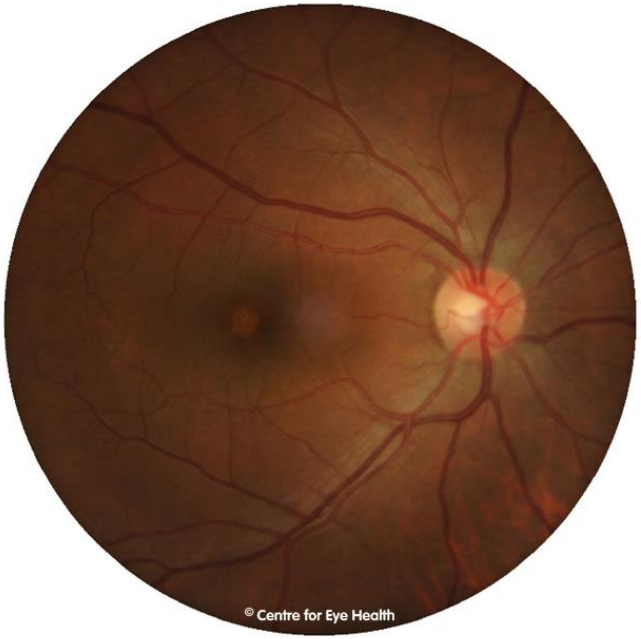
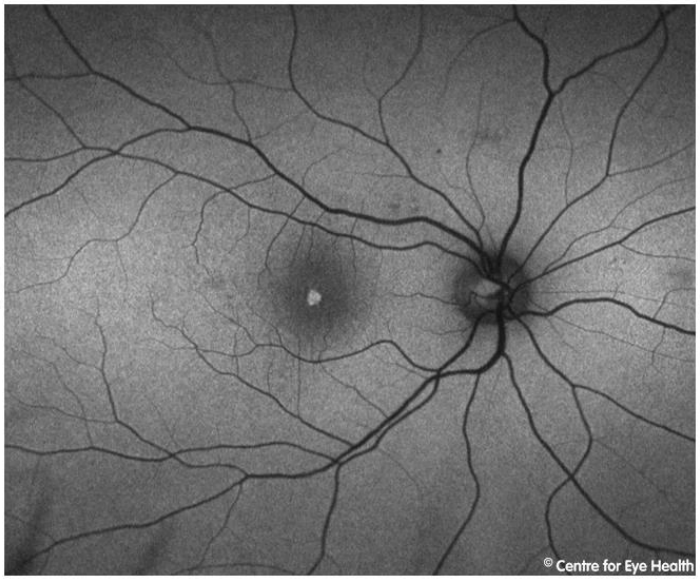
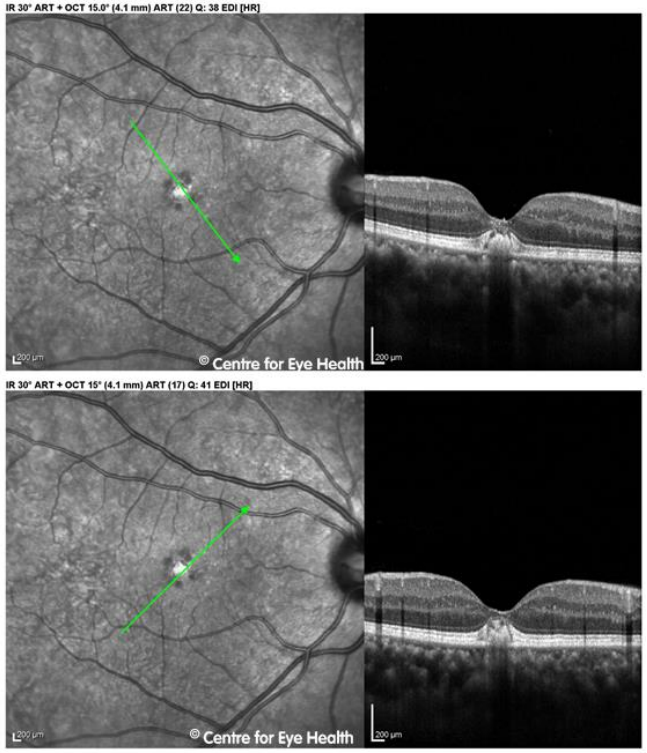
CFEH facebook Cases

CFEH Facebook Case #67

A 55 year old Indian male was referred for a macular assessment. He has hypercholesterolaemia but is otherwise in good general health with no relevant ocular or family history. Aided visual acuities were 6/15+ (NIPH) OD and 6/6- OS. The left eye is unremarkable. What is your diagnosis?







Proudly brought to you by
LEARNING FOR VISION
Centre for Eye Health
Optometry NEW SOUTH WALES AUSTRALIAN CAPITAL TERRITORY

Proudly brought to you by LEARNING FOR VISION

Centre for Eye Health | Optometry NEW SOUTH WALES AUSTRALIAN CAPITAL TERRITORY

ANSWER

These findings indicate an acquired vitelliform lesion in the right eye. There are also hypo-autofluorescent patches at the posterior pole. The aetiology of these changes is unclear however they may indicate previous central serous chorioretinopathy. There is no sign of CNV in this eye.

Analysing the imaging that lead us to this conclusion, we can see that there is a well-defined round yellow lesion at the macula (the vitelliform lesion). This corresponds to the hyper-reflective mass seen on OCT in the RPE with overlying pigment migration. Fundus autofluorescence (FAF) showed distinct hyperfluorescence of this lesion as well as subtle areas of hypofluorescence at the posterior pole.

In earlier stages, the vitelliform material appears as an area of round hyper-autofluorescence on FAF. Over time, FAF is visible mainly in the inferior portion of the lesion. Eventually, the lesion reaches the vitelliruptive scrambled egg stage and hyper-autoflourescence is concentrated at the borders of the lesion. In the final, atrophic stage there is a large reduction in FAF and the lesion appears hypo-autofluorescent.