Correspondence: Dr Jeng, The Cole Eye Institute, Cleveland Clinic, 9500 Euclid Ave, Building 1-32, Cleveland, OH 44195 (jengb@ccf.org).

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Previous Presentation: Presented in part at the Federated Societies Scientific Session; November 10, 2006; Las Vegas, Nevada.


3. Chang DC, Grant GB, O’Donnell K, et al. Multistate outbreak of Fusarium keratitis associated with the distribution of the fifth cranial nerve second division (V2) was symmetric. Extraocular movements were intact. Results of a metastatic evaluation were negative. We performed a wide local excision of the lesion with sentinel lymph node biopsy. The sentinel node drainage was to the left submandibular node and the biopsy results were negative. The area was resected and the tumor appeared to be removed with clear margins. Pathological analysis revealed residual melanoma 5.3 mm in thickness. The lesion had invaded the subcutaneous component and was at Clark level V. Examination results of the inferior medial and superior lateral margins were negative, as were those of the deep margins. The inferolateral margin

Sentinel lymph node biopsy, introduced by Morton et al,1 is a mode of early detection of regional lymph node metastasis for many variants of solid tumors. Prognostically, these data correlate more closely with melanoma-related mortality than other histologic data.2 Perineural invasion of cutaneous eyelid melanoma is uncommon; neither Dr Char nor William Hoyt, MD (oral communication, May 2005) have seen a case without marked sensory asymmetry. Our case provides a cautionary note regarding both sentinel lymph node biopsy and physical findings associated with perineural invasion.


7. Stulting RD. Microbiology of environmental specimens and a hypothesis to explain contact lens-related Fusarium keratitis. Paper presented at: Federated Societies Scientific Session; November 10, 2006; Las Vegas, NV.

Eyelid Melanoma
With Negative Sentinel
Lymph Node Biopsy
and Perineural Spread

Evaluation and treatment of periorcular melanomas can be difficult.

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Table 2. Minimum Inhibitory Concentrations of Various Antifungal Medications to the Fusarium Species Found in Each Patient’s Corneal Culture

<table>
<thead>
<tr>
<th>Antifungal Medication</th>
<th>Patient No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1</td>
</tr>
<tr>
<td>Natamycin</td>
<td>8</td>
</tr>
<tr>
<td>Amphotericin B</td>
<td>2</td>
</tr>
<tr>
<td>Itraconazole</td>
<td>&gt;8</td>
</tr>
<tr>
<td>Voriconazole</td>
<td>8</td>
</tr>
</tbody>
</table>

*Minimum inhibitory concentration is given in micrograms per milliliter.
was 2 mm and showed a 1-mm area of a contiguous microsatellite, a moderate mitotic rate (5-10 mitoses per high-power field), and a moderate number of tumor-infiltrating lymphocytes.

Unfortunately, the patient continued to experience periocular pain following resection. Magnetic resonance imaging showed tumor involvement of the infraorbital nerve (Figure 1). Orbital computed tomography showed that the infraorbital V2 canal was 8 times the normal size and that the tumor extended at least to the orbital apex. Biopsy results of the infraorbital nerve were positive for melanoma (Figure 2). The patient underwent a wide resection of the melanoma with additional resection of the floor of the orbit and infraorbital nerve as well as partial maxillectomy.

Comment. Cutaneous tumors of the eyelid rarely spread via a perineural route.1 Pain is the most common symptom, accompanied by sensory loss in affected nerves, dysesthesia, and ophthalmoplegia.4 Sentinel lymph node biopsy is the best technique to predict local melanoma recurrence; however, in cases involving perineural spread, this procedure probably has much lower sensitivity. Our case is unusual in at least 2 respects. First, the initial sentinel lymph node biopsy results were negative. Second, the patient lacked the typical symptoms of perineural involvement. While this case is a rare example of malignant cutaneous melanoma both in its manifestation and clinical course, it underscores limitations of tumor staging using sentinel lymph node biopsy.

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