In July, 2017, Britta made an appointment at Burke Optometry for a routine eye exam. She did not share that she had been concerned about some vision distortion in her left eye when making the appointment. Germaine Burke OD approached the exam as she would any routine visit, fortunately for Britta that included an optomap. The ultra-widefield retinal image captures 200 degrees in less than half a second. Britta’s image revealed a large shadow, OS. Burke realized immediately that she was probably looking at a well-progressed melanoma.

At Burke Optometry, optomap is an optional, yet highly encouraged, service offered at check-in. Because optomap can be obtained quickly through an undilated pupil, patients are often happy to agree to the small fee associated with the service. In Britta’s case it was a fortuitous decision to check the consent box.

In the context of a routine examination nothing looked extraordinary. Britta was a healthy young woman who was not taking any medications, reported no trauma and presented with only subtle visual distortion of her left eye. Her unaided acuity was 20/20 OD and 20/25 OS and refraction was -0.50 DS 20/20 OS.

“The melanoma extended from the temporal edge of the posterior pole to the periphery. It was a Friday afternoon and Britta took a photo of the screen with her phone and sent it to her primary care physician through a secure portal. Her primary care physician responded quickly and got her set up for a retinal exam on Monday. By Tuesday she was in to see the retinal oncologist and undergo a PET scan. Thankfully, the scans showed that the cancer had not spread.”

A week later Britta had a radioactive plaque sewn into her sclera opposite the lesion, she is now being monitored for efficacy and progression.

“I believe I am a good doctor, but with optomap I am going to be able to catch big or small issues that I might not have seen otherwise. I am able to provide more accurate notes and detailed information when I refer a patient on to a specialist. It facilitates the communication for follow-up care as well, and monitoring is more accurate,” says Burke. She notes that they brought Optos technology into the practice shortly before she saw Britta, and stresses this case is one of the reasons she and the staff at Burke Optometry are glad that they did not wait to make that purchase.

“Because we had that optomap image, the communication and the responsive action worked as smoothly and quickly as it possibly could have. I really believe there was no other way it could have gone as well. This is one of the reasons I sincerely feel everyone should have an optomap taken as part of a comprehensive exam.”

Germaine Burke, OD
Burke Optometry
Lodi, CA