

Università degli Studi di Foggia



Dipartimento di Scienze Chirurgiche

Cattedra e Scuola di Specializzazione in Oftalmologia

Direttore: Prof. N. Delle Noci

# TUMORI PIGMENTATI IRIDE E CORPI CILIARI

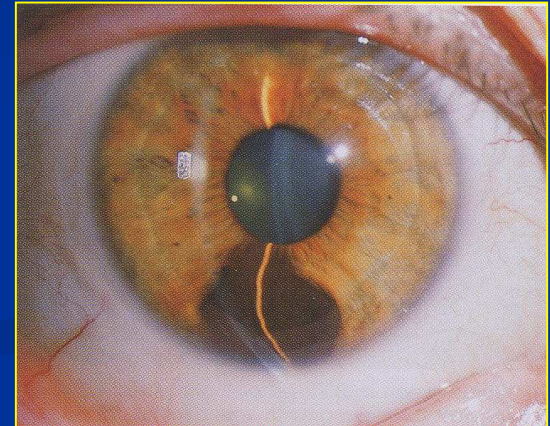
N. Delle Noci



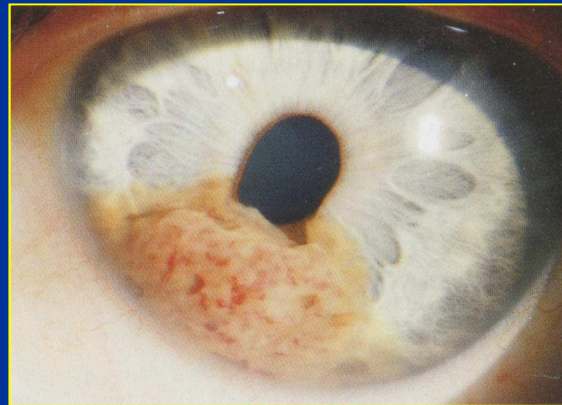
**NEVO**



**MELANOCITOMA**



**MELANOMA**



# INCIDENZA (dati medi Letteratura)

<b>IRIDE</b>	<b>5%</b>
<b>CORPI CILIARI</b>	<b>10%</b>
<b>COROIDE</b>	<b>85%</b>

# CASISTICA PERSONALE (1980-2010)

## 515 MELANOMI UVEALI

Melanomi iridei	11 (2.13%)
Melanomi irido-ciliari	23 (4.46%)
Melanomi corpi ciliari	19 (3.68%)
Melanomi cilio-coroideali*	51 (9.90%)
Melanomi coroideali	411 (77.80%)

\* *almeno per l'80% ciliari*

# DIAGNOSI

**Anamnesi, obiettività clinica**

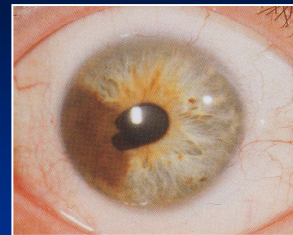
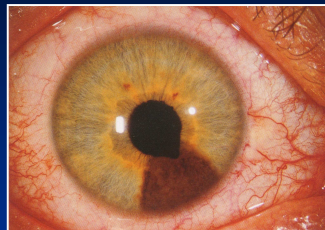
**Ecografia**

**Agobiopsia**

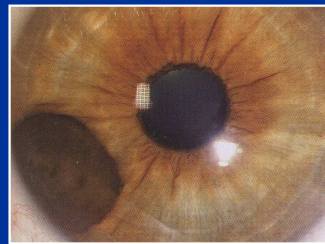
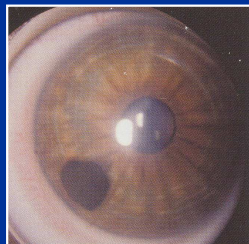
**Biopsia**

# Obiettività clinica

## Nevi



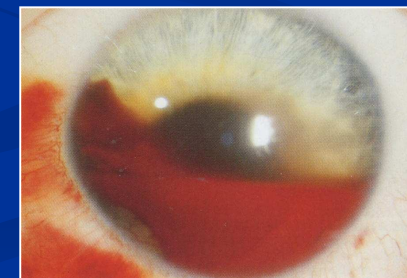
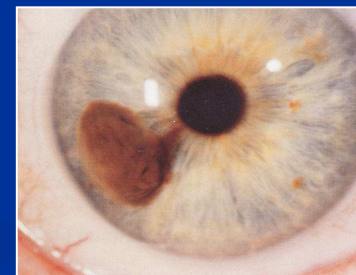
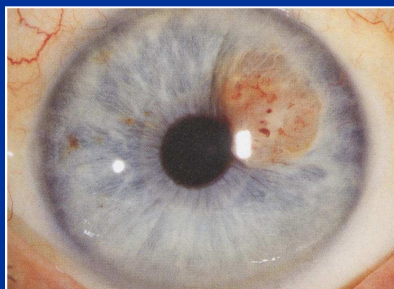
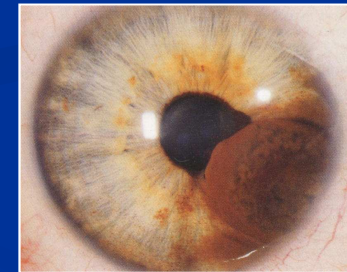
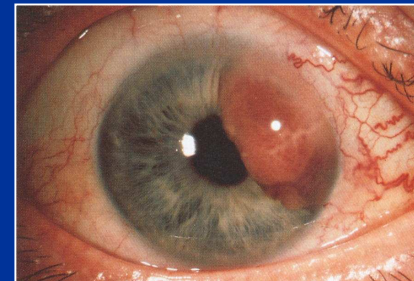
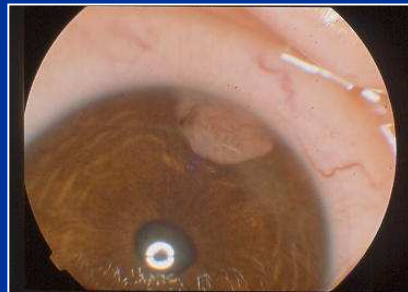
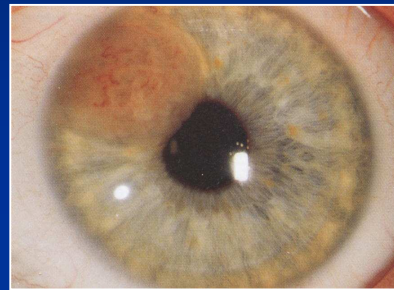
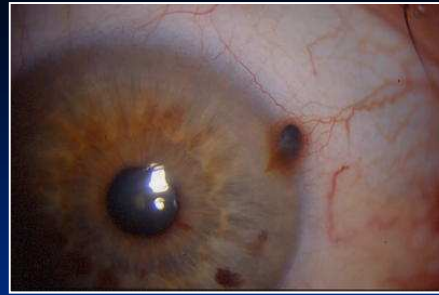
## Melanocitomi





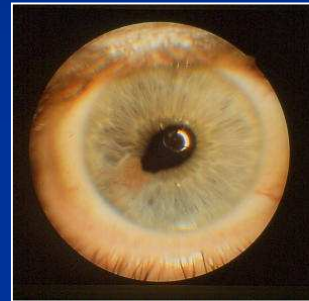
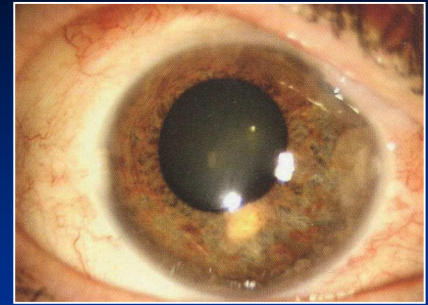
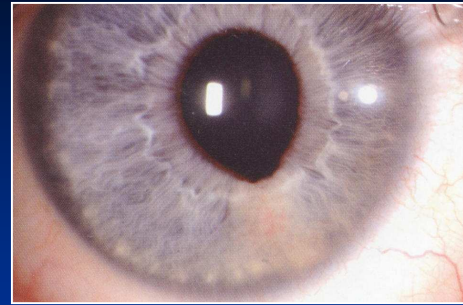
# Obiettività clinica

## Melanomi dell'iride

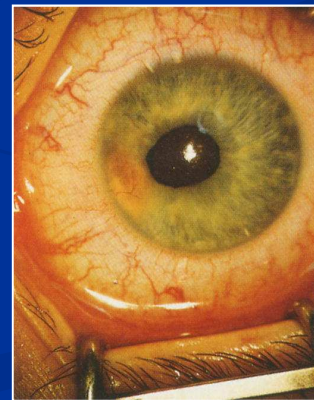


## Obiettività clinica

Melanoma tapyoca type



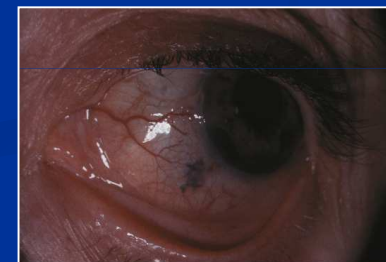
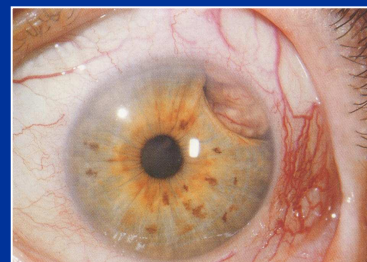
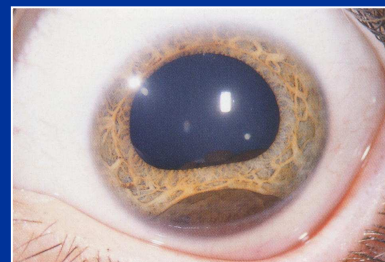
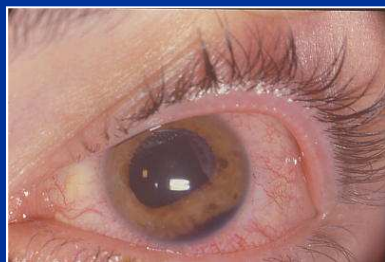
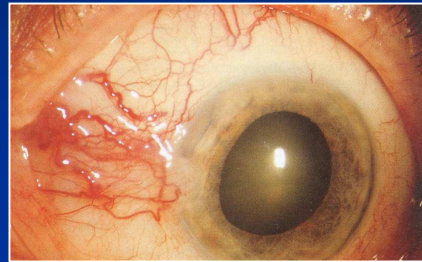
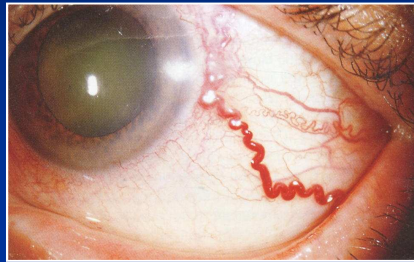
Melanoma in pz con  
displasic nevus syndrome





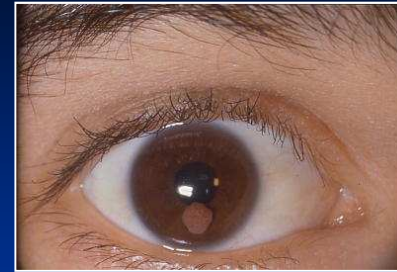
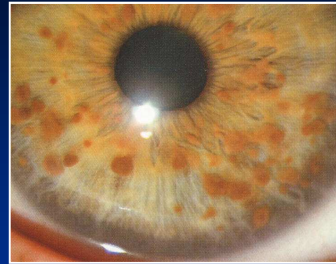
# Obiettività clinica

## Melanomi del corpo ciliare



# Obiettività clinica (diagnosi differenziale con)

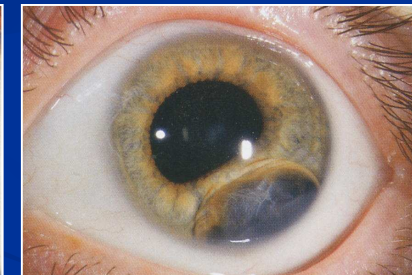
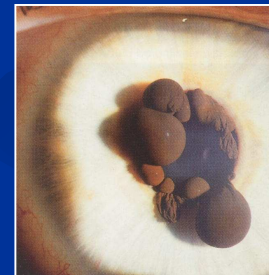
Neurofibromatosi



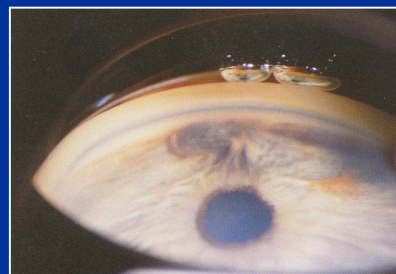
Metastasi



Cisti



Corpo estraneo

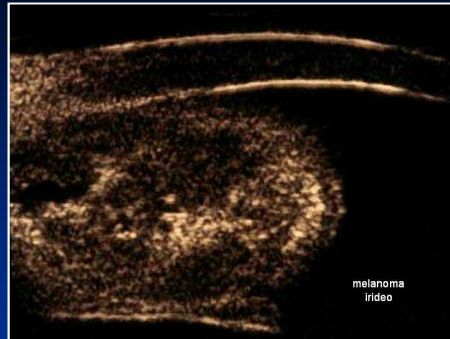




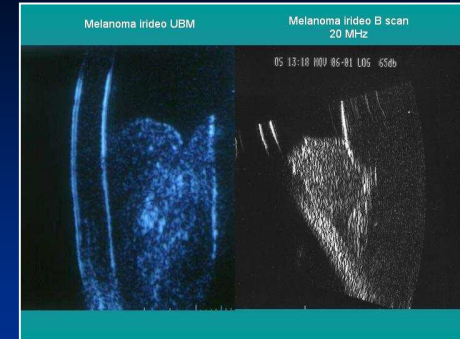
# Ecografia



nevo irideo



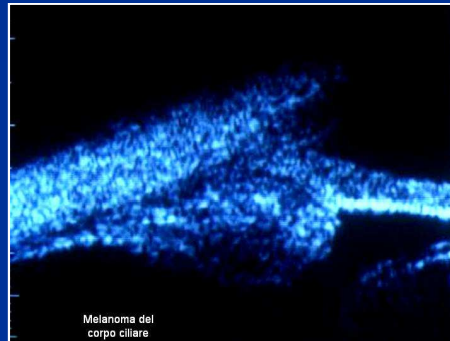
melanoma irideo



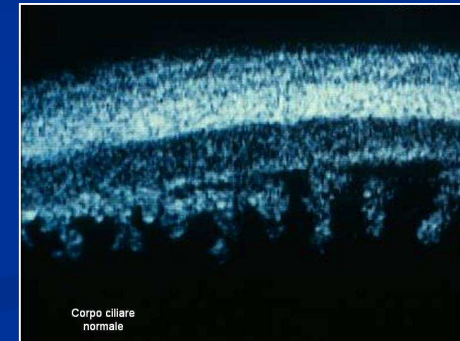
melanoma irideo



corpo ciliare normale



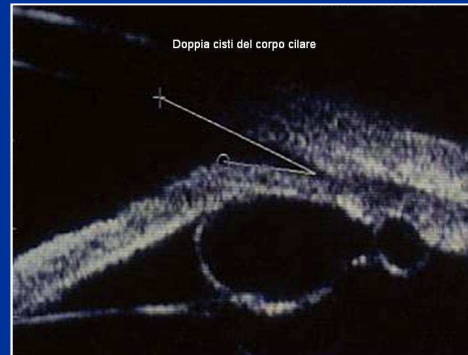
melanoma corpo ciliare



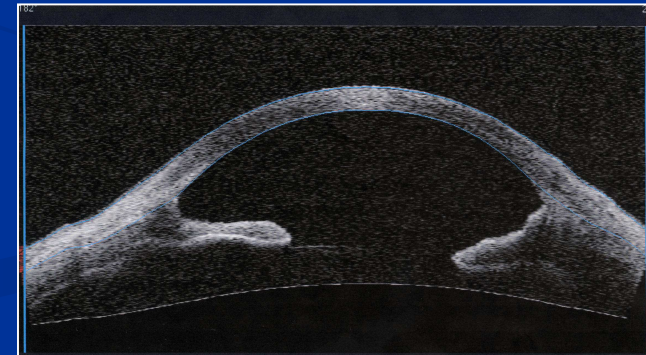
corpo ciliare normale



melanoma corpo ciliare



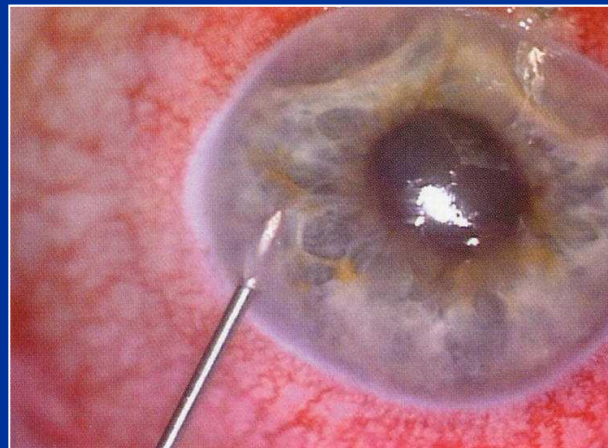
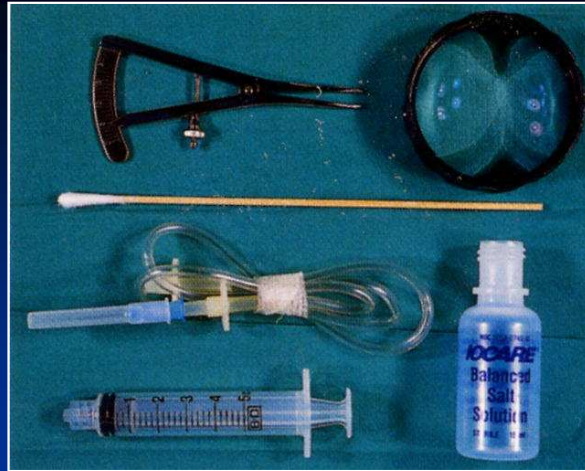
doppia cisti del corpo ciliare



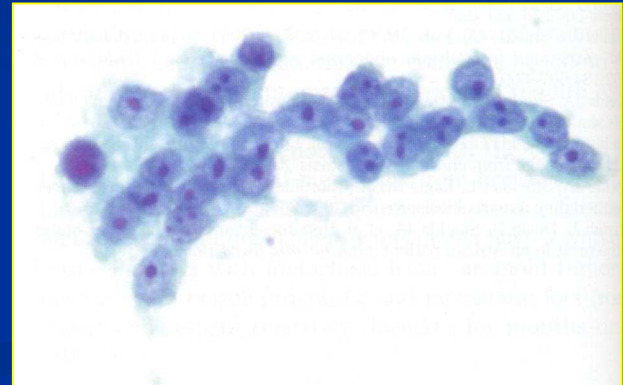
melanoma irideo (Visante)



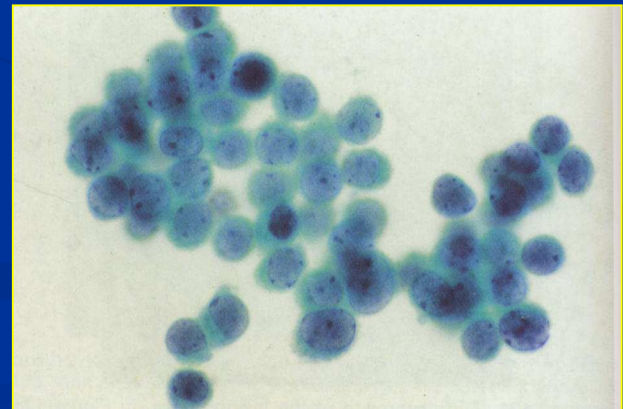
# Agobiopsia



Melanoma



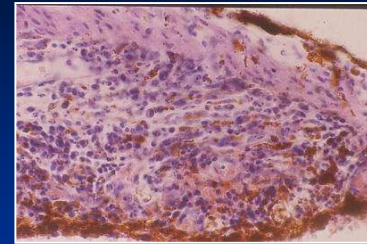
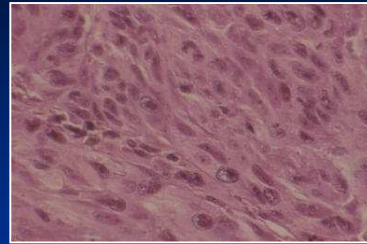
Carcinoma della mammella



Carcinoma bronchiale

# BIOPSIA - ISTOLOGIA NEOFORMAZIONI IRIDEE

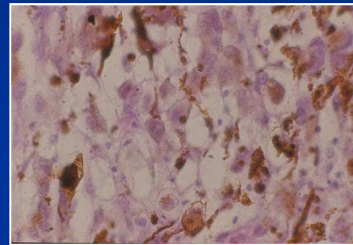
**11 melanomi**



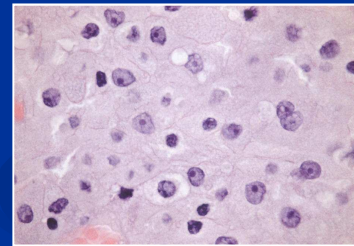
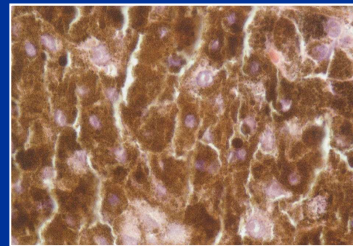
S-100: +++

HMB-45: +++

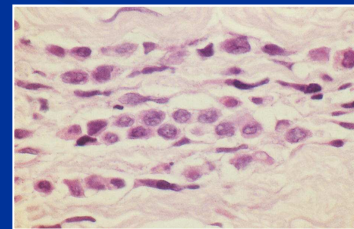
**5 nevi**



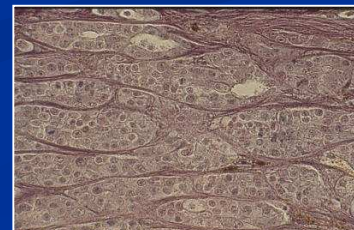
**4 melanocitomi**



**1 metastasi cr. bronchiale**



**1 metastasi cr. mammella**



# TERAPIA

Osservazione → crescita → agoaspirato\* → biopsia\*\*

Chirurgia conservativa

Chirurgia conservativa + placca

Radioterapia (placche, protoni)

\*Agoaspirato per neoformazioni iridee 7

(2 nevi, 1 melanoma, 4 incerti)

\*\* Biopsia per neoformazioni iridee 12

(3 melanomi, 5 nevi, 2 melanocitomi, 1 metastasi adenocarcinoma polmonare, 1 metastasi carcinoma della mammella)



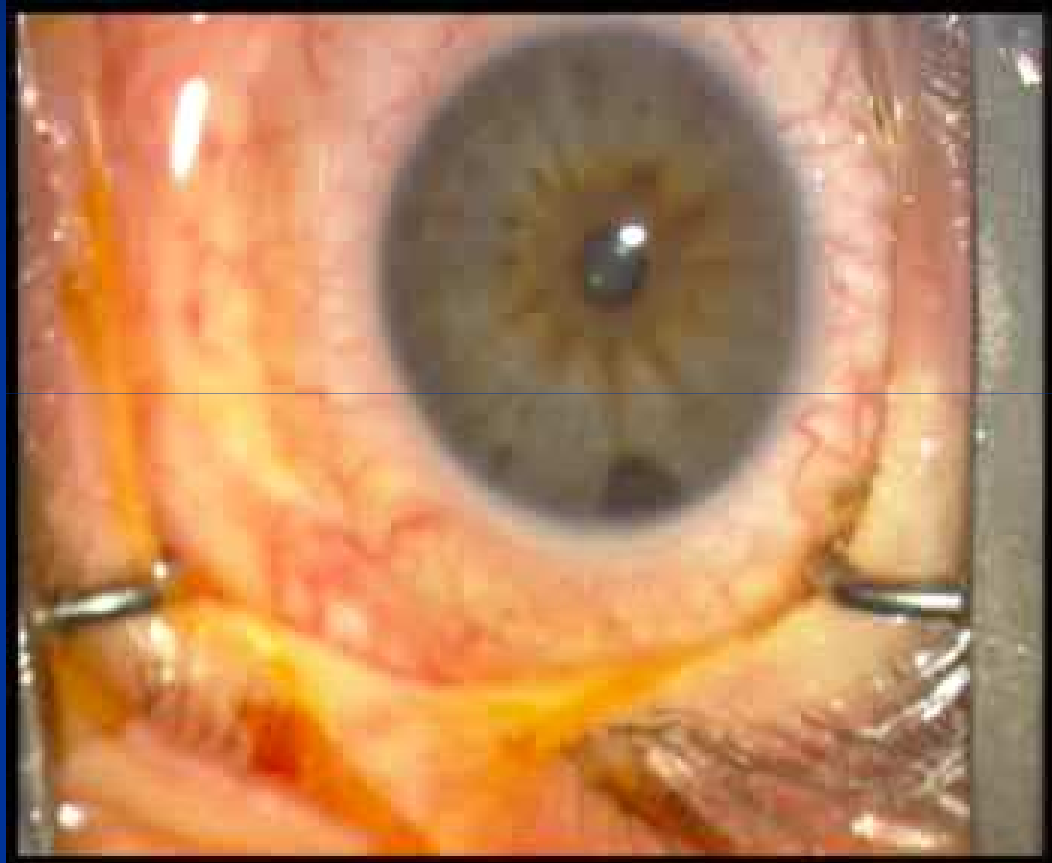
# CASISTICA PERSONALE TERAPIA

**Chirurgia conservativa** 72 (69.23%)

**Chirurgia + placca (Ru 106)** 23 (22.11%)

**Placca (Co 60 – Ru 106)** 9 (8.65%)

*filmato*



## Follow-up calcolato su 71 pazienti con follow-up minimo di 5 anni

- Pazienti sfuggiti al follow-up: 16 su 87
- Recidive locali \* 11 (15.49%)

\* 1 melanoma iride

Chirurgia conservativa	4
Placca (Ru 106)	3
Enucleazione	4

- Pazienti deceduti per altre cause 19 (26.76%)
- Pazienti deceduti per metastasi o vivi con metastasi 9 (17.30%)\*\*

\*\* *Percentuale calcolata su 52 pazienti con melanoma irido-ciliare e cilio-coroideale*



# Conclusioni



*Enucleazione (terapeutica o punitiva) alla presenza del re di Francia Luigi IX. “Le Romans de Godefroy et des Saladins”. Manoscritto (Biblioteca Nazionale di Parigi).*