

CONJUNCTIVAL LESIONS CHAIRSIDE REFERENCE

Features of Malignant Lesions

	OSSN	Lymphoma	Melanoma
Location	<ul style="list-style-type: none"> Unilateral Usually bulbar conjunctiva near limbus, especially nasally or temporally Potential corneal invasion 	<ul style="list-style-type: none"> Unilateral Usually conjunctival fornix or bulbar region 	<ul style="list-style-type: none"> Unilateral Usually bulbar conjunctiva near limbus, especially temporally Possible invasion into sclera, cornea or orbit
Typical Appearance	<ul style="list-style-type: none"> Grey or white Gelatinous or leukoplakic Raised Dilated feeder vessels Surface irregularity 	<ul style="list-style-type: none"> Salmon patch (fleshy, smooth, salmon-pink, painless, subepithelial, raised mass) Mobile over sclera Can be diffuse and mimic benign inflammatory lesions 	<ul style="list-style-type: none"> Pigmented but can be non-pigmented Surrounding flat pigment Raised Dilated feeder vessels Growth over time or recurrence after excision
Risk Factors	<ul style="list-style-type: none"> Chronic UV light exposure Cigarette smoke exposure Fair complexion and light iris colour Male Older age HIV and immune deficiency Eczema/atopy Autoimmune conditions HPV infection (types 16, 18) 	<ul style="list-style-type: none"> Age between 60–70 years old HIV or immune deficiency Autoimmune conditions Chronic inflammation/infection History of systemic lymphoma 	<ul style="list-style-type: none"> Age between 55–65 years old Longstanding PAM or naevus <p><i>Up to 75% of all conjunctival melanomas arise from PAM</i></p>



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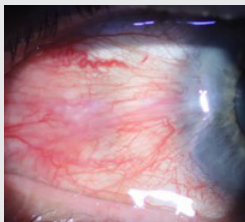
OSSN = ocular surface squamous neoplasia; PAM = primary acquired melanosis; HIV = human immunodeficiency virus; HPV = human papillomavirus; CAM = complexion-associated melanosis

References: 1. Gurnani B, Kaur K. Ocular Surface Squamous Neoplasia [Internet]. In: StatPearls. Treasure Island (FL): StatPearls Publishing; 2025 Jan– [updated 2023 Jul 31; cited 2025 Sep 17]. Available from: <https://link.springer.com/2F7q9>. 2. Tanenbaum RE et al. Classification, diagnosis, and management of conjunctival lymphoma. Eye Vis (Lond). 2019;6:22. 3. Wong JR et al. Management of conjunctival malignant melanoma: a review and update. Expert Rev Ophthalmol. 2014;9(3):185-204. 4. Shields CL et al. A guide to conjunctival tumors. Review of Ophthalmology. Published May 15, 2019. Accessed September 17, 2025. 5. Shields CL et al. Conjunctival Tumors: Review of Clinical Features, Risks, Biomarkers, and Outcomes--The 2017 J. Donald M. Gass Lecture. Asia Pac J Ophthalmol (Phila). 2017;6(2):109-120.

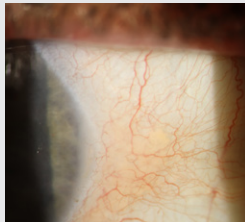
DIFFERENTIAL DIAGNOSES

BENIGN (NON-PIGMENTED)

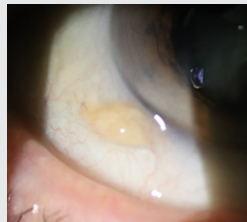
Pterygium



Pinguecula



Inclusion cyst



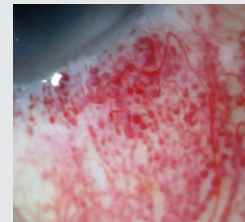
Phlyctenulosis



Granuloma



Lymphangiectasia



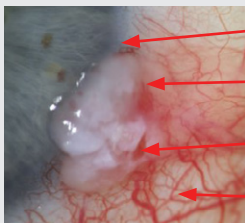
INFLAMMATORY

Nodular scleritis
(REFER URGENTLY)



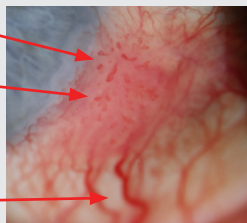
MALIGNANT (NON-PIGMENTED)

OSSN



Locally invasive at limbus
Leukoplakic
Surface irregularity
Feeder vessels

OSSN



Conjunctival lymphoma

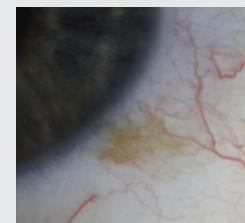


BENIGN (PIGMENTED)

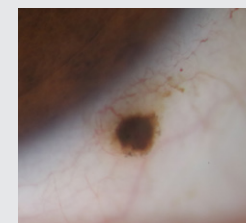
CAM (bilateral)



PAM

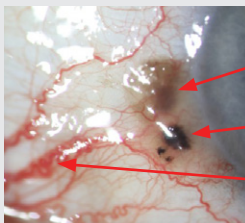


Naevus



MALIGNANT (PIGMENTED)

Melanoma



Surrounding flat pigment
Pigmented, raised
Feeder vessels

Key Points

- Rapid growth, feeder vessels, pigmentation changes, keratinisation or recurrence should raise suspicion for malignancy
- The greater the extent of PAM in clock hours, the greater the risk for transformation to melanoma
- Regular monitoring of small PAM (≤ 2 clock hours) and naevi with photo-documentation is recommended
- Refer promptly with photographs for any suspicious conjunctival lesion, larger lesions or if any change is noted

Images courtesy of Dr Simone Beheregaray and Stephanie Stavrinakis, Vision Eye Institute