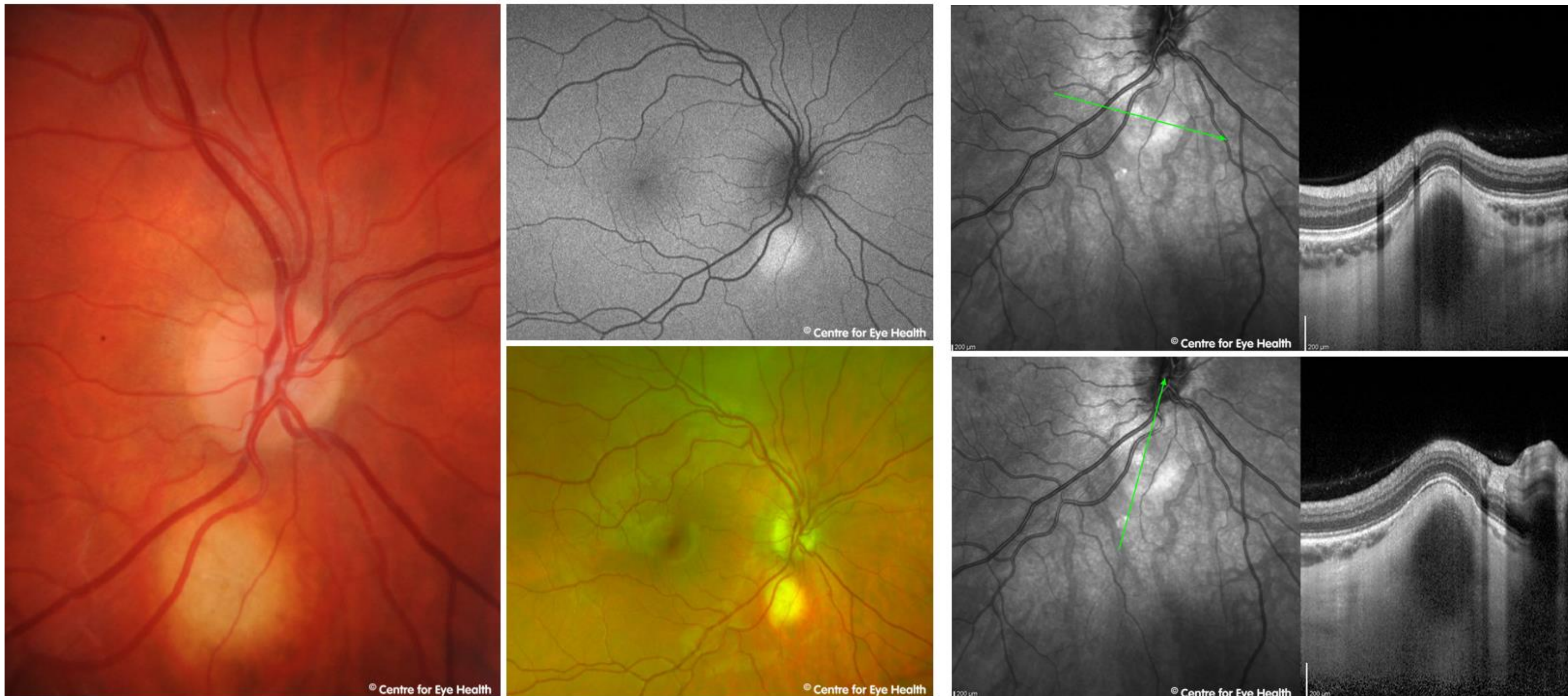
CFEH facebook Cases

CFEH Facebook Case #40

A 28 year old asymptomatic Caucasian male presented to CFEH for assessment of a retinal lesion in the right eye. He has a history of blunt trauma to both eyes and is a migraine sufferer. BCVA 6/6 OU. What is the likely diagnosis of this lesion?



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ANSWER

The appearance of the lesion is consistent with solitary idiopathic choroiditis (SIC), however further assessment by a retinal specialist was recommended to confirm this.

Solitary idiopathic choroiditis may appear at any age, however patients are typically Caucasian and present between 20 and 50 years of age. Visual acuity is usually normal, unless the lesion affects the foveal region. Differential diagnoses include amelanotic choroidal tumour (such as melanoma, naevus and osteoma) and ocular inflammation such as sarcoidosis, tuberculosis and toxocariasis.

The appearance of the SIC lesion may vary, depending whether it is active or inactive. Inactive lesions typically appear as a discrete, round yellow-white lesion that has a characteristic orange-yellow halo around the lesion, as can be seen in this patient. Fundus autofluorescence imaging typically shows homogenous hyper-autofluorescence and OCT imaging shows these lesions to be smooth and dome-shaped with the overlying choroid appearing compressed or thinned. Recent studies using enhanced depth imaging OCT now suggest that the lesions may extend into the sclera and are not just limited to the choroid as previously thought.

Active lesions appear a dull yellow colour with ill-defined margins, sub-retinal fluid with yellow intra-retinal exudative material. Focal haemorrhages may occasionally also be noted.

This case was referred to ophthalmology for confirmation of the diagnosis.