



# Knee discomfort

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## Case history

A woman aged 25 years, presents with bilateral anterior knee discomfort and swelling. When she was younger the pain was much worse. Although her pain has subsided, she is concerned with the cosmetic problems of lumps in her anterior knees. On examination she has large, bony lumps around her patellar tendon insertions bilaterally. Remaining knee examination is normal.



## Question 1

What is the diagnosis and complication revealed in this case?

## Question 2

What are the common clinical features at the onset of this condition?

## Question 3

What is the treatment?

## Question 4

How would you treat this case?

## ANSWERS TO DECEMBER BRAIN TEASER



### Answer 1

There is fungating exophytic mass occupying the posterior third of the right vitreous. There is no evidence of extension through the globe.

### Answer 2

Patients with choroidal melanoma may present with painless visual loss, or occasionally inflammation and pain from a complicated tumour. However, many patients have no symptoms and

melanomas are discovered on routine ophthalmologic examination.

### Answer 3

The lesion appears as an elevated, pigmented mass with variable colouration ranging from amelanotic to darkly pigmented. Some tumours are partially pigmented. If lightly coloured, the abnormal vascularisation of the tumour can usually be seen.

### Answer 4

Management and treatment of choroidal melanoma will depend upon the size of the tumour. If the melanoma is small (<2.5 mm) often nothing is done and the tumour is monitored. Treatment is started if the melanoma grows. Medium and large choroidal melanomas are commonly treated with radiation or surgery. Patients need to be monitored life to detect early signs of the cancer spreading. There is no effective treatment for choroidal melanoma that has spread.

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