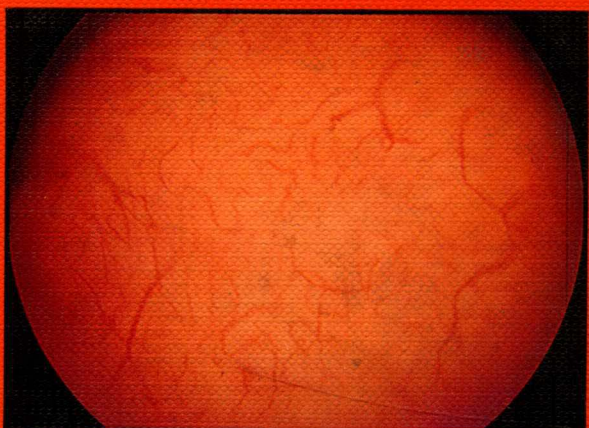
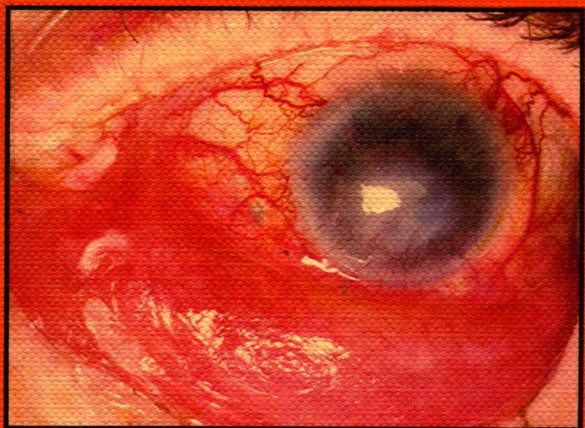
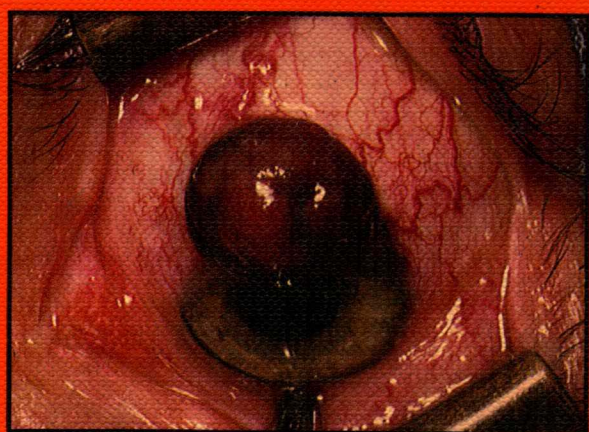
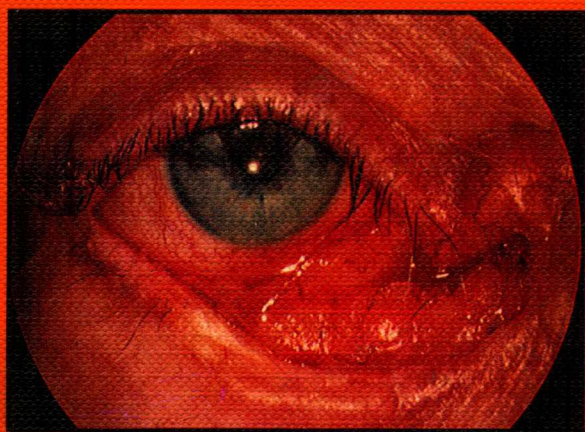


A Colour Atlas of
**Ocular
Tumours**

Michael A. Bedford



A Colour Atlas of
**Ocular
Tumours**

Michael A. Bedford FRCS

Consultant Surgeon, Oncology Clinic,
Moorfields Eye Hospital, London and
Consultant Eye Surgeon,
St. Bartholomew's Hospital, London

Wolfe Medical Publications Ltd

Copyright © M. A. Bedford, 1979
Published by Wolfe Medical Publications Ltd, 1979
Printed by Smeets-Weert, Holland
ISBN 0 7234 0730 4

This book is one of the titles in the series of Wolfe Medical Atlases, a series which brings together probably the world's largest systematic published collection of diagnostic colour photographs.

For a full list of Atlases in the series, plus forthcoming titles and details of our surgical, dental and veterinary Atlases, please write to Wolfe Medical Publications Ltd, 3-5 Conway Street, London W1.

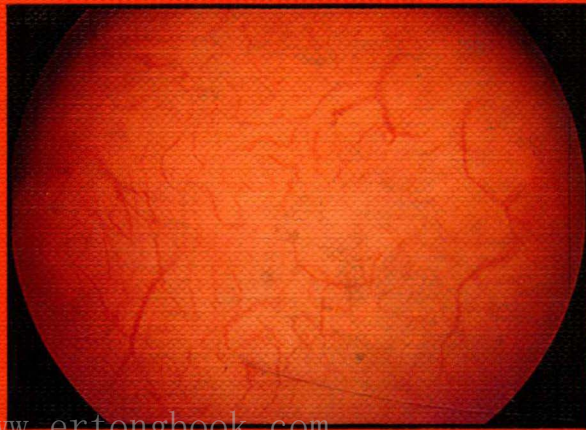
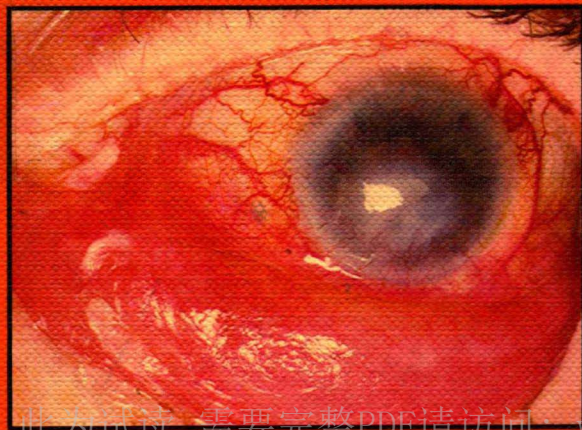
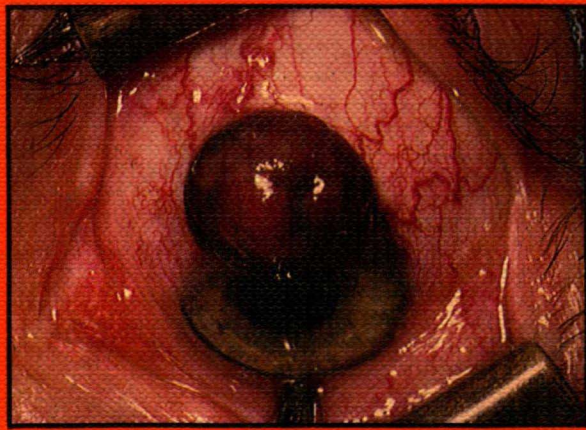
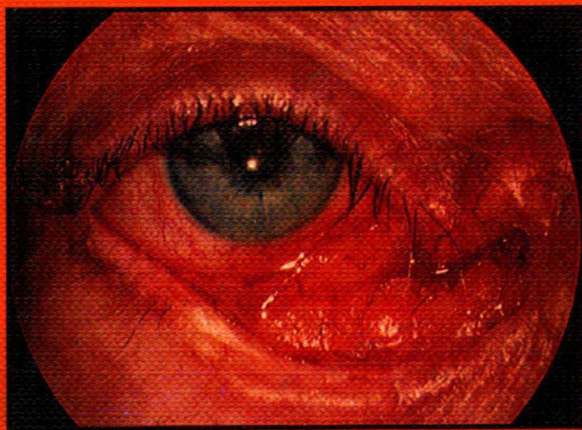
All rights reserved. The contents of this book, both photographic and textual, may not be reproduced in any form, by print, photoprint, phototransparency, microfilm, microfiche, or any other means, nor may it be included in any computer retrieval system, without written permission from the publisher.

Contents

	Page
Introduction	7
Skin tumours	9
Side-effects of therapy	13
Conjunctival tumours	17
Pigmented tumours of the conjunctiva	17
Other neoplastic or pseudo-neoplastic conditions of the conjunctiva	26
Uveal tumours	29
Iris	29
Ciliary body	34
Choroid	36
Retinal tumours – retinoblastoma	50
Introduction	50
Physical signs	50
Differential diagnoses	58
Appearances after conservative therapy	62
Index	76

A Colour Atlas of Ocular Tumours

Michael A. Bedford



A Colour Atlas of
**Ocular
Tumours**

Michael A. Bedford FRCS

Consultant Surgeon, Oncology Clinic,
Moorfields Eye Hospital, London and
Consultant Eye Surgeon,
St. Bartholomew's Hospital, London

Wolfe Medical Publications Ltd

Acknowledgements

I would like to thank all those eye surgeons, radiotherapists and paediatricians who have referred patients to me over the last fourteen years. Without these many sources it would have been impossible to study such a relatively large number of rare conditions and to produce this Atlas in an attempt to familiarise other clinicians who have not had the good fortune to 'sub-specialise' as I have.

Additional thanks are due to my secretary Wendy Taylor for her tolerance and efficiency.

Contents

	Page
Introduction	7
Skin tumours	9
Side-effects of therapy	13
Conjunctival tumours	17
Pigmented tumours of the conjunctiva	17
Other neoplastic or pseudo-neoplastic conditions of the conjunctiva	26
Uveal tumours	29
Iris	29
Ciliary body	34
Choroid	36
Retinal tumours – retinoblastoma	50
Introduction	50
Physical signs	50
Differential diagnoses	58
Appearances after conservative therapy	62
Index	76

Introduction

Many of the tumours that can involve the eye and lids are rare. The relatively infrequent occurrence of these tumours precludes the average eye surgeon from becoming familiar with them at their varying stages of development or in their differential diagnoses.

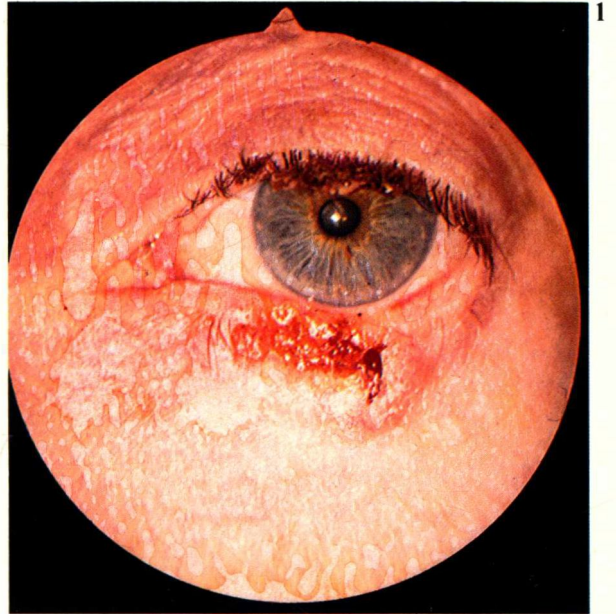
It is felt, therefore, that there is a need for an essentially clinical, photographic presentation of these cases showing their various manifestations, together with some indication of their management and the side-effects of various forms of therapy. This Atlas is intended to fill that need.

The tumours will be discussed under the following headings: Skin tumours; Conjunctival tumours; Uveal tumours – iris, ciliary body, choroid; Retinal tumours.

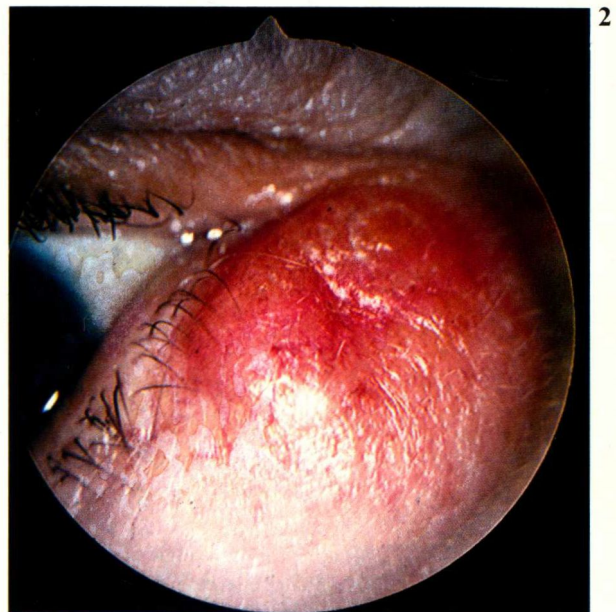
Skin tumours

These tumours are the most common that the average eye surgeon will meet but even so the diagnosis is sometimes missed, perhaps because the average clinician is not 'cancer conscious'.

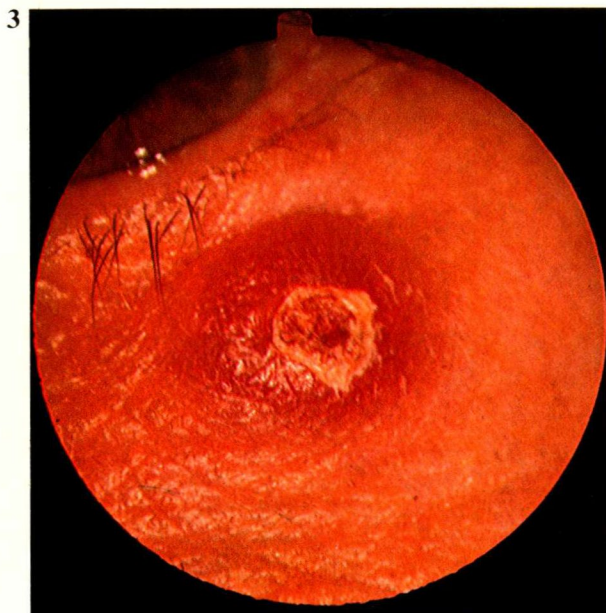
1 The main features of a typical basal cell carcinoma or rodent ulcer. Thus, there is the presence of a slowly growing lesion with a central ulcerated area surrounded by a rolled outer margin with fine blood vessels in it. The lashes involved are missing or distorted. The diagnosis is obvious but *must* be proven by biopsy, or by a scraping by a competent cytologist. The reason for this is that no adequate treatment can be carried out unless the diagnosis is certain (see Figure 2).



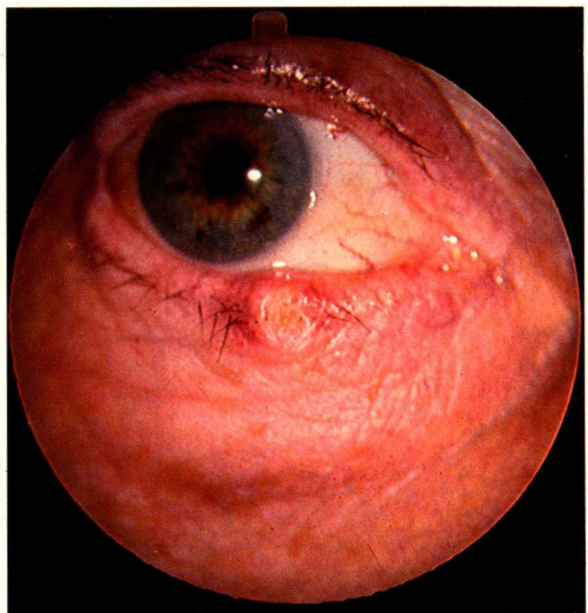
2 A case referred as a 'typical rodent ulcer'. Biopsy showed a 'lymphoma'. The extreme differences in treatment and follow-up of these two diseases need not be stressed.



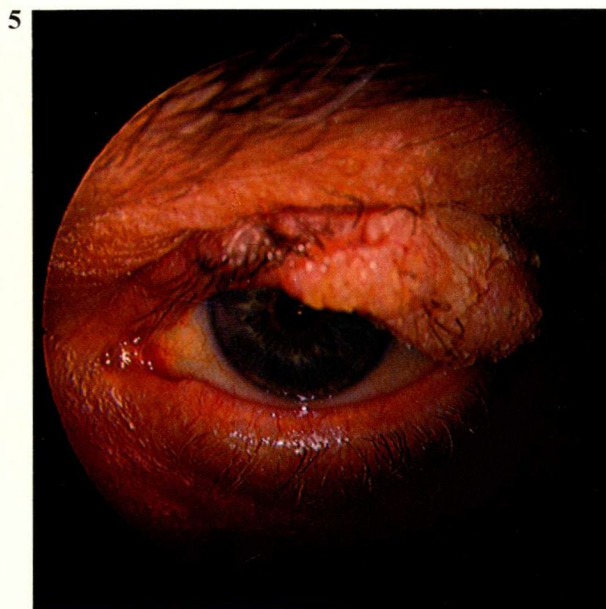
The series of cases Figures 3–10 were each referred with a diagnosis of 'basal cell carcinoma'.



3 A case referred as a basal cell carcinoma. Histological diagnosis showed a sebaceous cyst.



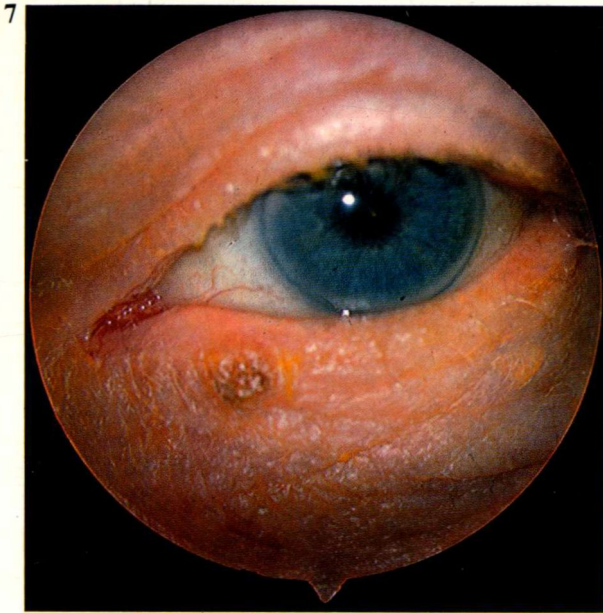
4 A case referred as a basal cell carcinoma. Histological diagnosis showed a keratoacanthoma. Note the central plug of keratin.



5 A case referred as a basal cell carcinoma. Biopsy in two places showed a keratoacanthoma in one and a squamous cell carcinoma in the other.



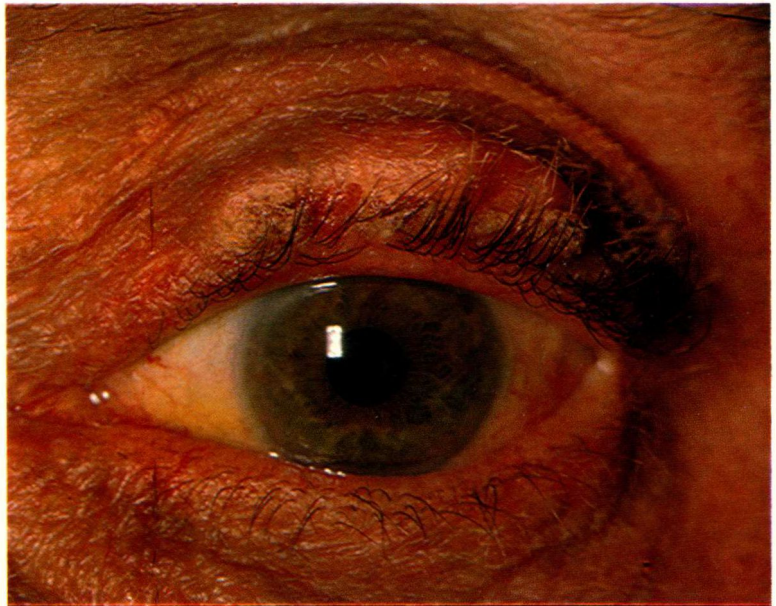
6 A case referred as a basal cell carcinoma. Histological diagnosis showed a squamous cell carcinoma.



7 A case referred as a basal cell carcinoma. Histological diagnosis showed a senile keratosis.



8 A case referred as a basal cell carcinoma. Histological diagnosis showed a reticulohistiocytoma.



9 A case referred as a basal cell carcinoma. Histology showed a non-specific inflammatory lesion with no evidence of neoplasia.

10



10 A case referred as a basal cell carcinoma. Histology showed a non-specific angiomatous lesion.

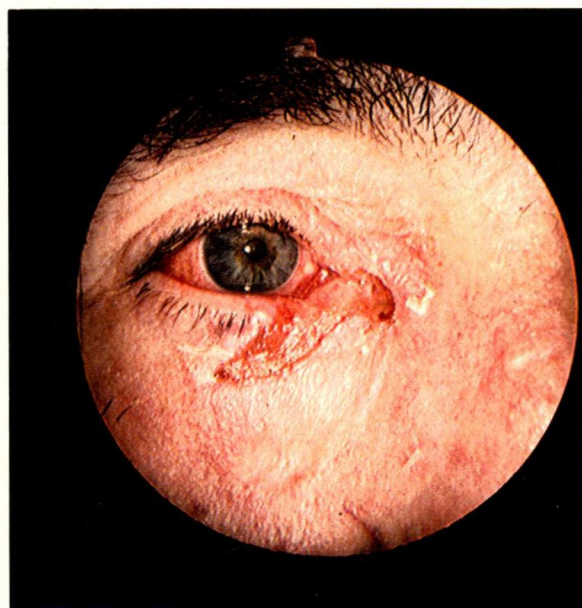
Thus, in the management of these cases the precise histological diagnosis is vital before any treatment is undertaken. In every case, a biopsy or a scraping should be undertaken.

11



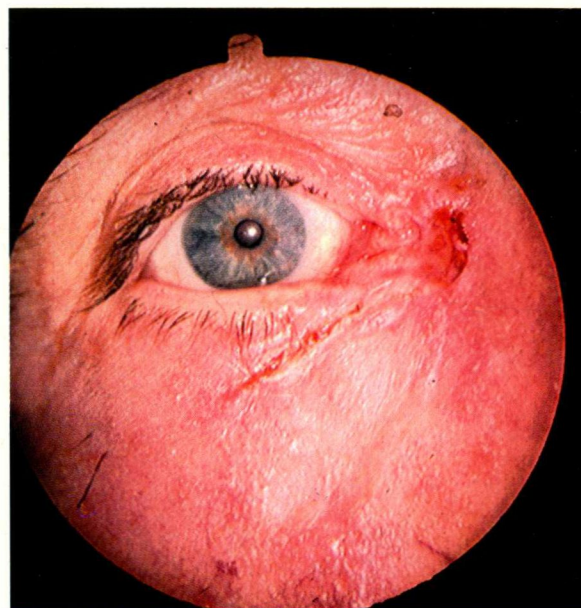
11 The lesion is mobile enough, occasionally, with sufficient loose skin surrounding it, to be removed completely as a simple excision biopsy.

12

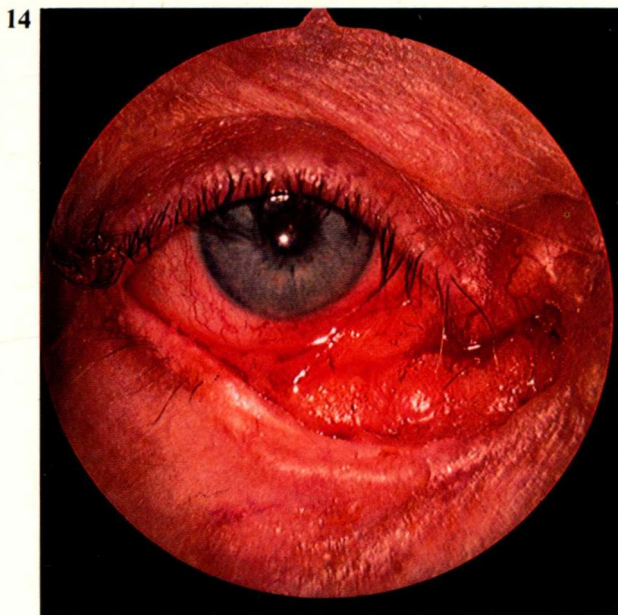


12 In the diagnosis of suspicious lesions near the medial canthus involving the tear passages, there may be a considerable infective element present so that the malignant lesion appears to be more widespread than it is.

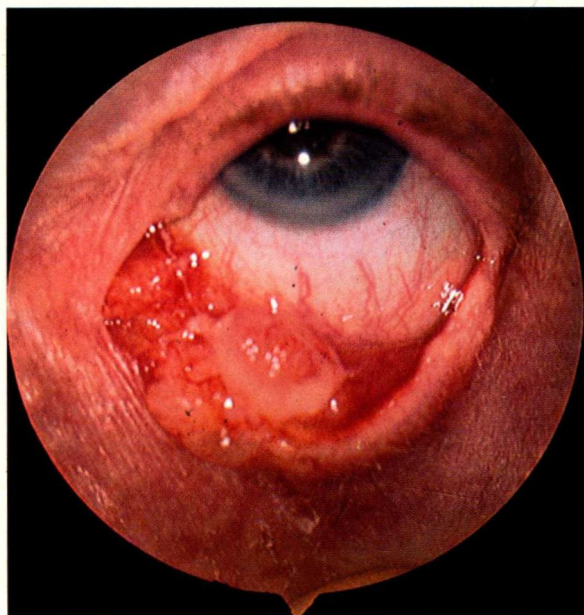
13



13 This shows the lesion as above, after a short course of antibiotics reduced its extent considerably and a biopsy then confirmed the diagnosis of a basal cell carcinoma.



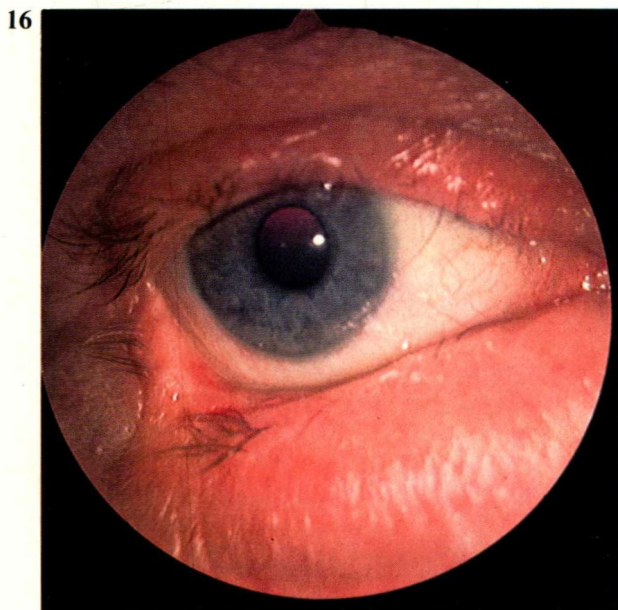
14 At other times there is no infective element, the whole lesion being neoplastic.



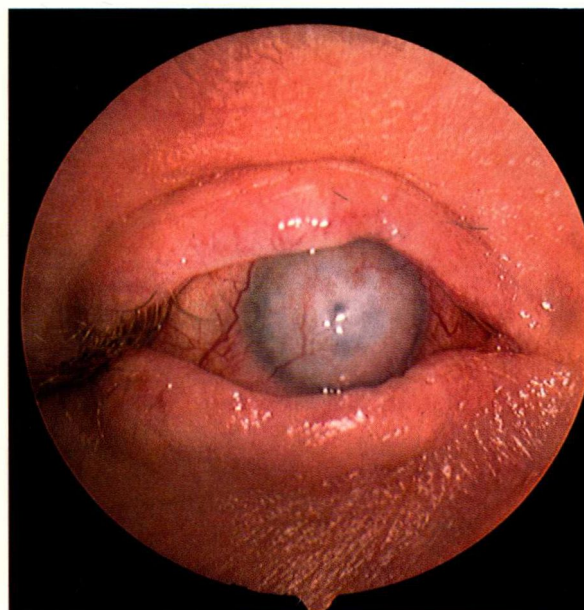
15 Occasionally the lesion proliferates extensively from the skin into the conjunctival sac, so masking the correct diagnosis. A biopsy showed a basal cell carcinoma arising from the skin.

SIDE-EFFECTS OF THERAPY

Gross side-effects should be seen rarely.



16 Shows the disfiguring appearances of bulky skin flaps following an unnecessary radical plastic surgical manoeuvre.



17 Shows outright perforation of the globe following surgical treatment.