**UHNM Naevus Clinic Guidelines and Protocol**

**Introduction**

Naevi are present in 4.6 -7.9% of the Caucasian population

Malignant transformation of naevi occurs in approximately 1 in 8,845

OCT-EDI measurements are approximately 50% less thick than USB measurements (i.e. a 3mm lesion on USB will measure 1.5 mm on OCT-EDI)

USB cannot detect/measure lesions <0.75 mm thick – these can be measured with OCT-EDI

OCT-EDI less helpful as tumours enlarge (>3mm)

The lesion must be at least 1.5mm thick on USB measurement before meaningful comments on echogenicity can be made

USB echogenicity is determined by the density of cellularity of the tissue comprising the lesion (the denser the tissue the lesser the internal reflectivity)

OCT-EDI appearance is determined by the amount of pigment in the lesion and does not correlate to ultrasonic internal reflectivity

OCT-EDI offers a better estimate of the true dimensions of the lesion compared to USB

Lesions smaller than 3mm unlikely to be melanoma

Lesions larger than 6 mm unlikely to be naevus

**Clinic Assessment**

Measurement of visual acuity

Dilation and Retinal examination of new patients

B ultrasound

Colour photographs

OCT autofluorescence

OCT-EDI

Optos wide field imaging

Optos autofluoresence

**Lesion Definitions**

Naevus – Thickness < 2mm (USB) and no other risk factors

Melanoma – Thickness > 2.5 mm (USB) and 2 other risk factors

Indeterminate – Fitting into neither of the above categories

**Risk Factors**

Thickness > 1.5mm

Symptoms (p=0.002)

Sub-retinal fluid (p=0.002)

Orange pigment (p<0.001)

Tumour margin within 3mm optic Disc (p=0.001)

Ultrasonographic hollowness (p<0.001)

Absence of Halo (p=0.009)

Suspicious OCT findings

Amelanotic

Risk of growth – 1 risk factor = 38%

 2 risk factors = 50%

**Suspicious OCT findings**

Intra retinal oedema (p=0.003)

Shaggy photoreceptors (p=0.005)

Loss of photoreceptors (p=0.005)

Loss of ELM (p=0.008)

Loss of IS/OS junction (p=0.02)

**Discharge**

Naevi that are flat clinically and with ultrasound and less than 3mm (approx. 2 disc diameters) in size

Patient to be given colour photograph of lesion to allow effective optometric review

**Monitor**

Lesions larger than 3mm and one risk factor

Lesions less than 3mm but raised

Review 4-6/12 initially then annually

Patients refered back from Liverpool monitored as per instructions

**Refer**

Thickness > 2.0mm (p<0.001)

Collar stud configuration

Documented growth

The presence of any two risk factors

**References**

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