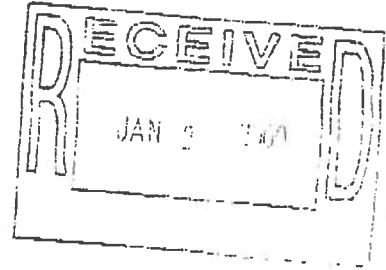


WILLS EYE HOSPITAL
OPERATIVE REPORT



ALLEN, ROBERT
MR# 623773

Date: 01/12/2000
Dictated by: Dr. Shields

PRE-OPERATIVE DIAGNOSIS: Choroidal melanoma, O.D.

POST-OPERATIVE DIAGNOSIS: Choroidal melanoma, O.D.

PROCEDURE: Minimal manipulation enucleation and insertion of scleralized hydroxyapatite implant, O.D.

SURGEON: Jerry A. Shields, M.D.

ASSISTANT SURGEON: Noel Perez, M.D.

PROCEDURE DESCRIPTION:

The patient was brought to the operating room and identified by the attending surgeon, Jerry A. Shields, M.D. as Dr. Robert Allen. He was then given general anesthesia by the routine manner and prepped and draped in the standard fashion. A lid speculum was first inserted and indirect ophthalmoscopy was performed to ascertain that the correct eye was being operated on. A large pigmented ciliary body melanoma was seen temporally in the right eye.

Wescott scissors was then used to gently create a peritomy for 360° at the limbus and gentle spreading between the rectus muscle was done with Stevens scissors. Each rectus muscle was then individually hooked and isolated with 5-0 Vicryl sutures about 4 to 5 mm behind the insertion and the insertion was cut. The superior oblique and the inferior oblique muscles were likewise hooked and clamped and cut in a standard fashion. A hemostat was then placed on the medial rectus stump and the enucleation scissors were inserted nasally and the optic nerve cut and the globe delivered. There was about 5 mm of optic nerve attached to the globe and the cross section of the optic nerve appeared normal as did the rest of the sclera and the globe. Immediately after enucleation, the socket was packed with surgical gauze and pressure was applied for about 10 to 15 minutes until there was complete hemostasis. Some topical thrombin was used to assist in that.

The surgical was removed and the previously prepared scleralized hydroxyapatite implant was inserted into the orbit and the rectus muscles were tied to the previously cut grooves in the hydroxyapatite implant using 5-0 Vicryl sutures. Tenon's fascia was then closed over the implant with about 10 superficial and deep interrupted sutures using 5-0 Vicryl. The conjunctiva was closed with a running 5-0 Vicryl suture locking every third suture.

Maxitrol ointment was instilled and a large conformer inserted and a pressure patch applied. There were no complications and the patient was in good condition when left the operating room.

Noel Perez
Assistant Surgeon

Jerry A. Shields, M.D.
Surgeon

DD: 01/12/2000
DT: 01/14/2000GK


Wills Eye Hospital

215-928-3280

Ninth and Walnut Streets
Philadelphia, Pennsylvania 19107**PATHOLOGY REPORT**PATHOLOGY ACC. NO. 51,246(00)NAME ALLEN, Robert AGE 49 DATE RECEIVED: 01/12/00SURGEON Shields and Associates MED. REC ER# 627723**SPECIMEN SUBMITTED:**

Content of eye, OD

Hx: 49-year-old white male ophthalmologist with no previous ocular history. Noted to have blurred vision about one week ago. Examination disclosed large pigmented ciliochoroidal mass measuring approximately 15 x 15 12 mm temporally.

PREOPERATIVE DIAGNOSIS:

Ciliochoroidal melanoma, OD

PROCEDURE: Enucleation, OD (minimal manipulation with HA apatite implant)

GROSS DESCRIPTION:

Specimen consists of a right globe measuring 23.5 x 23.5 x 23.5 mm with 5 mm of optic nerve attached. The clear cornea measures 11.5 x 11 mm. The iris is hazel. The pupil is 5 mm in diameter and round. Transillumination discloses a shadow in the inferotemporal quadrant between 6 and 9 o'clock measuring approximately 18 x 14.5 mm. The globe is opened to include the center portion of the shadow. The anterior segment is unremarkable. Arising from the posterior ciliary body and choroid is a moderately pigmented nodular tumor measuring approximately 10 mm in basal diameter and 10 mm in elevation. Part of the retina posterior to the tumor is detached. We see no evidence of gross extrascleral extension. The PO segment and the transverse section of optic nerve including the true surgical margin are submitted for routine sections.

DG: 01/13/00th
RCE/dmd

Wills Eye Hospital

900 Walnut Street
Philadelphia, PA 19107-5506

January 14, 2000

To: Robert Allen, MD

Page two

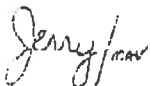
We are currently planning to proceed with enucleation of the right eye on Wednesday, January 12, 2000 after the results of the systemic evaluation are reviewed.

As you know, you will need continued medical follow up in the future with a good physical examination and blood for liver enzymes every six months or so initially and perhaps a repeat liver MRI or CT scan on a yearly basis.

We will proceed with surgery and provide you with the results of the histopathology in a week or so after surgery when everything is complete.

Please let us know if we can be of any further assistance and we certainly hope that things go well.

Very sincerely yours,



Jerry A. Shields, MD
Director, Oncology Service

JAS/dty/01140j

 **Wills Eye Hospital®**

900 Walnut Street
Philadelphia, PA 19107-5596

February 1, 2000

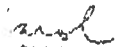
Mr. Allen, MD
10000 York Road
Arlington, VA 22229

Mr. Allen:

Enclosed please find the histopathology report on your enucleation dated January 12, 2000. As you can see, the globe harbored ciliochoroidal malignant melanoma mixed cell type. There was no evidence of extraocular extension. Please keep this report for your files. We look forward to seeing you on follow up in several months. As you discussed with Jerry by phone, an evaluation by a systemic melanoma specialist may be worthwhile so that you might be informed of the various systemic treatments available for melanoma with cutaneous or uveal melanoma. Please keep us posted.

Thank you so much for allowing us to assist in your care.

Sincerely,
Regards,


Jerry A. Shields, MD
Ophthalmology Service

215/928-1105

cc

Jerry A. Shields, M.D., Director
Carol L. Shields, M.D.
Arun D. Singh, M.D.
Bridget A. Walsh, Business Manager

Surgical Pathology Clinical Information

Report to:

Dr. Isaac Wornom, Box 980154

Dr. John B. Herrington
Bon Secours HealthPartners
Regional Laboratories
Department of Pathology
5801 Bremono Road
Richmond, Virginia 23226

Surgical Pathology Gross Description

Received is a single H&E stained glass slide, three immunohistochemical stained slides, and negative control (S13755-99). The material is returned to the sender in its entirety.

MLW/KN
12/21/99

Surgical Pathology Summary of Sections

(Consult slides)

Surgical Pathology Microscopic Description

Within the dermis are plump spindle cells and histiocytes, without atypia, surrounded by thick, hyalinized collagen bundles. The overlying epidermis is acanthotic and hyperpigmented. Immunohistochemical studies were performed and the spindle cell proliferation is negative for CD34, cytokeratin, and S100 protein. Appropriate external and internal controls are positive. The histologic features and immunohistochemical staining profiles support a diagnosis of a cellular dermatofibroma. Benign spindle cells are present at the deep margin of the specimen. A complete excision is recommended as these lesions, although benign, can recur if incompletely excised.

Surgical Pathology Microscopic Interpretation

Cellular dermatofibroma (benign fibrous histiocytoma) of skin of left foot, biopsy of.