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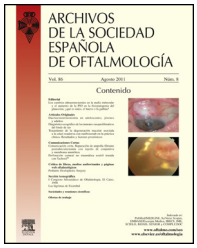

Short communication

Acute retinal pigment epitheliitis. Diagnosis using optical coherence tomography☆

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ABSTRACT

Case report: A 17 year-old female presented with a bilateral and acute visual loss. On ophthalmoscopic examination, there was a subfoveal deposit with a vitelliform appearance. Optical coherence tomography revealed a hyperreflective and homogeneous material located at the photoreceptor external segment layer. A month later, vision had spontaneously recovered and macular appearance was normalized. On tomography, the subretinal material had completely disappeared.

Discussion: Acute retinal pigment epitheliitis is a rare condition that usually causes a transient visual loss, with a good prognosis in young subjects.

Epitelitis pigmentaria retiniana aguda. Diagnóstico mediante tomografía de coherencia óptica

Palabras clave:
Epitelitis retiniana
Tomografía de coherencia óptica
Dominio espectral
Fóvea
Depósito viteliforme

RESUMEN

Caso clínico: Una mujer de 17 años de edad consultó por una disminución visual aguda y bilateral. Oftalmoscópicamente se le observó un depósito subfoveal de aspecto viteliforme. En la tomografía de coherencia óptica, aparecía como un material hiperreflectivo y homogéneo acumulado en la capa de los segmentos externos de fotorreceptores. Al mes de evolución, se produjo la recuperación visual espóntanea, con la normalización del aspecto macular. Tomográficamente se comprobó también la desaparición de dicho material subretiniano.

Discusión: La epitelitis pigmentaria retiniana aguda es una enfermedad infrecuente, que suele causar una pérdida visual transitoria y de buen pronóstico, en sujetos jóvenes.

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Introduction

Acute retinal pigment epitheliitis (ARPE) or Krill's disease is an infrequent retinal disorder characterized by the appearance of blurred vision or central scotoma.[1] Its onset is unilateral or bilateral and generally affects healthy young adults. It is sometimes preceded by a fever-like infection produced by picornavirus.[2] This disorder has no gender preference and it generally resolves spontaneously in a few months with good individual prognosis.[2] Typically, it is attributed to retina pigment epithelium (RPE) alterations although there is no agreement about the initial location of the process.[3] At the ophthalmoscopic level, the disease is characterized by dotted pigment alterations associated to yellowish lesions located in the RPE of the central macula.[1–3]

Clinic case

A female patient, 17-years-old, visited due to visual difficulty in both eyes (BE) that began a few days earlier. In addition, she referred for recent upper airways infection. No relevant personal history was noted with the exception of the usage of oral contraceptives (OC) beginning 1 year earlier. The composition of the contraceptive was 0.02 mg ethinyl estradiol and 0.075 mg gestodene.

In the ophthalmological examination, the best-corrected visual acuity in the right eye (RE) was of 0.8 and the left eye (LE) was of 0.9. No significant alterations were found in the anterior segments and the ocular pressure was normal in both eyes. The funduscopic examination revealed a yellowish deposit circumscribed to the fovea in BE without edema or exudation but with associated dotted pigment alterations (Fig. 1). The retinal vessels were normal and the papilla exhibited physiological cups with normal colors and clearly defined. Amsler's grid did not exhibit apparent metamorphopsia although it showed a small central scotoma which was larger in the RE.

By means of spectral domain optic coherence tomography (SD-OCT) an accumulation of dense and homogeneous hyper-reflective material was observed between the retina and the RPE with preservation of the foveal depression. The hyper-reflective lines corresponding to the external limiting membrane (ELM) and the union of the internal and external photoreceptor segments (IS/OS) were preserved even though those of the RPE were poorly defined (Figs. 2 and 3). The patient was requested to visit the following week for fluorescein angiography (FA), recommending her to suspend the OC. The patient did not turn up for the other FA and appeared a month later for a checkup. The best-corrected visual acuity was of 0.9 in RE and 1.0 in LE. The subfoveal deposit had disappeared and the macula had recovered normality with funduscopic examination with the exception of small and discreet dotted alterations in the RPE (Fig. 4). SD-OCT confirmed the disappearance of the subretinal material in BE. The IS/OS lines and ELM exhibited

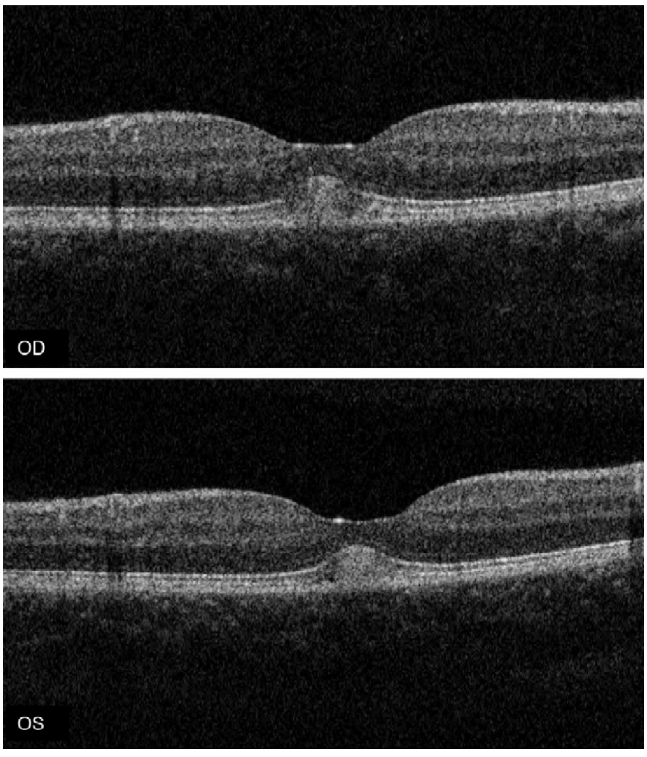

Fig. 2 – Image of both foveas by means of SD-OCT at onset. Subretinal accumulation of hyper-reflecting material with preservation of foveal profile. The IS/OS lines are clearly seen and ELM adequately profiled with RPE diffusion.

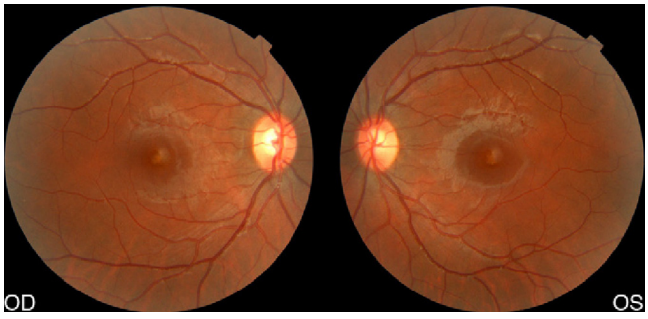

Fig. 1 – Funduscopy of both eyes at onset: subfoveal vitelliform yellowish lesions with discrete pigment alterations.

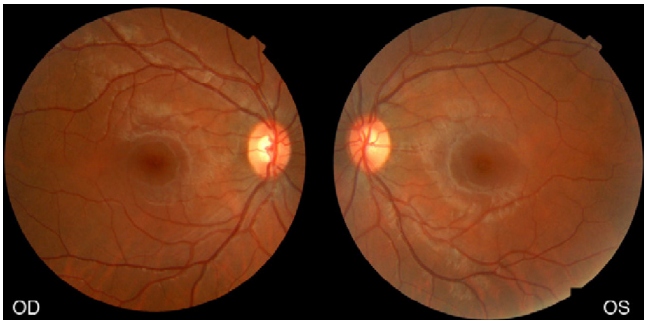

Fig. 3 – Funduscopy of both eyes after 1-month evolution with normalization of foveal appearance.