presence of a soluble mediator of vascular permeability. In the studies described earlier, investigators found high levels of VEGF protein centrally within the uveal melanoma and in the immediate perivasculat distribution as well as in the adjacent retina and choroid. Likewise, VEGF receptor levels are elevated in the endothelial cells of the tumor vasculature and in uninvolved retina, choroid, and iris vasculature. The combination of up-regulation of VEGF receptors and elevated VEGF levels locally could explain the neovascularization responses seen in some eyes with intraocular melanomas.

Our patient had a vascularized iris mass with an associated hyphaema. Histopathologic examination confirmed the diagnosis of iris melanoma and demonstrated that VEGF was indeed present. These findings are consistent with some recent studies that have found an association between uveal melanomas and VEGF expression. Future intraocular tumor therapy research targeting VEGF and its activity might also warrant an investigation of the applicability of this approach in the treatment of iris melanomas.

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Localised, Central Optic Snowflake Degeneration of a Polymethyl Methacrylate Intraocular Lens: Clinical Report With Pathological Correlation

Snowflake degeneration is a slowly progressive opacification of polymethyl methacrylate (PMMA) intraocular lenses (IOLs), occurring sometimes 10 years or more after implantation. It has been hypothesized that this degeneration is a result of long-term UV exposure. The dry snowflake lesions, which represent a breakdown in the PMMA material, should be differentiated from