

## A rare case of malignant conjunctival melanoma

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### ABSTRACT

**Objective:** To discuss a rare case of conjunctival melanoma and the approach in its management. **Method:** Case Report. **Results:** A 57-year-old Chinese man, with underlying ischemic heart disease, hypertension and epilepsy presented with left-sided painless pigmented conjunctival growth for 5 years, which was gradually increasing in size. There was no blurring of vision. He did not complain of any constitutional symptoms. There was no significant family history of malignancy. He is a chronic smoker with 20 pack year history. Ocular examination of the left eye revealed normal visual acuity and no relative afferent pupillary defect. A pigmented mass was seen medially arising from the conjunctival measuring 10mmx12mm with central ulceration and blood clots seen within. The mass extended to the fornix and the eyelids. Other ocular examination was normal. Systemic examination was unremarkable. Magnetic Resonance Imaging showed a thin area of enhancement to the left globe, with high signal intensity on T1W1, due to the presence of melanin. No intraorbital and intracranial infiltrations. Incisional biopsy of the pigmented lesion showed a surface ulcerated malignant tumour with solid sheets and nests of epithelioid cells, which were pigmented. The cells were positive for HMB45 and Melan A. Diagnosis of malignant melanoma was confirmed. The patient subsequently underwent left eye total exenteration. **Conclusion:** Conjunctival melanoma is an ocular surface tumour which is rare among the Caucasian population, and even more so among the Asian population. Though rare, it is a potentially fatal condition which requires prompt management. Therefore, all suspicious pigmented conjunctival lesions warrant thorough examination, investigation including appropriate imaging and histopathology examination.

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## A rare case of periorbital abscess caused by of Salmonella enteritidis

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### ABSTRACT

**Objective:** To report a rare case of periorbital abscess caused by of Salmonella enteritidis in a patient with long-term anticoagulant. **Method:** a Case report. **Results:** A 77 years old gentleman with underlying dyslipidaemia and ventricular tachycardia on anticoagulant and cardiac pacemaker, presented with the left eye (LE) swelling and bruises following a fall one day before. He was being followed up for the right eye (RE) age-related macular degeneration (ARMD) with macula scar and LE active neovascular ARMD. On presentation, his vision was counting finger and hand movement respectively. There was marked relative afferent pupillary defect over the LE with intraocular pressure (IOP) of 51 mmHg. The profound haematoma was noted over upper and lower lid with subconjunctival haemorrhage, conjunctival chemosis and corneal epithelial defect. Fundus view was obscured by a corneal epithelial defect. Otherwise, he was systemically well with neither fever nor diarrhoea. Topical and systemic anti-glaucoma agents were administered to control IOP. Lateral canthotomy was put on hold in view of profuse bleeding risk. Unfortunately, the haematoma progressed to an abscess which required incision and drainage. The culture of eyelid abscess grew Salmonella enteritidis sensitive to ceftriaxone. He responded well to 2 weeks course of intravenous ceftriaxone and vision returned to baseline of counting finger. **Conclusion:** Salmonella localization to the skin presenting as periorbital abscess as a sole clinical manifestation of infection is regarded as a rare event. The pathogenesis of our case is unclear, however; the age factor with multiple medical comorbidities may contribute to this unique pathogen entity.

### KEY WORDS:

*Periorbital abscess, Salmonella*