


Hunting canaries

As one of the surgical consultants at medical school warned, ‘Sparrows are commoner than canaries’. But the case I have in mind followed a series of canaries, so I was in full canary-spotting mode. The differential diagnosis of red eye does not usually include being stabbed in the eye by an unpeeled banana. Then there was the airman who was attacked by a Screaming Rabbit while he was cycling home from work. And the little girl who had to be freed when the cinema seat she had been sitting on flipped. At the time, one of my hospital roles was to head the Board deciding medical categories for RAF personnel in Germany. The particular patient that day had noticed a lump under his left arm 4 years before. Biopsy proved it to be an anaplastic secondary melanoma. He had a block dissection of the axilla. Intensive investigation, including whole body screening, failed to discover any primary. A year later, he had a lump under the other arm. Biopsy this time showed reactive hyperplasia.

Now, a further 3 years later and still well, he wanted to be able to return to his specialist role as a parachute jumping instructor. On taking his history, I noticed that his glasses were extremely clean, unlike my usually dusty and smeared lenses. He confirmed that they were new but said that they were not very good, particularly the right eye. On looking with the ophthalmoscope I could only see grey fuzz. I dropped the blinds and turned out the lights. Still only grey fuzz. The canaries started chirping. I knew about melanoma of the choroid, but could you have amelanotic melanoma of the choroid? Fortunately, we had a consultant ophthalmologist just down the corridor and, intrigued by the story, he saw him immediately. Within 5 minutes, I had my answer. The patient had a mature cataract. Which only goes to show that, as a late Texan colleague of mine put it: ‘The hoofbeats you hear outside your window are usually horses, not zebras’.

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