CASE REPORT

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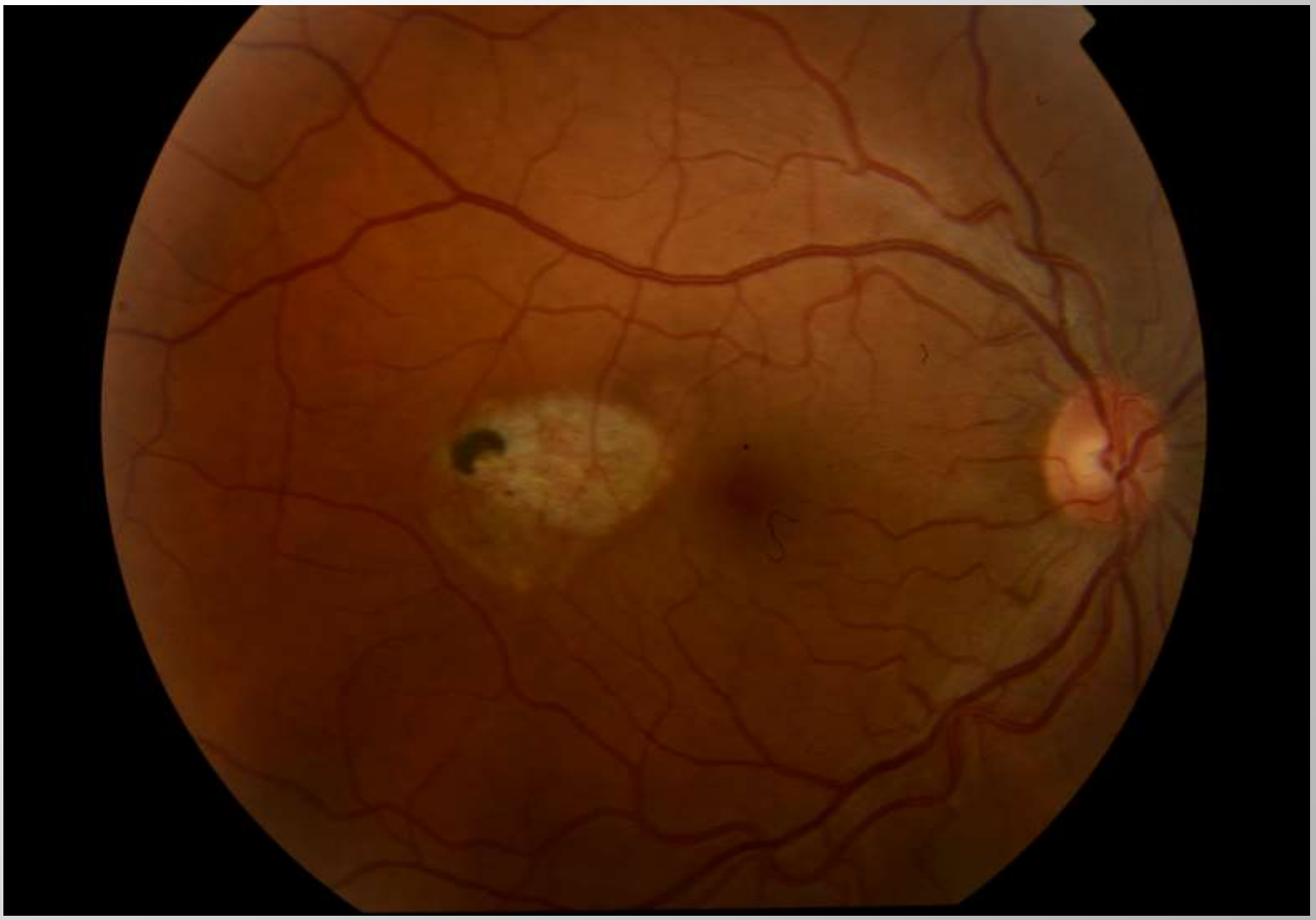
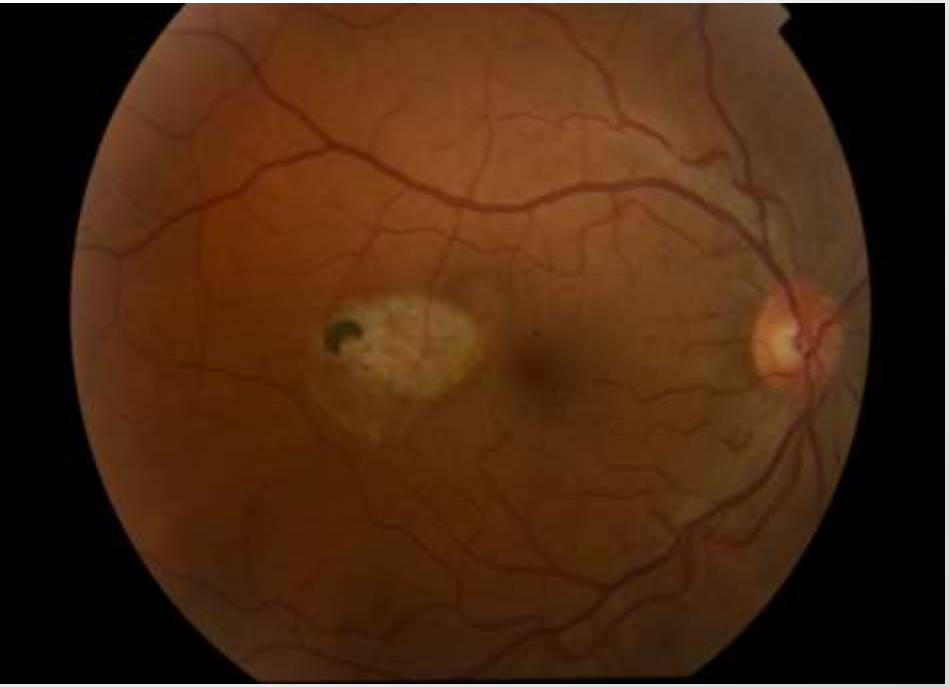
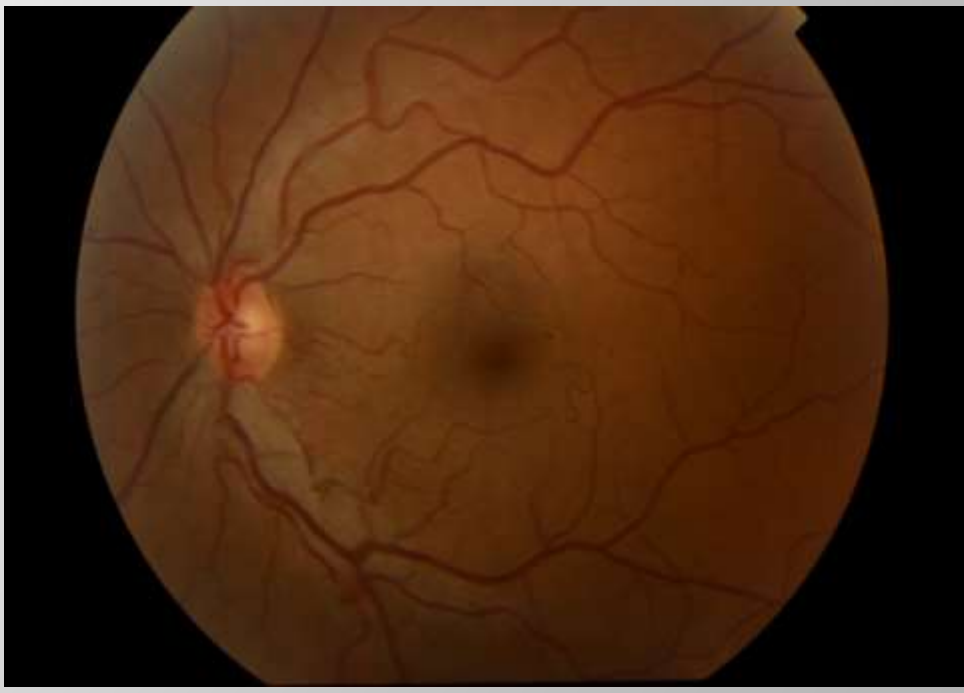
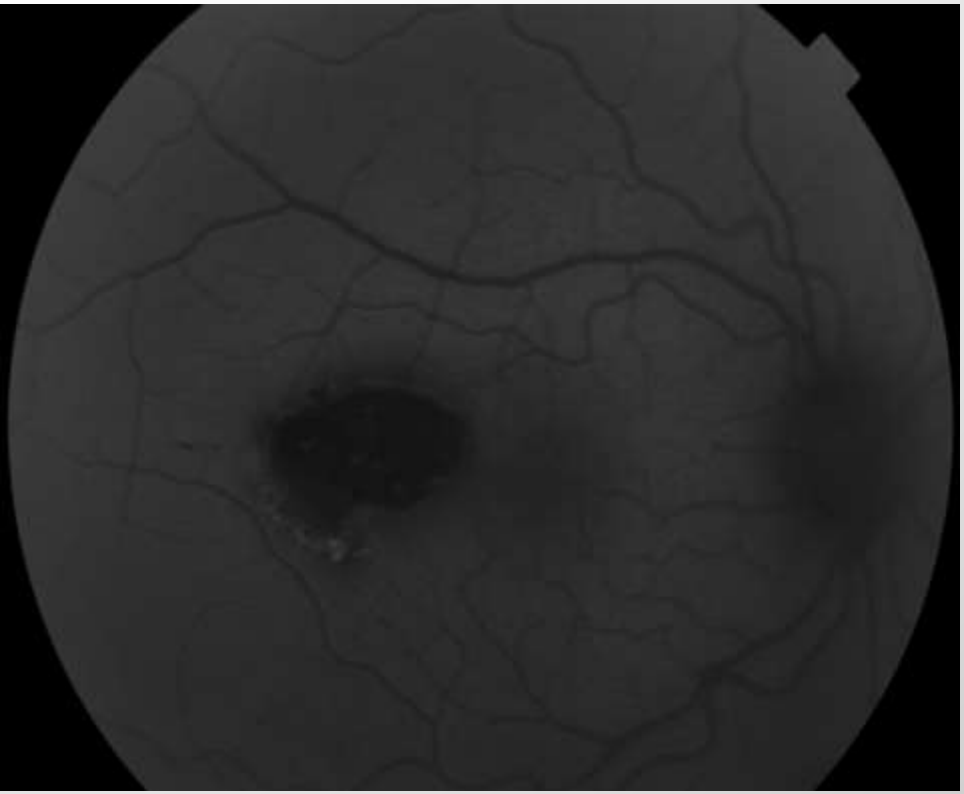
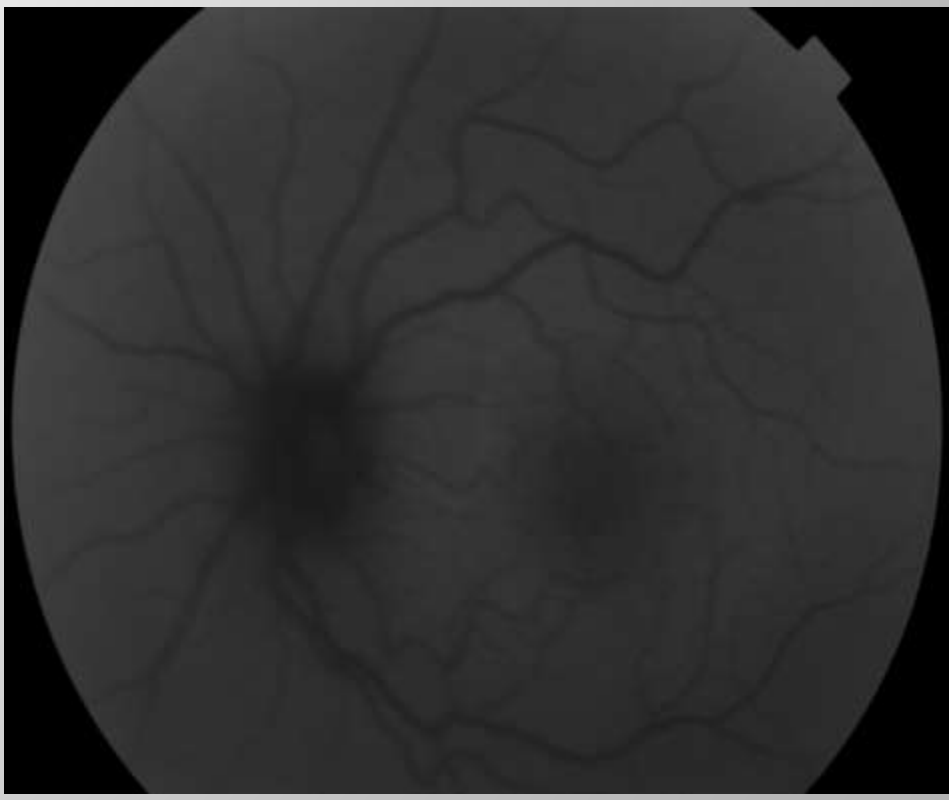
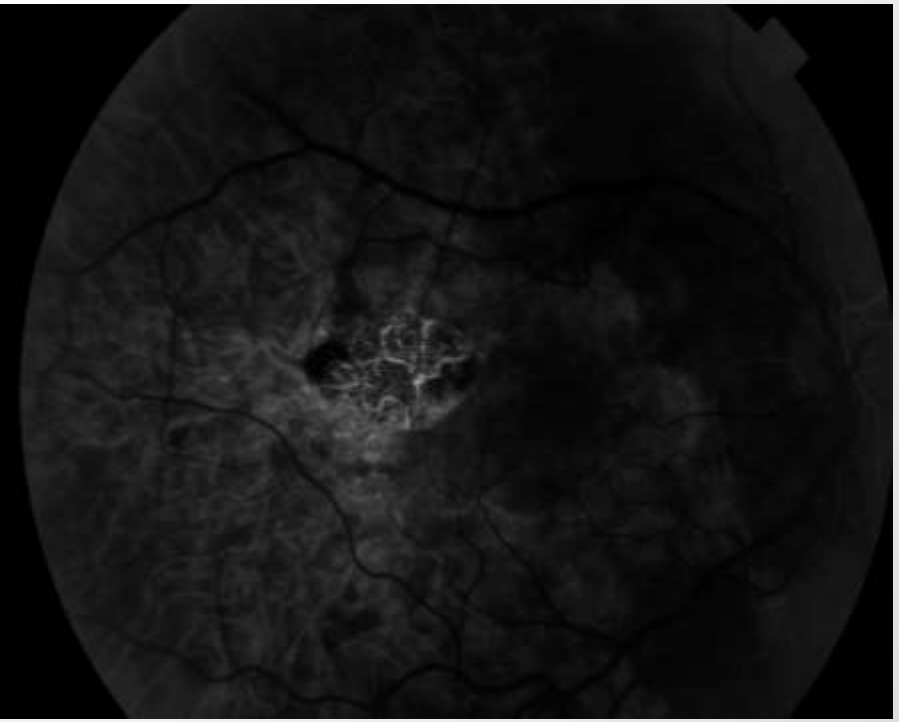
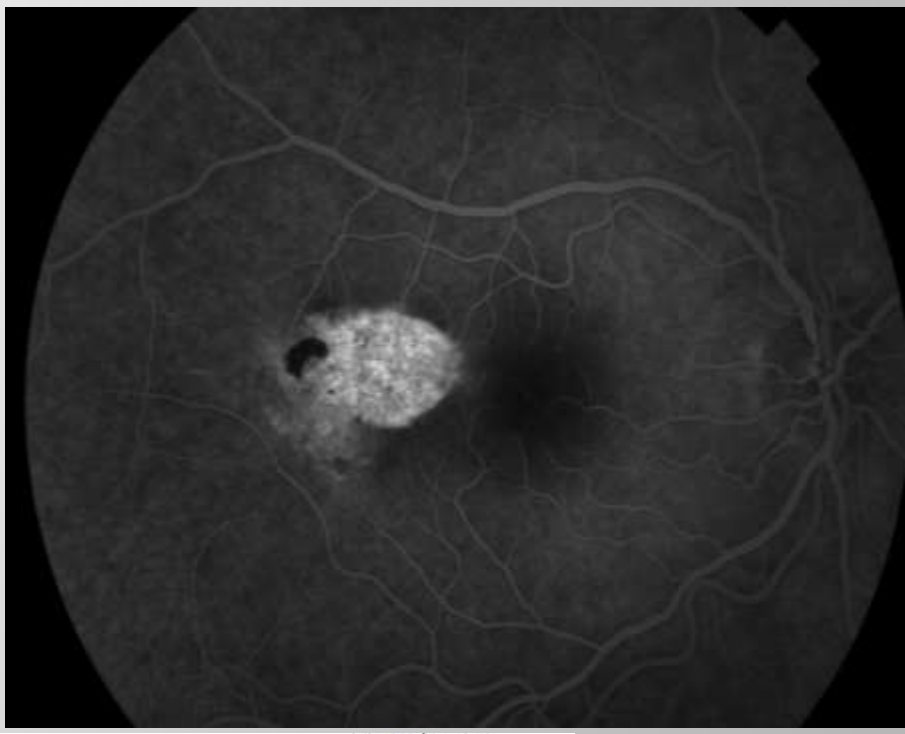
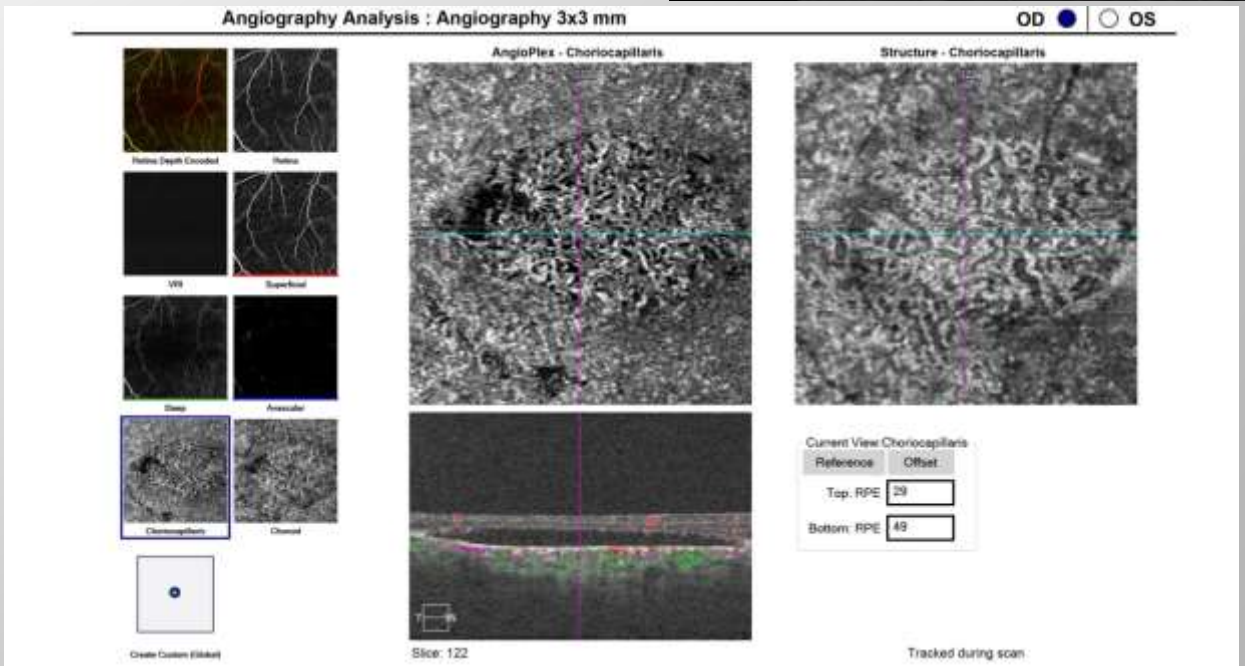


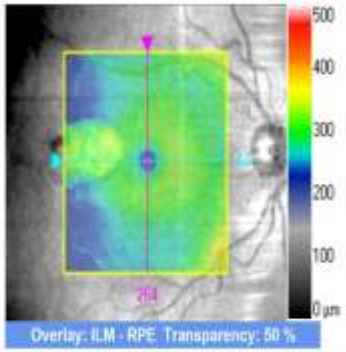







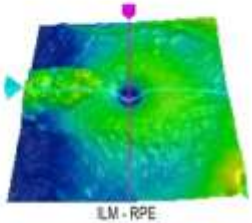

Angiography Analysis : Angiography 3x3 mm
OD
OS
AngioPlex - Choriocapillaris
Structure - Choriocapillaris
Current View Choriocapillaris
Reference
Offset
Top: RPE
29
Bottom: RPE
49
Slice: 122
Tracked during scan

Macula Thickness : Macular Cube 512x128 OD ● ○ OS

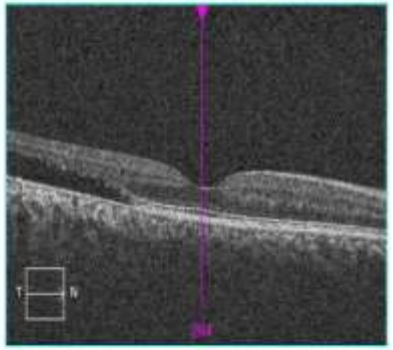


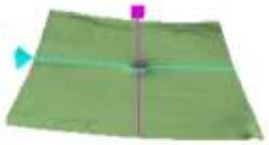
ILM-RPE Thickness (µm)

Fovea: 264, 64

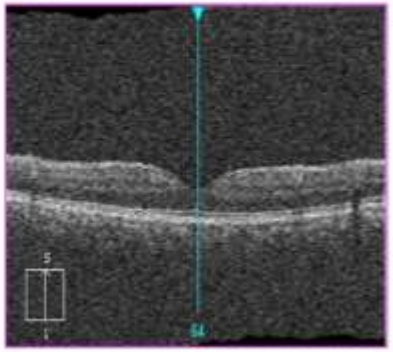


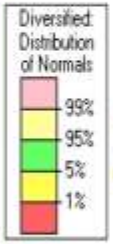
ILM - RPE

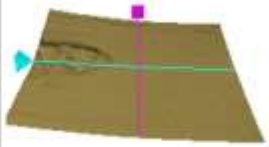




ILM





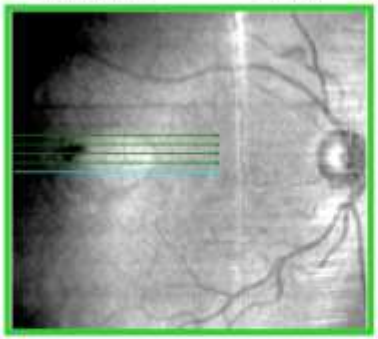


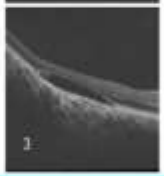
RPE

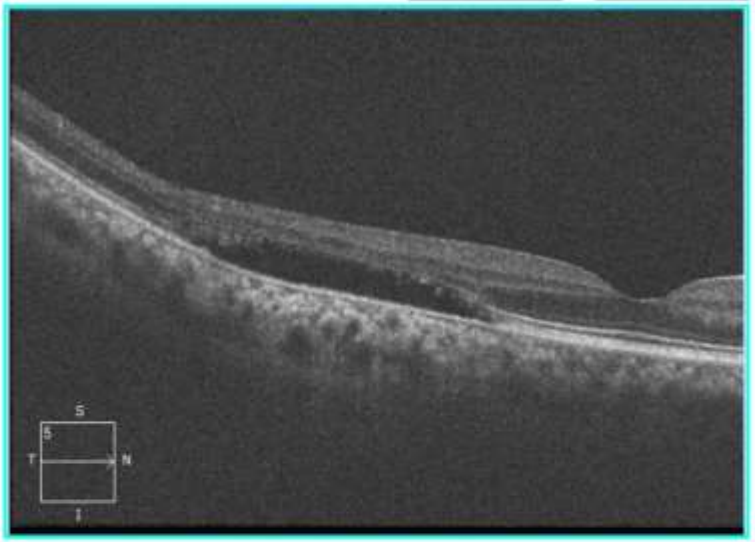
	Central Subfield Thickness (µm)	Cube Volume (mm^3)	Cube Average Thickness (µm)
ILM - RPE	252	10.1	281

High Definition Images: HD 5 Line Raster OD ● ○ OS

Scan Angle: 0° Spacing: 0.25 mm Length: 6 mm







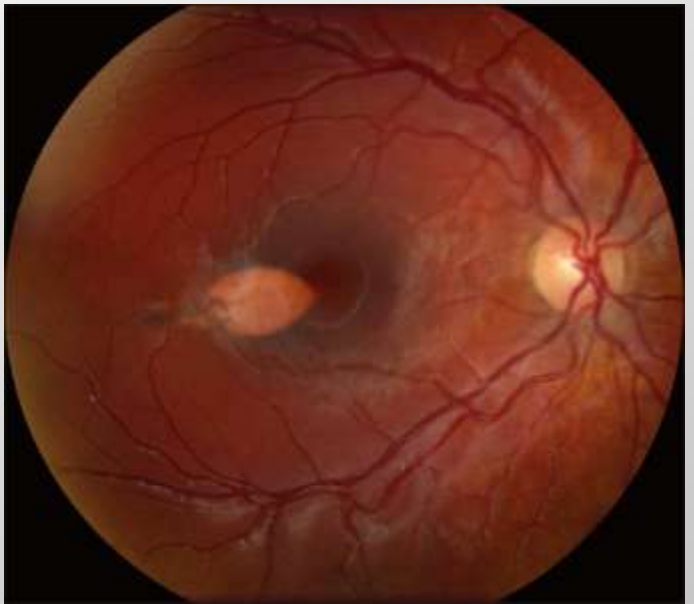
Comments

Doctor's Signature

Torpedo Maculopathy

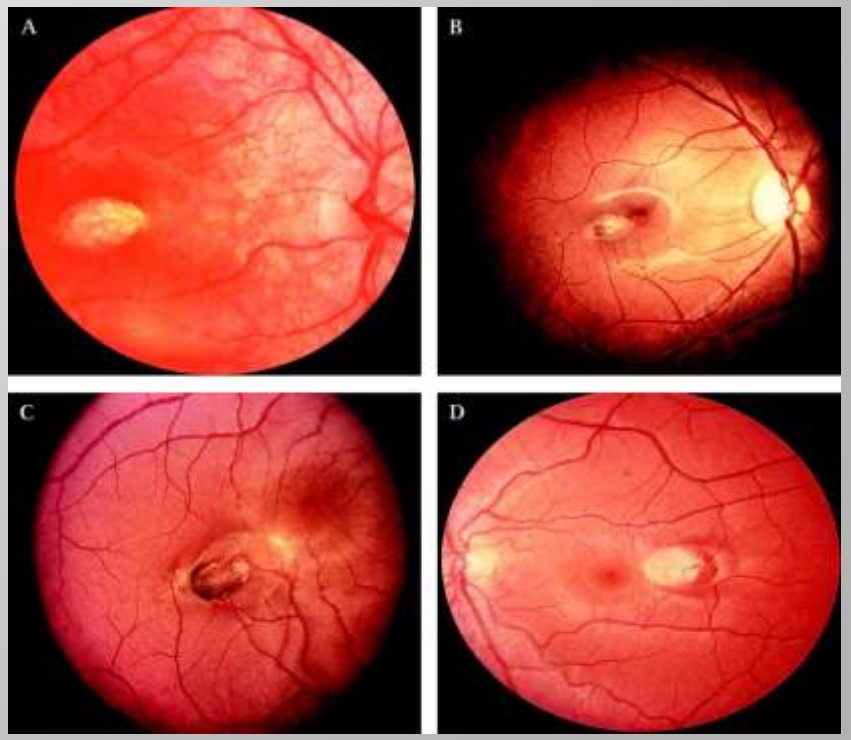
CONSTANT FEATURES

- Congenital
- Unilateral
- Torpedo shape (horizontally oval)
- Temporally to macula (along the horizontal raphe)
- Head pointing towards the fovea and tail pointing away



VARIABLE FEATURES

- Schisis cavity / intraretinal cleft
- Excavation
- Visual field defect
- Degree of pigmentation



Aetiology?

- Developmental defect of unknown aetiology
- Tissue affected : RPE

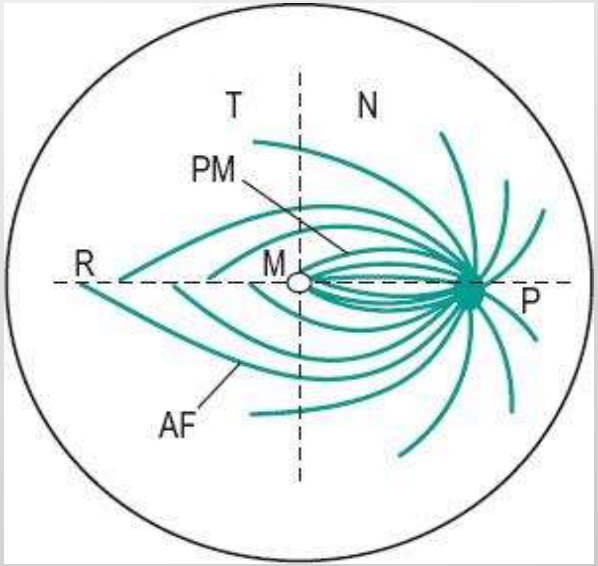
- Gass and Roseman (1992) described it as **solitary hypopigmented nevus of the RPE**

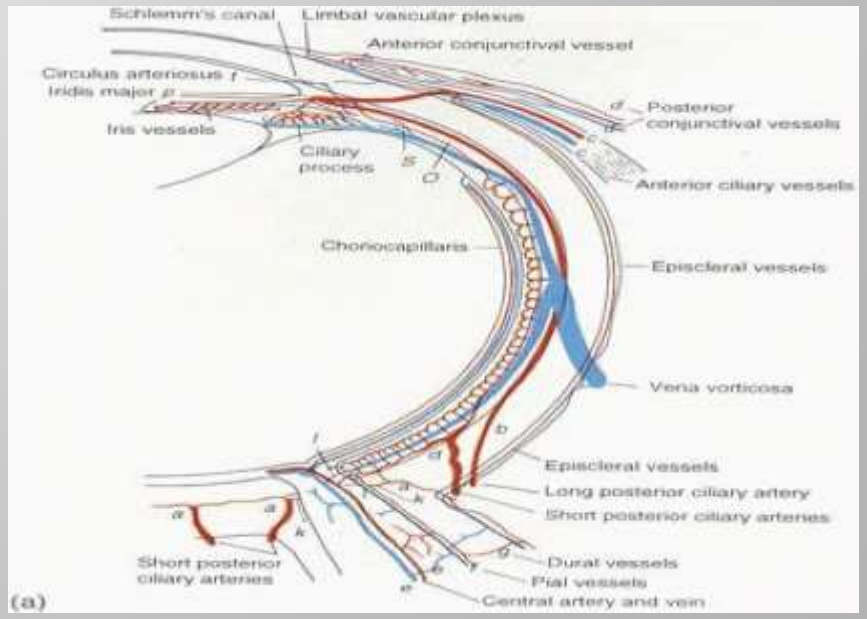
- Daily (1993) described it as **paramacular albinotic spot syndrome**

- Daily introduced the term **torpedo maculopathy** in 1993

Theories

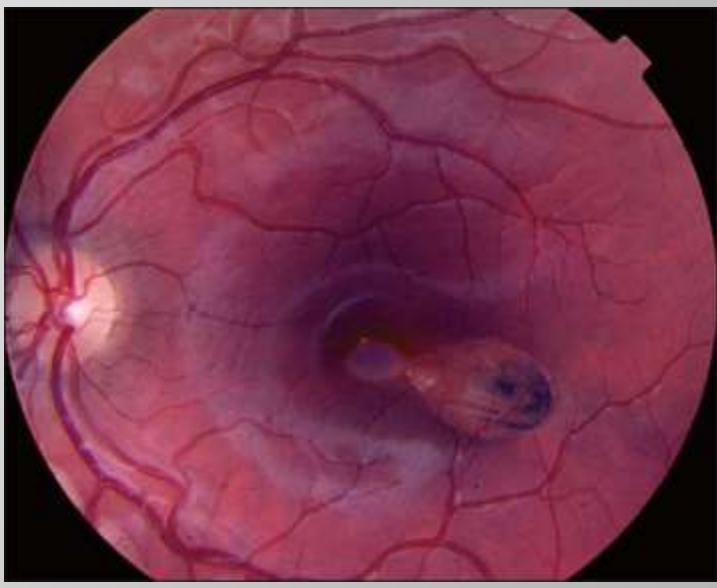
- Alteration in the development of RPE in the fetal temporal bulge
- Defect in the horizontal raphe during the development of the nerve fibre layer in the early postnatal period
- Vascular alteration of the macular area during embryonic development, which would result in an abnormal RPE in this region
- Malformation of the emissary canal of the long posterior ciliary artery and nerve

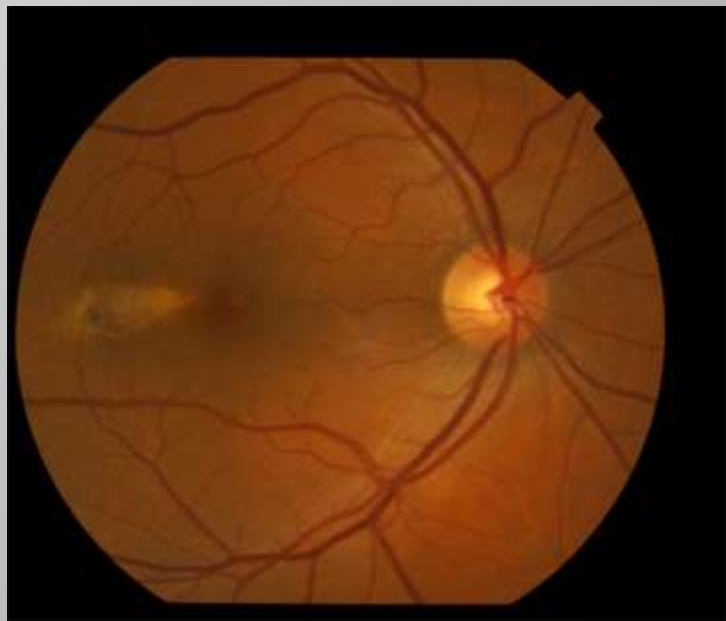




Torpedo maculopathy

- On a routine examination
- Non progressive
- No systemic and congenital associations or ocular abnormalities reported
- May encroach upon fovea, but rarely causes loss of vision
- Rounded or frayed tail
- No treatment

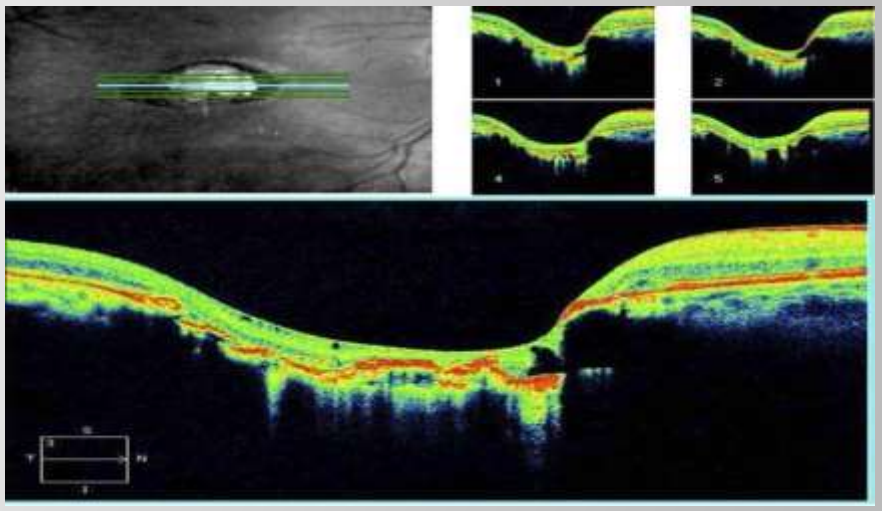




OCT

- Disorganization of RPE and outer retina

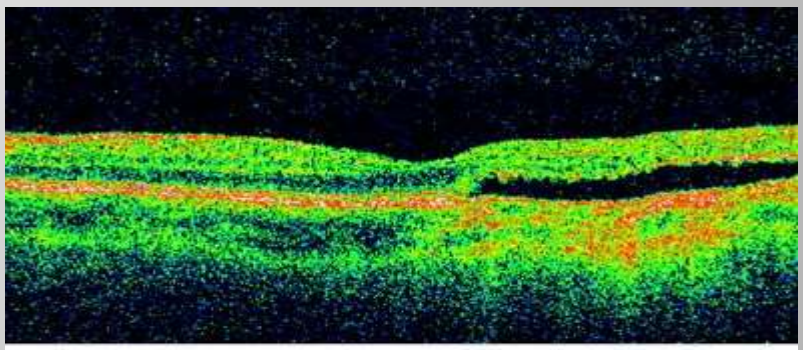
  Hyper-reflectivity of RPE



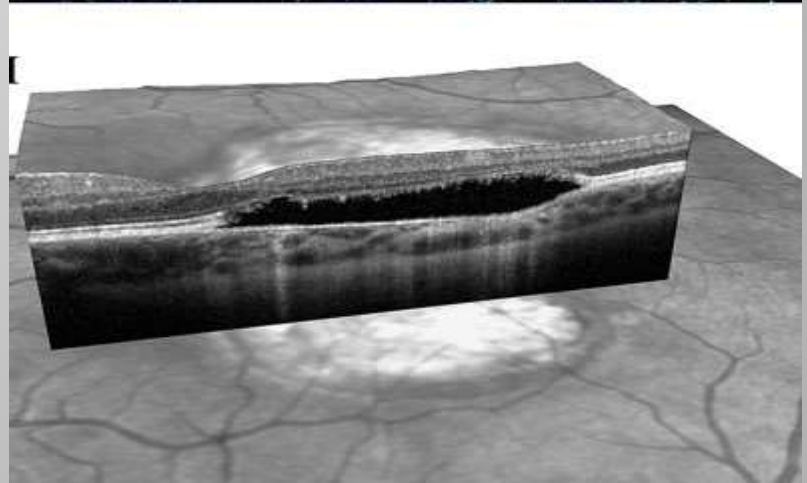
- Cleft (possibly created by the loss of photoreceptors or RPE)

  Thinner RPE - almost no signal

  Increased reflectivity of choroid

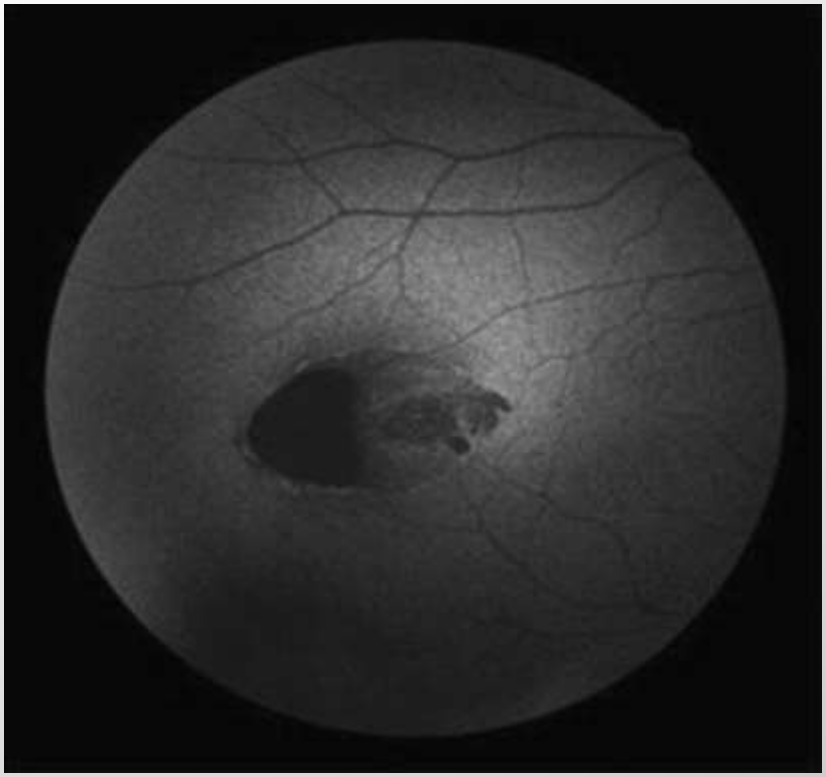


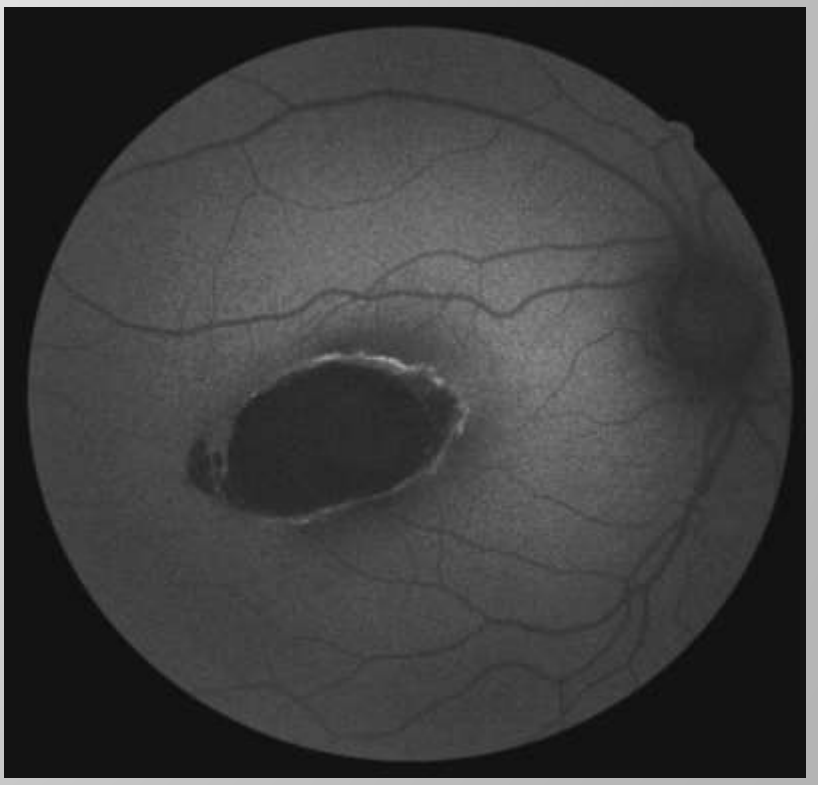
- Excavation
- Abrupt transition between intact and disorganized retinal tissue
- Unclear what occupies the space under the neurosensory retina



AutoFluorescence

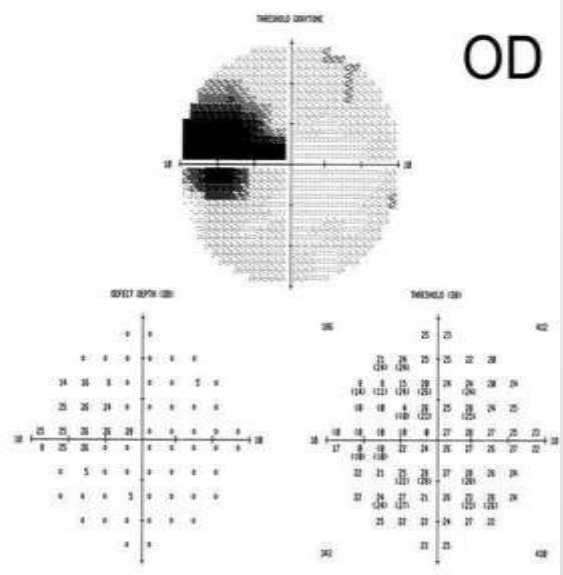
- Hypo-fluorescence of the lesion (non functioning RPE)
- Thin ring of hyper-fluorescence at the lesion margins



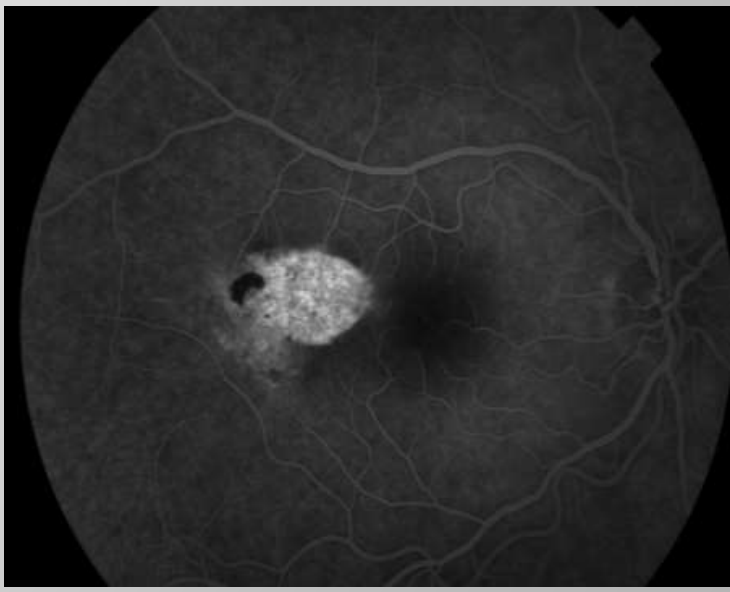


Other tests

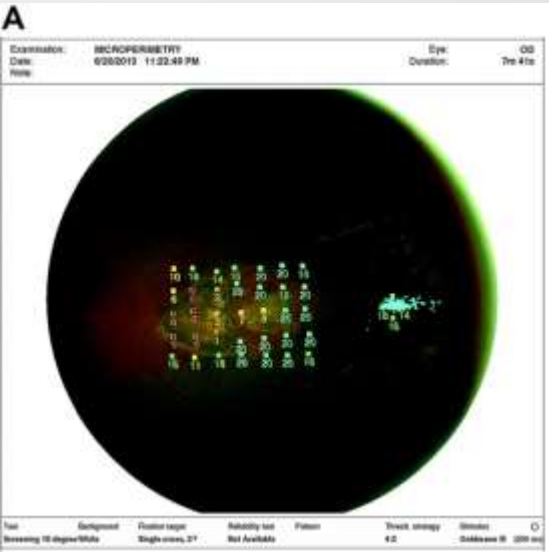
HVF

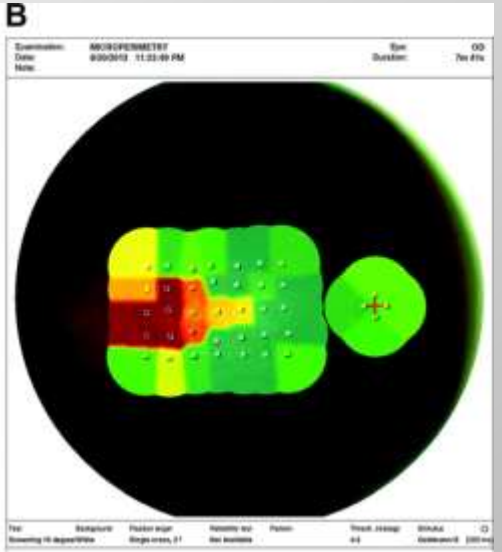


FFA



Microperimetry





Differential Diagnosis

Congenital / Acquired lesions of RPE
- Toxoplasmosis
- CHRPE
- Gardner syndrome

Focal pigmentation from external agents
- Trauma

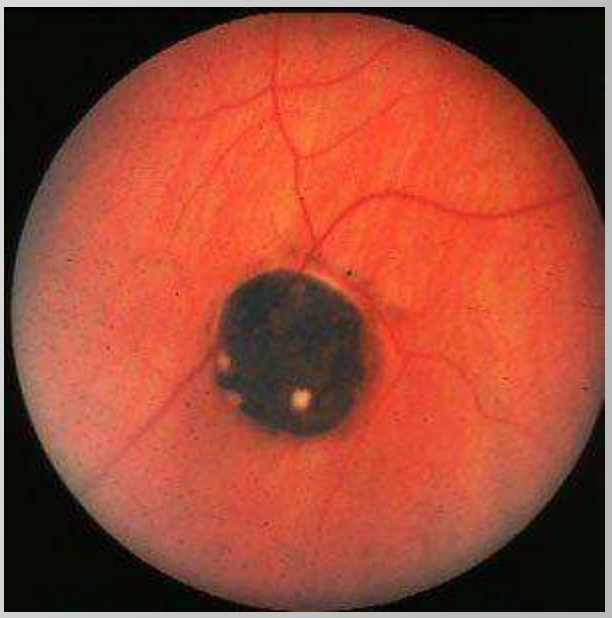
Choroidal lesions (when hypopigmented)
- Melanoma
- Nevus
- Metastasis

Serous detachment of neurosensory retina (when cleft)
- CSR
- PCV

Macular / paramacular excavation
- Coloboma
- Macular dysplasia
- Posterior staphyloma

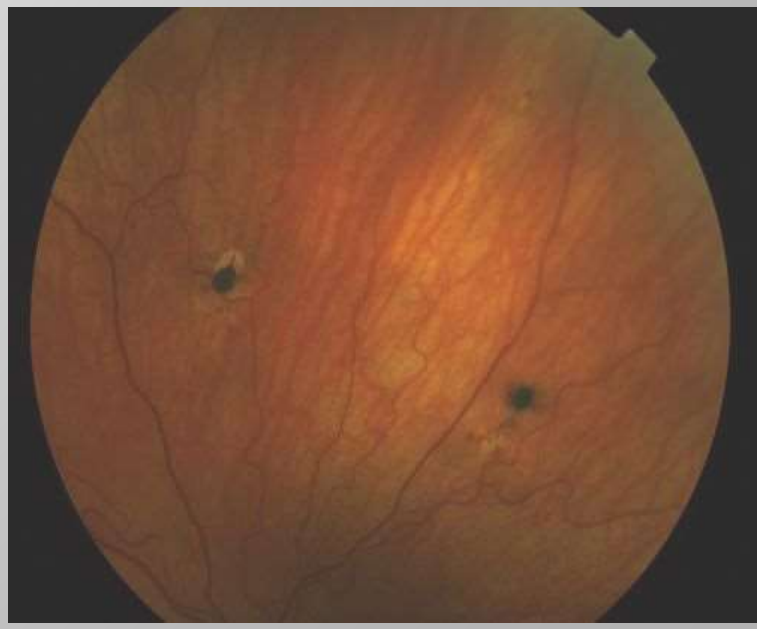
CHRPE

- Usually unilateral, flat, variably pigmented lesion at the level of RPE
- Rounded or scalloped margins
- Random distribution (most often in the equatorial or peripheral fundus - rarely in the macula)



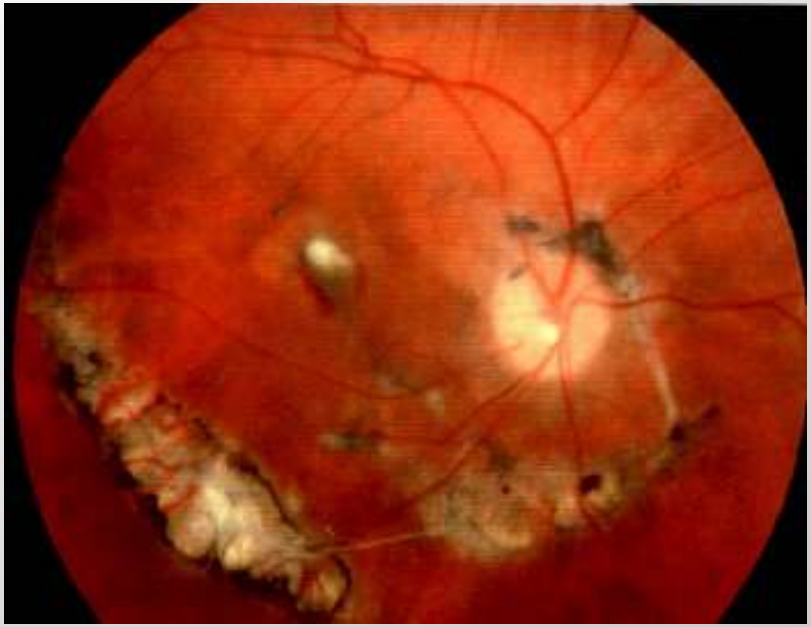
Gardner syndrome

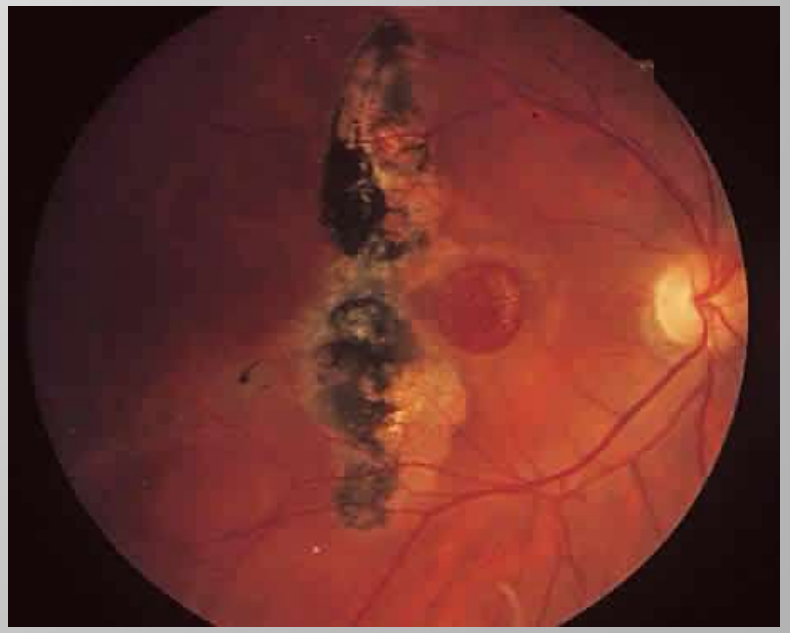
- TRIAD = intestinal polyps + skeletal hamartomas + soft tissue tumours. Over 50% will have dental anomalies
- Usually bilateral
- Usually multiple RPE lesions
- Smaller (<1 mm)
- Random distribution, mainly equator and midperiphery, away from the macula
- More irregular in shape



Chorioretinal scarring secondary to choroidal rupture

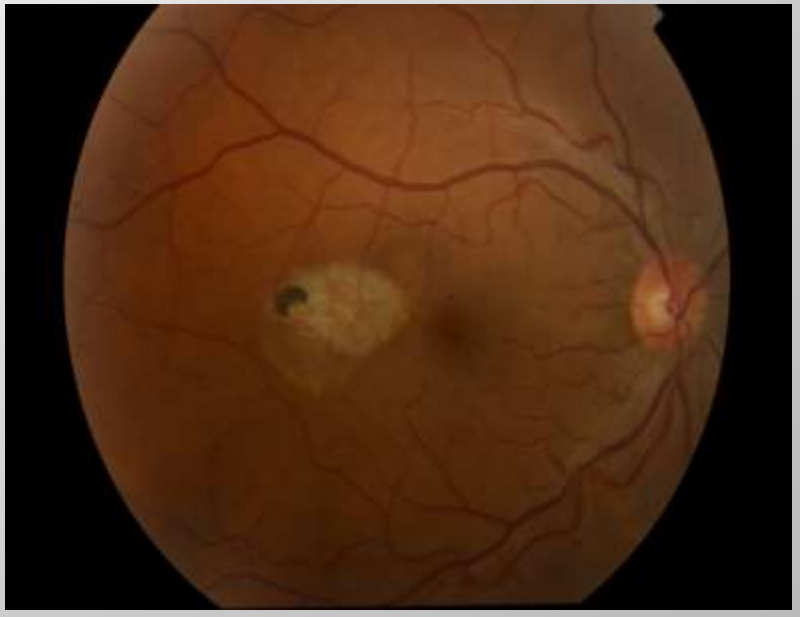
- Crescent-shaped gaps in the RPE - Bruch - Choriocapillaris complex
- Often run parallel or concentric to the disc
- Pigmentation presents a highly irregular shape with erratic distribution





TAKE HOME MESSAGE

- Congenital, solitary, oval shape lesion of the temporal macula
- Diagnosis : Clinical
- Multimodal imaging : OCT and AF
- Differential diagnosis
- Investigation: not needed
- Treatment / observation : not needed



THANK YOU