Melanocytic Ocular Surface Squamous Neoplasia Successfully Managed with No-Touch Excisional Biopsy, Cryotherapy and Amniotic Membrane Transplantation

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Ocular surface squamous neoplasia (OSSN) is the most common non-pigment tumour of the ocular surface, with an estimated incidence of 0.03-3.4 per 100,000 people/year.[1,2] Depending on the severity and patient/surgeon preference, it can be managed medically and/or surgically.[2]

This case highlights a 79-year-old man with a delayed presentation of left melanocytic OSSN due to an initial misdiagnosed pterygium. Slit-lamp examination revealed a gelatinous, papilliform corneo-conjunctival lesion temporally, with surface leukoplakia/keratinisation (green arrow), feeder vessels (black arrows), and melanocytic pigment (yellow arrow; **Fig 1A-B**). After an unsuccessful cycle of topical mitomycin-C 0.04%, a no-touch, wide-margin (4mm) excisional biopsy coupled with 100% alcohol, double freeze-thaw cryotherapy, and amniotic membrane transplantation was performed.[3] Histopathological examination confirmed a grade 2-3 conjunctival intraepithelial neoplasia with epithelial thickening, focal dyskeratosis (blue arrows), non-neoplastic dendritic melanocytes (black arrows), and architectural/cytological atypia (**Fig 1C**). No recurrence was noted over the subsequent 9 months (**Fig 1D**).

References

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