Medical Retina

MULTIMODAL IMAGING OF PAPILLARY MELANOCYTOMA ASSOCIATED WITH A CHOROIDAL NEVUS AND QUIESCENT CHOROIDAL NEOVASCULARIZATION

Rhadaysis Tapia Rivera[1,2], Sabrina Bojados Puertas[1,2], Manel Fernandez Bonet[1,2], Begoña Pina Marin[1,2], Jose Juan Escobar Barranco[1], Jose Juan Escobar Barranco[2]
[1]*Ophthalmology, Hospital Dos De Maig, Spain*
[2]*Ophthalmology, Hospital Dos De Maig, Spain*

PURPOSE
To report the findings in multimodal imaging of a patient with Papillary melanocytoma (PM) associated a choroidal nevus and quiescent choroidal neovascularization.

METHODS
Observational case report.

RESULTS
53-year-old man, Asiatic, referred for a pigmentary lesion in optic disc. In Color fundus photography the PM appeared as a dark-brown mass with feathery margin, located on the inferotemporal side of optic disc, the lesion extends over the margin of the optic disk to involve the adjacent choroid. The autofluorescence PM showed complete hypoautofluorescence, in infrared reflectance the lesion was bright and well-defined. On green and blue reflectance PM appeared as hyporeflective lesion. The PM in fluorescein angiography (FA) demonstrates hypofluorescence throughout the angiogram but in the papillomacular bundle showed ill-defined hyperfluorescent lesion with no leakage.

Swept-source optical coherence tomography (OCT) revealed elevated dome-shaped lesion overlaying the optic disc with an irregular hyperreflective surface and hyperreflective dots, and posterior shadowing. In OCT angiography (OCTA) revealed an intratumoral blood vessels which were not visible with FA. Also, a small pigment epithelium detachment (PED) on OCT was detected without subretinal/intraretinal fluid but in OCTA showed flow, that PED is corresponding with the zone with hyperfluorescence in FA.

The inferior periphery had a flat pigmented choroidal lesion that in autofluorescence showed isoautofluorescence. FA showed a faint hypofluorescence. OCT revealed a hyporeflective intrachoroidal mass.