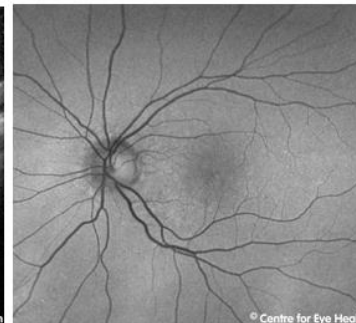
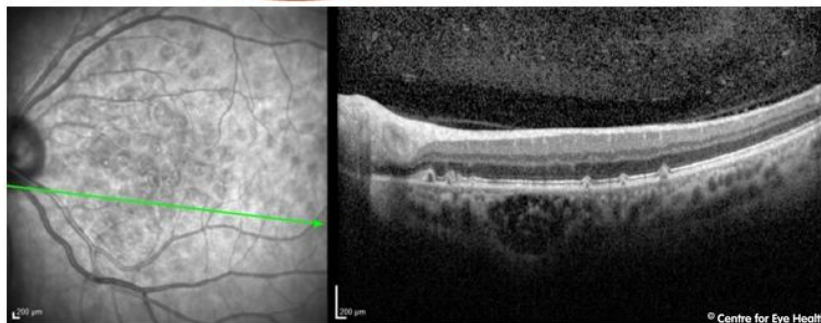




CFEH Facebook Case #31

A 49 year old Caucasian female was referred to CFEH for a macular assessment and opinion regarding bilateral drusen. She was asymptomatic with an unremarkable ocular and family history. Both eyes had a similar presentation and the following images of her left macula were obtained. 1. What is the likely diagnosis of the pale region affecting the left inferior macula? 2. What type of drusen are present?



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ANSWER

1. Amelanotic choroidal naevus

Choroidal naevi are common, benign findings, typically found on routine fundus examination. A minority of these lesions, such as this one, are “amelanotic” as they do not display the typical greyish colouring.

The presence of overlying drusen is an indication of chronicity of the lesion and thus a reduced risk of progression. The risk factors for malignant transformation of a naevus include the following:

- Thickness > 2mm
- Presence of subretinal fluid
- Lipofuscin (orange pigment) overlying the lesion
- Presence of symptoms
- Location < 3mm of the foveola or at/near the optic disc

In this case, a review cycle (including fundus photography and OCT) at 3 months, 6 months, then annually once stability is confirmed, is recommended due to the proximity to the foveolar.

2. Reticular pseudodrusen

These intriguing lesions, also known as subretinal drusenoid deposits, were first described in the literature relatively recently (in 1990) and carry a high association with late AMD. They have featured in a previous Learning for Vision condition spotlight. [Click here for more information.](#)