Stereotactic Radiosurgery for the Non-Invasive Treatment of Juxtapapillary Choroidal Melanoma using My Unique Eye Fixation and Real-time Monitoring

Mostafa Heydarian* and Hatem Krema

*Corresponding Author: Mostafa Heydarian, Senior Clinical Physicist, Princess Margaret Hospital and Assistant Professor, University of Toronto, Ontario, Canada

Received: February 10, 2018; Published: February 26, 2018

A Clinical Outcome and Toxicity Comparison between ¹²⁵Iodine brachytherapy (IBT) and Stereotactic Radiotherapy (SRT)

In the Treatment of Juxtapapillary Choroidal Melanoma. Comparing the treatment efficacy and toxicity between IBT and SRT in the management of juxtapapillary choroidal melanoma showed similar outcomes during 46 months follow-up. No significant differences existed between the two cohorts on comparing pretreatment clinical data.

Linac-Based SRT showed statistically higher radiation-induced ocular morbidities in 4 years post radiotherapy (RT). However Gamma Knife radiosurgery has better outcome compared to Linac-Based SRT.

Eye Fixation and Real-time Monitoring

(Reference Images for both eyes)

Figure 1

Citation: Mostafa Heydarian and Hatem Krema. “Stereotactic Radiosurgery for the Non-Invasive Treatment of Juxtapapillary Choroidal Melanoma using My Unique Eye Fixation and Real-time Monitoring is a Non Invasive Technique”. EC Ophthalmology 9.3 (2018): 140-142.
Eyes Images for the treatment compared to the reference images

Diagram below shows the treatment positions of eyes which are about 1 mm off compared to the references (The peeks below are for the eyes lids closure).

![Figure 2](image-url)

Eyes Images for the treatment compared to the reference images

Diagrams below show the treatment positions of eyes which are about 1 cm off compared to the reference images, that need to be adjusted before Stereotactic Radiosurgery started.

Figure 3