

# Ten Best Readings Relating to Orbital and Ocular Tumors

Curtis E. Margo, MD, MPH

From the Department of Ophthalmology, Watson Clinic, LLP, Lakeland, Florida

**Richtig E, Langmann G, Mullner K, et al. Ocular melanoma: epidemiology, clinical presentation and relationship with dysplastic nevi. *Ophthalmologica*. 2004;218:111-114.**

Patients with primary ocular melanoma have an increased risk to develop cutaneous melanoma and therefore should be examined regularly by dermatologists.

**Rouberol F, Roy P, Kodjikian L, et al. Survival, anatomic, and functional long-term results in choroidal and ciliary body melanoma after ruthenium brachytherapy (15 years' experience with beta-rays). *Am J Ophthalmol*. 2004;137:893-900.**

Although the percentage of tumor recurrence was high, survival was comparable to series using other treatments. Radiation-related complication rates were acceptable, especially for anterior tumors. Thus, ruthenium therapy can be recommended for small- and medium-sized tumors with anterior location.

**Muqit MM, Roberts F, Lee WR, et al. Improved survival rates in sebaceous carcinoma of the eyelid. *Eye*. 2004;18:49-53.**

In this study from Scotland, patients had a better prognosis than is indicated in the literature. Astute clinical suspicion and accurate histopathological diagnosis, together with radical and aggressive surgical approaches, were key factors.

**Fung CY, Tarbell NJ, Lucarelli MJ, et al. Ocular adnexal lymphoma: clinical behavior of distinct World Health Organization classification subtypes. *Int J Radiat Oncol Biol Phys*. 2003;57:1382-1391.**

The optimal radiation dose for mucosa-associated lymphoid tissue (MALT) lymphoma of the ocular adnexa is 30.6 to 32.4 Gy in 1.8 Gy fractions, and follicular lymphoma is adequately controlled with doses in the mid-20 Gy range. The substantial risk of distant relapse in stage I ocular adnexal MALT lymphoma underscores the importance of long-term follow-up.

**Abramson DH, Scheffler AC. Transpupillary thermotherapy as initial treatment for small intraocular retinoblastoma: technique and predictors of success. *Ophthalmology*. 2004;111:984-991.**

Transpupillary thermotherapy (TTT) was applied only when a tumor first appeared or if growth subsequently occurred. Mean age at diagnosis was 3 months

and mean initial tumor base was 0.67 disc diameters (DD). Ninety-two percent of tumors were cured with TTT alone, and 8% required between 1 and 5 salvage treatments. All tumors requiring salvage treatment were cured without enucleation. Retinoblastoma tumors <1.5 DD in base diameter can be successfully treated with TTT alone.

**Ferreri AJ, Guidoboni M, Ponzoni M, et al. Evidence for an association between *Chlamydia psittaci* and ocular adnexal lymphomas. *J Natl Cancer Inst*. 2004;96:586-594.**

Patients with ocular adnexal lymphoma had a high prevalence of *Chlamydia psittaci* infection in both tumor tissue and peripheral blood mononuclear cells (PBMCs). Persistent *C psittaci* infection may contribute to the development of these lymphomas, as was also supported by the clinical responses observed in this study with *C psittaci*-eradicating antibiotic therapy.

**Kaiserman I, Amer R, Pe'er J. Liver function tests in metastatic uveal melanoma. *Am J Ophthalmol*. 2004;137:236-243.**

At the time of diagnosis of liver metastases by imaging, 50% of patients had at least one abnormal liver function test (LFT) compared with only 5% of the control group. Monitoring the changes in selected LFTs, even within normal limits, can help predict outcomes in metastatic uveal melanoma.

**Schick U, Lermen O, Unsold R, et al. Treatment of primary orbital lymphomas. *Eur J Haematol*. 2004;72:186-192.**

Histologic diagnoses in 15 cases of orbital lymphomas were extranodal marginal zone lymphoma (10 patients), diffuse large B-cell lymphoma (2), follicular lymphoma (2), and diffuse lymphoplasmacytic/lymphoblastoid lymphoma (1). The course of orbital non-Hodgkin's lymphoma is variable and requires a multidisciplinary treatment. Therapeutic options include surgical biopsy, radiation therapy, and chemotherapy.

**Malhotra R, Huilgol SC, Huynh NT, et al. The Australian Mohs database, part I: periocular basal cell carcinoma experience over 7 years. *Ophthalmology*. 2004;111:624-630.**

The Australian Mohs micrographic surgery (MMS) database is the largest prospective nationwide series of high-risk periocular basal cell carcinoma (BCC) managed

by Mohs micrographic surgery. Almost 50% of tumors were at the medial canthus, with nodulocystic and infiltrating being the most common histologic subtypes. Recurrent BCCs comprised one third of tumors and were bigger, with larger defects and more subclinical extension, than primary BCCs. Perineural invasion was found in 1% of cases and also had greater subclinical extension.

**Staibano S, Franco R, Tranfa F, et al. Orbital rhabdomyosarcoma: relationship between DNA ploidy, p53, bcl-2, MDR-1 and Ki67 (MIB1) expression and clinical behavior. *Anticancer Res.* 2004;24:249-257.**

The evaluation of DNA ploidy, p53, MIB1 and MDR-1 expression could be used for subtyping of orbital rhabdomyosarcoma (RMS) into two prognostically different subcategories: RMS responders to the therapy, with favorable clinical outcome, and RMS with a worse prognosis, requiring more aggressive therapeutic protocols.