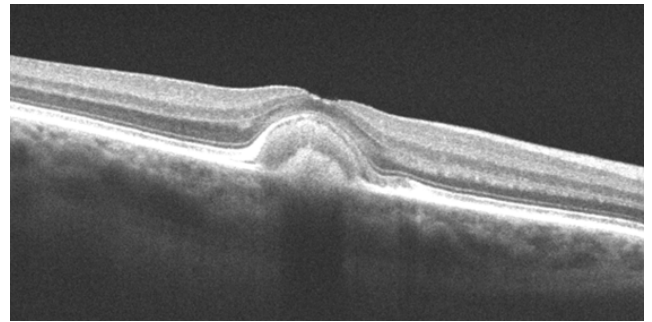
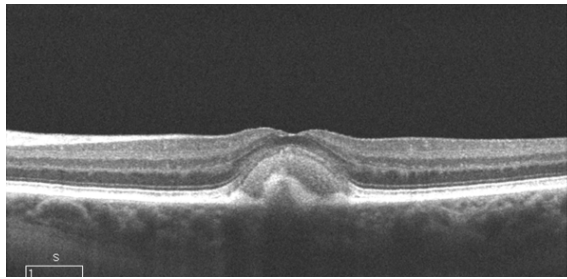


## Adult vitelliform macular dystrophy

The classical Vitelliform macular lesion characterises Best's Vitelliform dystrophy are well known often being described as Egg like or a scrambled egg. But they appear in younger adults.

However there is a similar variant that is being increasingly seen in the elderly, particularly with the advent of the Optical Coherence Tomography and new treatments for Age related macular degeneration. This group of patients are being looked at far more frequently than before. It is important to differentiate from other types of Age related macular degeneration, particularly wet Age related macular degeneration as anti-VEGF treatment is not indicated. . Fundus fluorescein angiography can be helpful in this instance, but these lesion will stain with fluorescein.

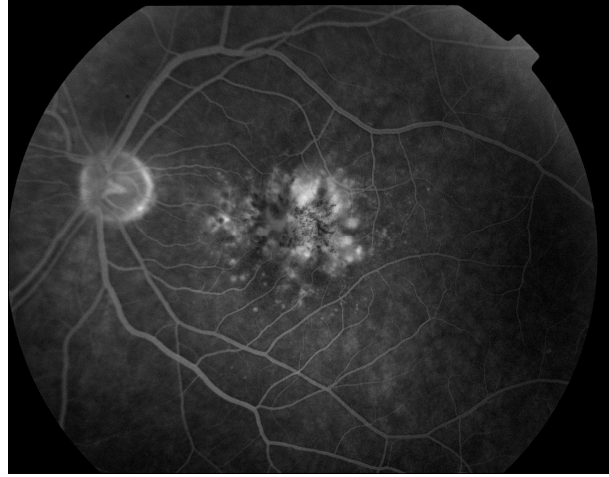
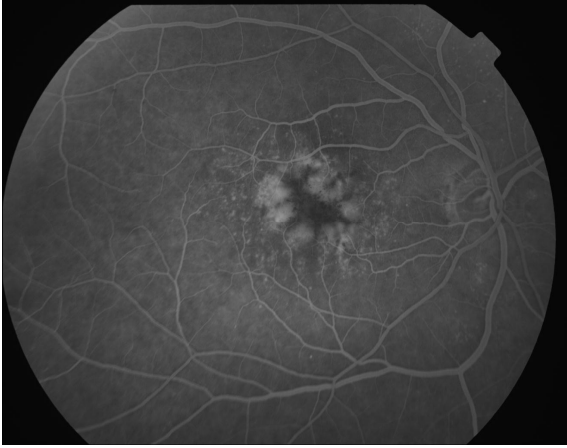
Most cases do not show any genetic markers.



Above is typical Optical Coherence Tomography images of the images, a slice through the central retina showing the Vitelliform elevated and round lesion,

Below are photographs of another case showing the stellate pattern on the photographs and Fundus fluorescein angiography.





**The hallmark** of the condition is a yellow, slightly elevated lesion, one-third to one disc diameter in size, and often with pigment in the form of a spot, figure, or ring. At times the central pigment clump is the predominant feature, surrounded by a hypopigmented halo.

This lovely Optical Coherence Tomography above shows the typical collection of extracellular material beneath the sensory retina at the fovea. The material is derived internally from photoreceptor outer segments and externally from the retinal pigment epithelium (RPE), the latter first undergoing hypertrophy and then disruption and attenuation. Fallout of foveal cones occurred over these lesions and the inner retina was thinned, which explains the reduction in vision.

**Treatment** – No specific treatment is required. Visual prognosis is good, but slow deterioration over time is not uncommon.

The conversion to wet Age related macular degeneration is unusual but important to detect. Home monitoring with an Amsler chart is to be advised. The key factor is to cover one and then the other eye to check the vision in each eye. It is not uncommon to miss the loss of vision in one eye as the other eye compensates. Checking the vision takes but a few moments and a good idea to do every couple of weeks. Any change in the vision should be reported.

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