

### Anamnesis

- 66-year-old male patient
- Antecedents: post op cataract surgery in OS one week ago
- Reduction of visual acuity to 20 / 50
- Ocular pain
- Conjunctival chemosis
- Presence of cellularity in anterior chamber
- Anterior synechiae with angle closure at 3 hours
- IOP in OD 32 mm Hg

**Gabriela Quezada G. MD**

Lima - Peru  
in collaboration with  
Tomihama Malena M.D



### Diagnosis equipment: **ABSOLU** platform

<p><b>1</b></p>	<p><b>UBM</b></p> <p>Identify a tumor in the ciliary body and multiple iris cysts that displaced the iris root with angle closure and the IOL.</p>	<p><b>PROBE:</b> 50 MHz linear</p> <p>Examination of anterior segment and the structures behind the iris</p>
<p><b>2</b></p> <p>Velocidad = 1550 m/s    Distancia = 6,55mm    Quant-I (T) = 41% Avg Height = 32%</p>	<p><b>STANDARDIZED A-MODE</b></p> <p>A-mode confirmed a melanoma in the ciliary body. Melanomas typically show low internal reflectivity and vascularity.</p>	<p><b>PROBE:</b> Standardized</p> <p>Differentiate intraocular and extraocular lesions</p>
<p><b>3</b></p>	<p><b>B-MODE</b></p> <p>Identification of the lesion using reflectivity with b-mode and track tumor growth over time.</p>	<p><b>PROBE:</b> Annular 20 MHz</p> <p>Observation of the anterior and posterior vitreous and the retina</p>

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### Conclusion

UBM, combined with B-mode and standardized A-mode ultrasound, can differentiate between benign and malignant lesions based on reflectivity patterns.

The ability to visualize and measure tumors using UBM allows for better surgical planning and more accurate prognosis. It can also be used to track tumor growth over time, ensuring that any changes in size or structure are addressed in a timely manner.