Uveal melanoma (affecting the iris, ciliary body, and choroids) is the most common primary intraocular malignancy in the Western world, affecting six to eight adults per million each year. Although fewer than 2% of patients show evidence of metastatic spread at presentation, over 40% will eventually die from widespread disease.

Most intraocular melanomas are initially asymptomatic. Tumour enlargement may then cause distortion of the pupil (iris melanoma), blurred vision (ciliary body melanoma), or decreased visual acuity caused by either central growth close to the macula or secondary retinal detachment (choroidal melanoma). Because the uveal tract is a vascular structure without lymphatic channels, tumour spread occurs primarily by either local extension or by haematogenous dissemination. The first site of systemic metastases is the liver, although spread to other organs such as lung, bone, and subcutaneous sites have been described.

Metastasis of melanoma to the liver, although rare, can produce a dramatic initial presentation with fulminant hepatitis, shock, and multisystem organ failure. An elevated lactate dehydrogenase titre is one of the most predictive factors for metastatic spread and decreased survival in patients with malignant melanoma, with a sensitivity of 79% and specificity of 92% in detecting disease progression to stage IV melanoma.

Extraocular extension and metastatic spread are associated with an extremely poor prognosis, and response rates with contemporary single-agent chemotherapy are generally below 10%. A recently published study investigated the use of chemotherapy with intra-arterial hepatic fotemustine. Median survival rates were among the longest reported, with an overall response rate of 36%, a median overall survival of 15 months, and a 2-year survival rate of 29%.

Our patient was scheduled for three cycles of intravenous fotemustine therapy, but developed significant tumour lysis syndrome with intractable hyperkalaemia. He died shortly after the second cycle, only 28 days after being admitted to hospital. The final diagnosis was hepatic failure secondary to metastatic melanoma from an intraocular primary melanoma. An autopsy was not performed.

**Competing interests**
None identified.

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**References**

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**SNAPSHOT**

**Arrhythmogenic left ventricular false tendon**

A 45-year-old man presented with frequent palpitations. Clinical examination and electrocardiogram were unremarkable. Transthoracic echocardiography suggested asymmetrical septal hypertrophy, although the acoustic windows were poor. Transoesophageal echocardiography revealed a broad false tendon within the left ventricle, extending from the basal septum to the apical lateral wall (Figure). Holter monitoring showed frequent premature ventricular complexes, indicating right bundle branch block morphology.

The incidence of false tendons — fibromuscular intracavitary bands anatomically distinct from the valvular cusps — is 0.4% to 3.0%. They may be associated with malignant ventricular arrhythmias, which should be excluded before making a diagnosis of benign premature ventricular complexes in a healthy patient.

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