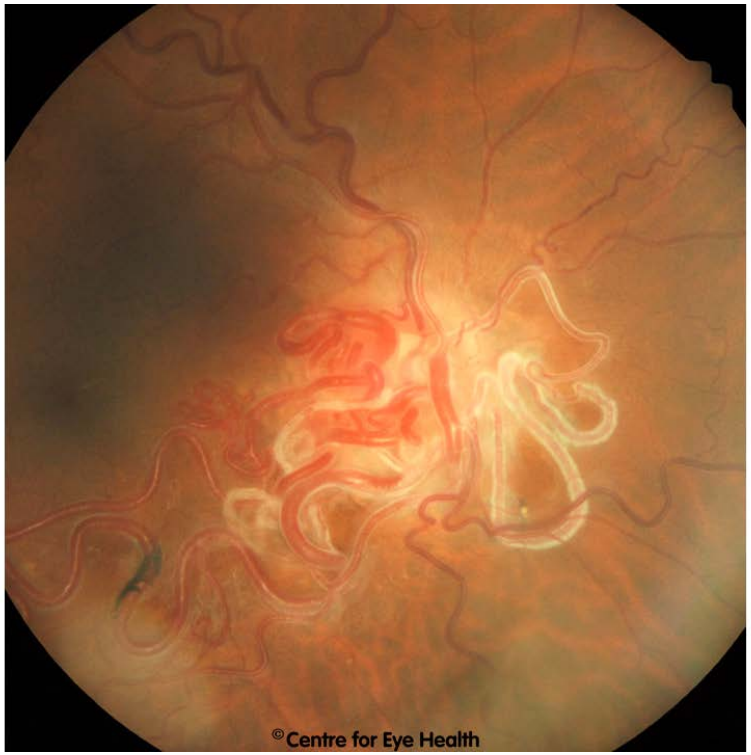
Centre for Eye Health

CFEH facebook Cases

CFEH Facebook Case #6

A 52 year old male presented for examination to CFEH. He has hypertension and takes Olmtec, Zocor and occasionally Nexium.
His best corrected acuities are 6/6 in each eye and IOP was 19mmHg (Goldman tonometry).
His retinal, stereo, Optomap and OCT images are below.
To view the stereo image you will need either a stereo viewer or some loose base out prism.
His left eye was unremarkable so only the right eye is shown.
What is your diagnosis? What other conditions can be associated with this presentation? How would you manage this case?



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An initiative of Guide Dogs NSW/ACT and The University of New South Wales

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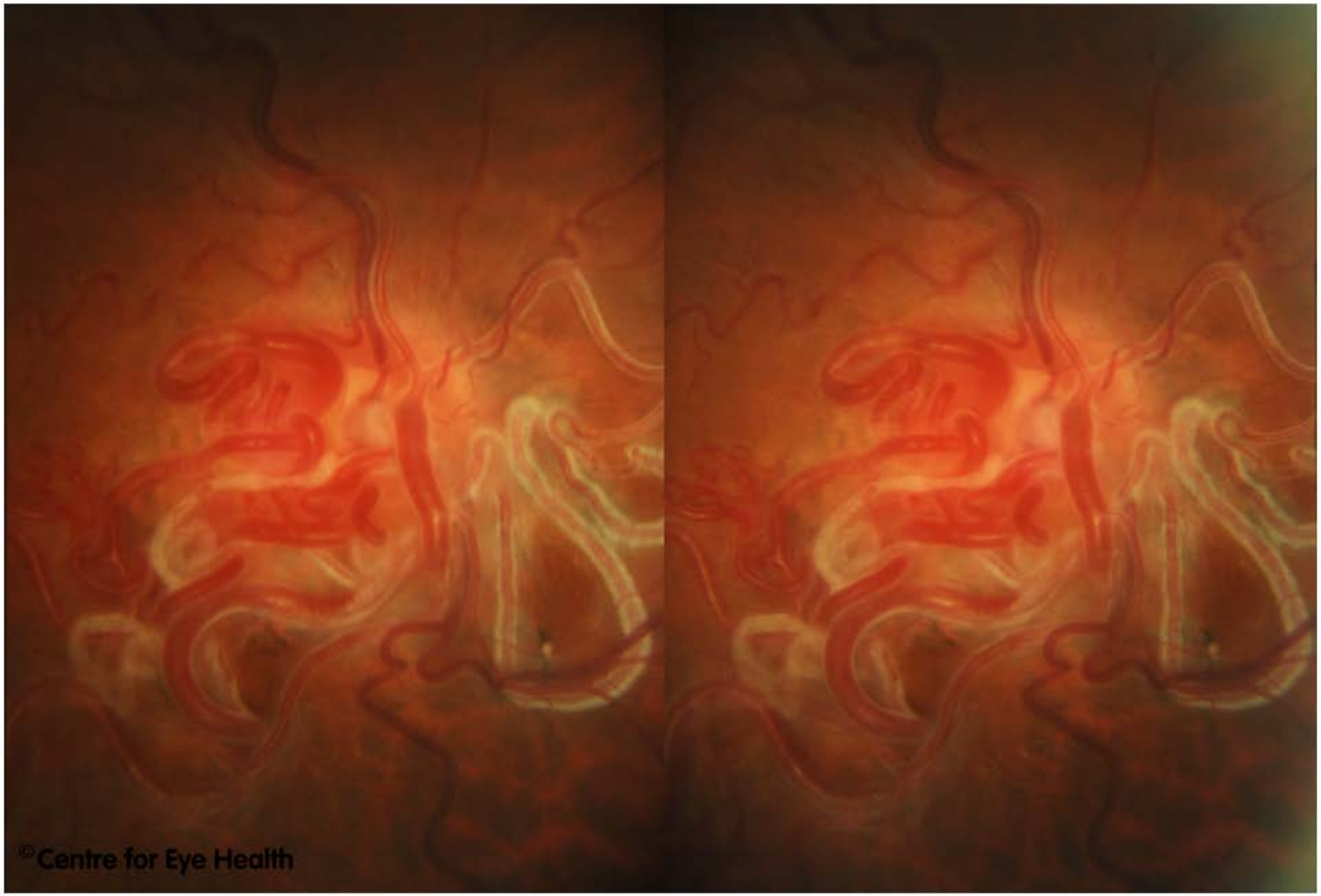

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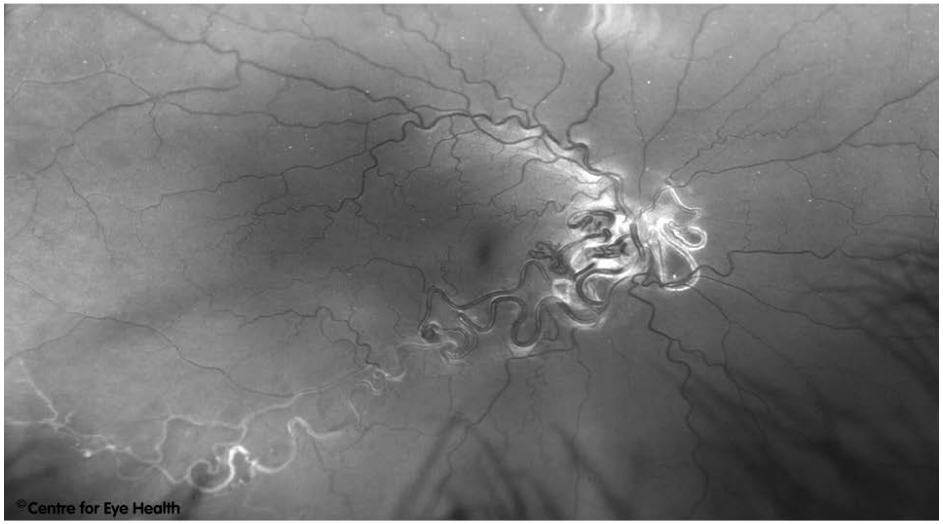

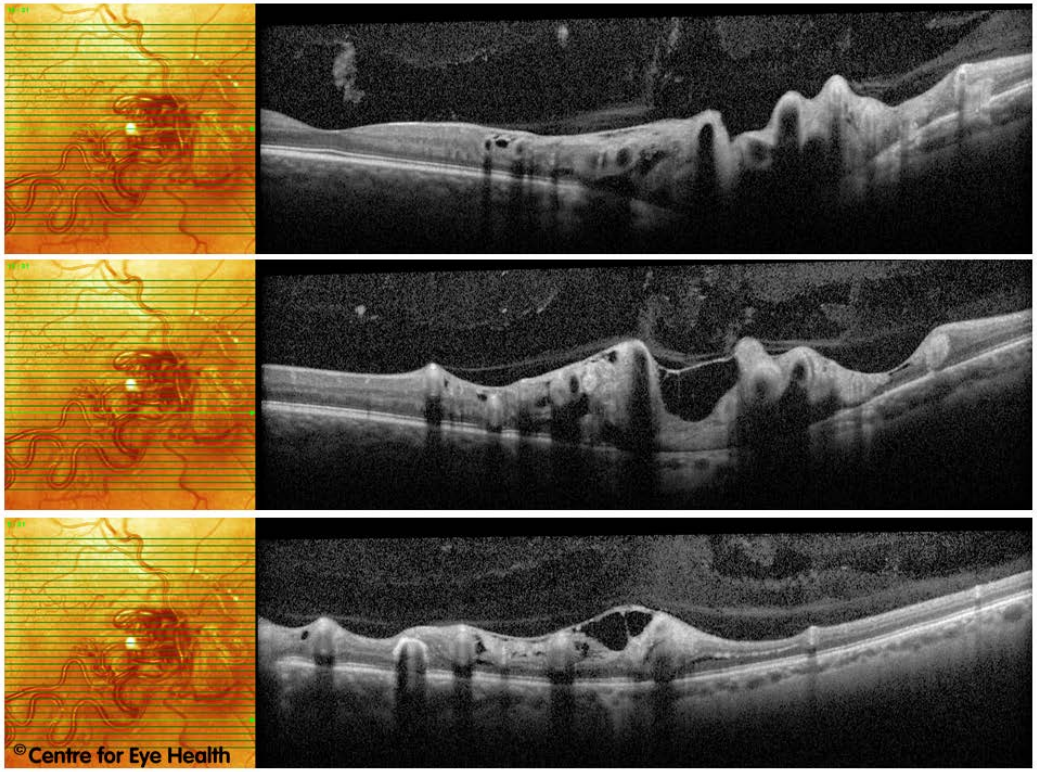

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ANSWER

Racemose Haemangioma

Racemose Haemangioma is a rare, typically unilateral, non-progressive retinal vascular tumor.
It is a malformation of the retinal vessels allowing direct connection between the arteries and veins. Clinically it presents as dilated and tortuous retinal vessels extending from the optic disc to the retinal periphery.

The lesions, if very large, may occasionally result in intraretinal, vitreous or macular haemorrhage however fluorescein angiography usually shows stable, non-leaking lesions. Vaso-occlusive disease may also be associated with racemose haemangioma.

Excluding these potential complications, there is typically no visual deterioration with this condition.

Racemose Haemangioma can be associated with Wyburn-Mason Syndrome. This syndrome is a vascular condition typified by arteriovenous malformations of the face, orbit, retina and central nervous system. A retinal racemose haemangioma is often associated with a lesion in the ipsilateral midbrain in this syndrome and there is typically an increase in early mortality due to the tendency of the AV malformations to bleed causing stroke, neurological deficits and death.

No treatment is available for retinal lesions, however intra-cranial lesions may be managed with surgery, radiotherapy or embolisation. Once Wyburn-Mason Syndrome has been excluded, routine review is recommended.

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