CHOROIDAL NAEVUS - REFERRALS

Please ensure choroidal naevus are only referred if indicated in the college of optometrists guidelines
https://www.college-optometrists.org/guidance/clinical-management-guidelines/pigmented-fundus-lesions.html

Please note:
College guidelines clearly state that even if lesion has not been previously documented this is NOT a reason for referral.

The below is taken from the college website:

Management category
Urgent (within two weeks, in accordance with the Suspected Cancer pathway, SCAN) referral to ophthalmologist:

- patients with a suspicious melanocytic choroidal tumour having
  (A) any *one* of the following:
    - thickness greater than 2.0mm (or LBD greater than 7mm)
    - collar stud configuration
    - documented growth
- or (B) any *two* of the following:
    - thickness greater than 1.5mm (or LBD greater than 6mm)
    - orange pigment
    - serous retinal detachment
    - symptoms

Routine referral to ophthalmologist followed by regular surveillance to locally agreed pathway, which may be shared with ophthalmologist:

- atypical choroidal naevus
    - greater than 6mm LBD and dome-shaped, with or without drusen and/or traces of subretinal fluid; orange pigment absent

No referral required: inform the patient and review at subsequent routine eye examinations:

- typical choroidal naevus
    - none of the ‘high-risk’ features mentioned above
    - applies even if lesion not previously documented

No referral required: inform the patient, but no need for regular surveillance (review if patient attends for another reason)

- CHRPE
    - adenomas and adenocarcinomas associated with CHRPE are exceedingly rare