**INTRODUCTION**

The first case of extracutaneous melanoma was described in Germany (1856) and up until 2001 approximately 1000 cases had been published\(^1\,2\). These are rare lesions, representing about 0.09% of the extracutaneous malignant neoplasias\(^1\). In the orbit, it is frequently secondary to invasions by conjunctiva, choroid melanomas or from adjacent regions, or blood-born metastases\(^3\). The primary orbital melanoma represents less than 1% of the primary orbital neoplasias\(^4\).

**CASE REPORT**

O.S.S., female, 64 years old, presented progressive ptosis, visual blurring and right eye scotomatas for two months. Did not present with any otorhinolaryngological complaint. She had proptosis, visual acuity for hands movement, papilledema and extrinsic muscle paralysis to the right side; without alterations noticed at the nasofibroscopy.

CT scan showed a right side retro-orbital tumor (Figure 1\(^a\)); transconjunctival biopsy (inferior fornix) showed malignant melanoma. Skull, chest and abdomen CT biopsy (inferior fornix) showed malignant orbital tumor (Figure 1\(^b\)); transconjunctival side; without alterations noticed for the early identification of metastases or local recurrence.

**DISCUSSION**

Extracutaneous melanomas are neoplasias that affect the elderly. Series of primary orbital melanomas show ages varying between 12 and 84 years\(^5\). There are only two cases of African-descendant patients\(^6\).

Orbital primary melanomas are probably originated from the congenital remains of cells from the neural crest, and may be found along ciliary nerve, scleral emissary veins or the leptomeninges of the optical nerve\(^6\). Due to the small number of cases, there is not much data regarding its clinical behavior, however, the most common clinical presentation is pain-associated proptosis originated from a diffuse orbital mass\(^1\). For diagnostic confirmation it is necessary to have biopsy and immunophenotyping\(^1\).

In order to define whether the orbital melanoma is primary, it is necessary to show, though image and pathology exams, that it did not originate from the eye globe and it does not represent a metastasis\(^5\,6\).

**REFERENCES**