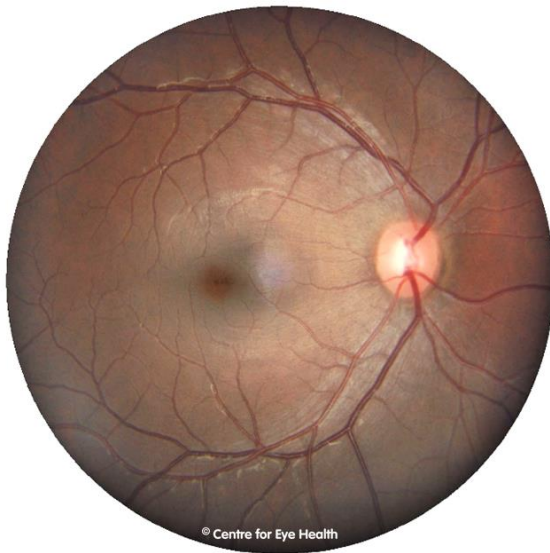


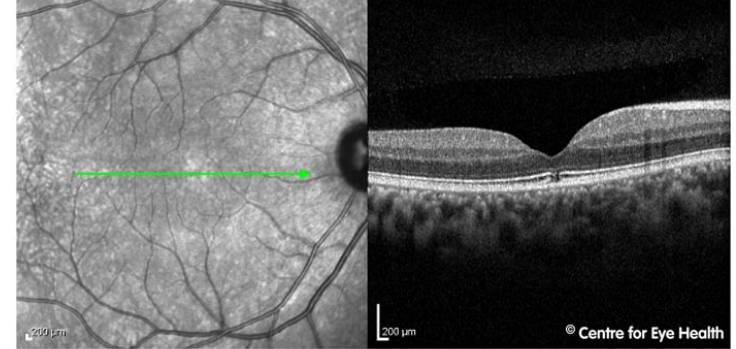


## CFEH Facebook Case #137

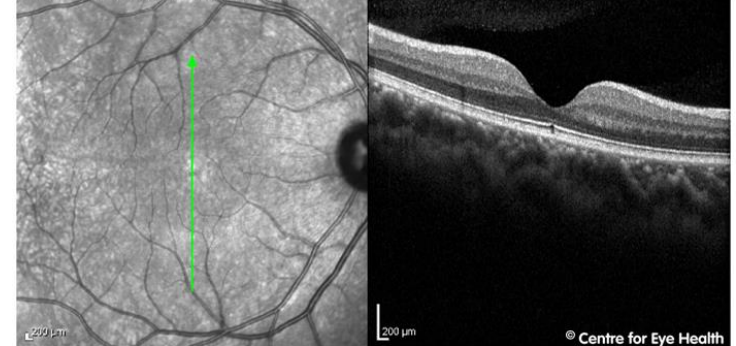
A 20 year old male was referred for a macula assessment. He had noticed the vision in his right eye was not as good as that in his left, and when he looks at a distant object, it is easier to see through the right eye if he looks slightly to the side of the object. His ocular and medical history were unremarkable and best corrected visual acuity was 6/7.5- in the right eye and 6/6 in the left. As the left eye was unremarkable, only the right eye images will be shown. What is the cause of the reduced vision in the right eye?



OD, IR 30° ART + OCT 20° (5.9 mm) ART (8) Q: 34 [HR]



OD, IR 30° ART + OCT 20° (5.9 mm) ART (9) Q: 34 [HR]



# Answer

On examination, the right eye was found to have a dark foveal reflex and OCT shows a small area of disruption of the photoreceptors and RPE at the fovea centralis. These findings indicate the presence of a macular microhole.

Macular microholes are often an incidental finding in an asymptomatic patient. Less commonly these patients may present with mildly reduced VA, scotoma and/or metamorphosia.

Abnormal vitreomacular interaction is a well-known inciting factor for macular microholes. Similar clinical findings can also be caused by sun-gazing (solar retinopathy), watching an eclipse without protective eyewear, the use of recreational drugs (alkyl nitrite compounds, also known as “poppers”) and blunt trauma however this patient denied any history of these.

Microholes are generally benign and vision would typically be expected to be well-preserved. With this in mind and taking into account the unknown etiology of the microhole, the patient was recommended for review in 12 months.