Behind the Floaters: A Rare Case of Uveal Melanoma in a Young Adult

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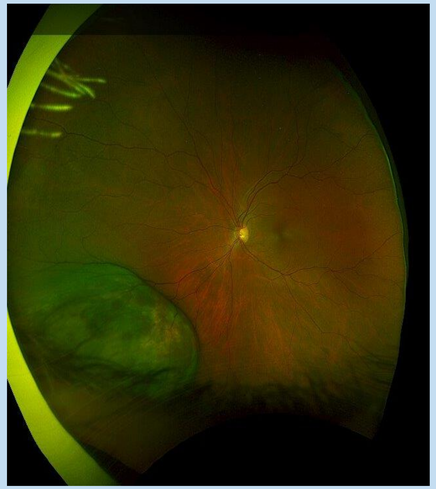
BACKGROUND:

- Uveal melanoma is the most common primary intraocular malignancy in adults.
- It is rare in younger patients.
- Symptoms may be subtle and can mimic benign complaints such as floaters.
- Early recognition of suspicious choroidal lesions is vital for timely referral and management.

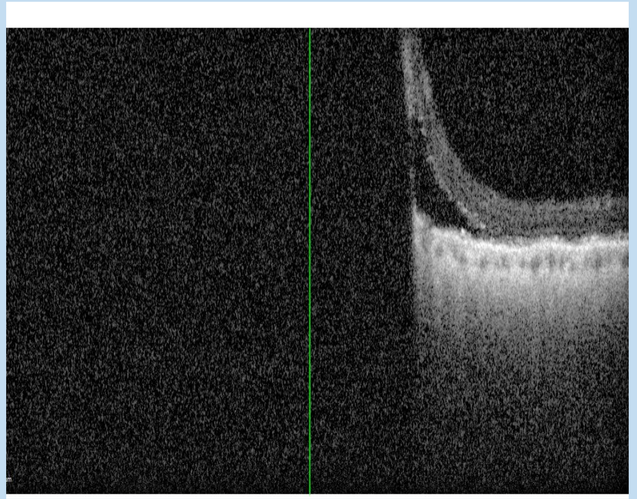
CASE PRESENTATION:

- **31-year-old patient** with a **3-week history of new-onset left eye floaters** described as “blobs”.
- **No flashes, visual field defects, reduced visual acuity, or systemic symptoms**.
- **PMH:** stomach ulcer and ongoing investigation for a suspicious ovarian cyst; on **HRT and mirtazapine**.
- **VA 6/6 bilaterally**; **IOP:** RE 13 mmHg, LE 14 mmHg; anterior segment **NAD**.
- **Left fundus:** large yellowish inferotemporal choroidal mass extending from far periphery to mid-periphery.
- Lesion associated with **subretinal fluid and orange pigmentation**.
- **Optos/OCT/B-scan:** elevated well-circumscribed lesion, associated retinal detachment, and dome-shaped hyporeflective choroidal mass.

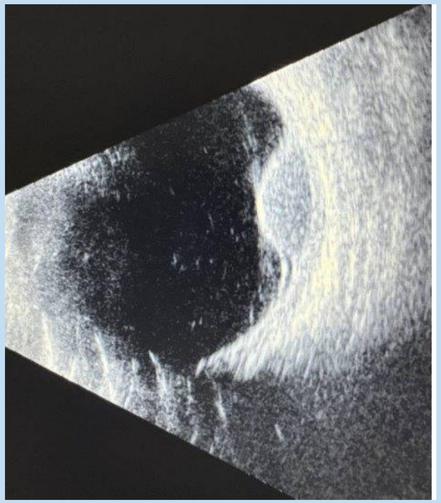
CASE PRESENTATION:



Fundus LE: Dome-shaped, hyporeflective choroidal mass with adjacent subretinal fluid



OCT: RE: NAD. LE: view obstructed by the lesion with associatedretinal detachment



B-scan: LE: Dome-shaped,hyporeflective choroidal masswith adjacent subretinal fluid

LEARNING POINTS:

- New-onset floaters should not be assumed to be benign, even in young patients with preserved visual acuity.
- Dilated fundus examination is essential to exclude retinal or choroidal pathology.
- Uveal melanoma can rarely present in young adults and may be detected incidentally during assessment of floaters.
- Multimodal imaging and risk scoring systems such as TFSOM-DIM and MOLES help identify suspicious lesions requiring urgent ocular oncology referral.

MREH

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