

Gamma Knife radiosurgery for the uveal melanoma: preliminary assessment at Cho Ray hospital

Objectives: To report early treatment results and complications of stereotactic radiosurgery in uveal malignant melanoma and to identify risk factors for development of radiation retinopathy.

Follow-up duration: 5 cases	6 - 36 months
Mean tumor diameter	13.96 ± 1.98 mm (11.9 – 17 mm)
Mean tumor thickness	5.94 ± 1.84 mm (3.9 – 7.7 mm)
Mean tumor volume	0.55 ± 0.23 (0.24 – 0.83)
Mean prescribed dose	16.8 ± 1.79 Gy (16 – 20 Gy)
Tumor dose coverage	96.2 ± 5.84 (86 – 100%)



The multidisciplinary approach

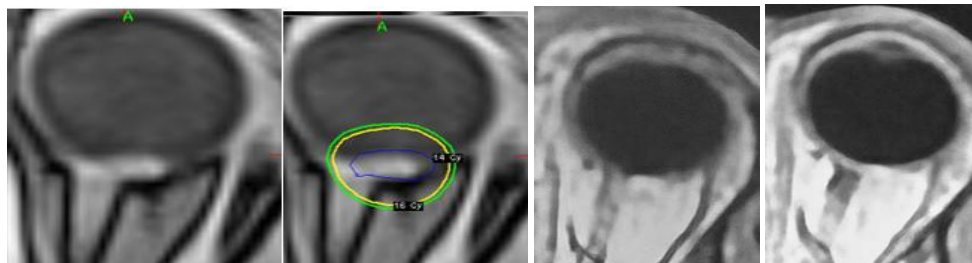
- The successful application of GKRS for ocular malignancies requires a collaborative, multidisciplinary team, as highlighted by numerous sources.
- This team typically includes an ophthalmologist, a radiation oncologist, a neurosurgeon, and a medical physicist.



Parameter	Value
Pre-treatment visual acuity (logMAR)	0.5 ± 0.3 (0.6 – 0.2)
Post-treatment visual acuity (logMAR)	0.4 ± 0.2 (0.4 – 2)
Complete Tumor Disappearance	2 cases
Tumor Reduction > 50%	3 cases
Tumor Control Rate	100%
Complications	None detected

Conclusions;

- Radiosurgery was an effective and sustained treatment modality among the other eye conservation therapies.
- A larger, long – term study is required
- Good cooperation is needed among the specialties of ophthalmology, oncology and Gamma Knife radiosurgery/neurosurgery specialists.



Fundus, MRI before, and 1 year after GKRS: no more choroidal