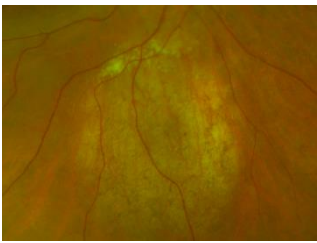
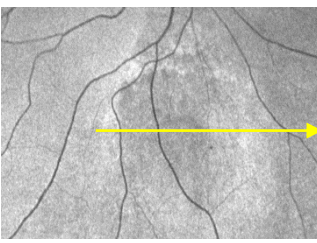
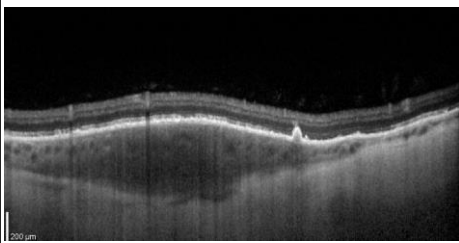
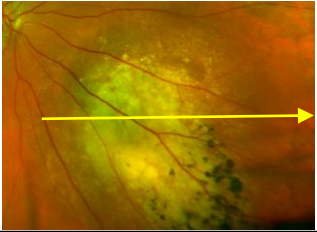
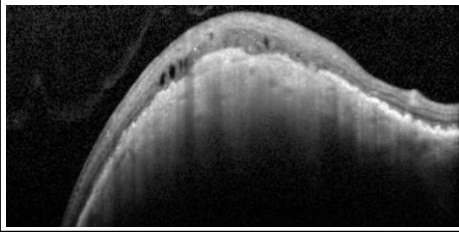
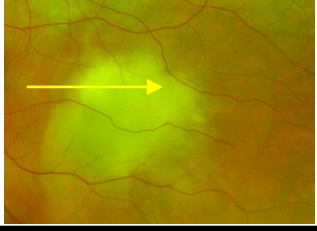
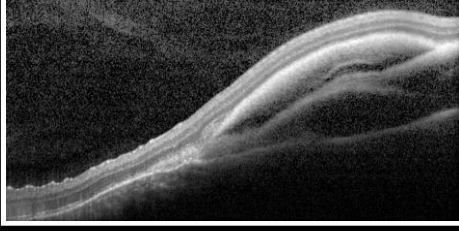

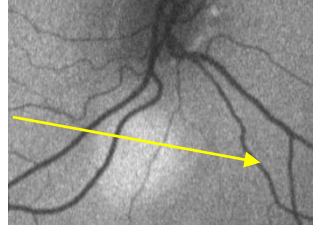
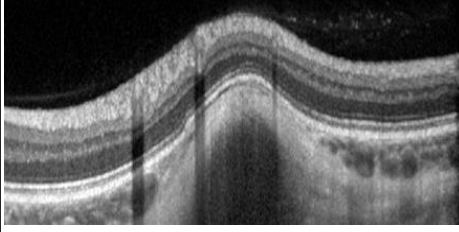




## HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

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Optomap /retinal photo	Fundus Autofluorescence (FAF)	Optical coherence tomography (OCT)	Description
<b>Amelanotic Choroidal naevus</b>			
			<ul style="list-style-type: none"> <li>• Common, benign lesion with detectable borders, round/oval in shape.</li> <li>• Typically located posterior to the equator.</li> <li>• Chronic naevi may show atrophy, hyperplasia, fibrous/osseous metaplasia, overlying drusen, RPE detachment and/or an RPE trough.</li> <li>• Less than 2mm thick and less than 5mm in diameter.</li> <li>• Up to 10% of choroidal naevi are amelanotic, adopting a homogenous pattern of medium reflectivity without posterior shadowing on OCT.</li> <li>• Carries up to a 1% lifetime risk of malignant transformation.</li> </ul> <p><i>Documentation and routine review required.</i></p>
<b>Amelanotic Choroidal Melanoma</b>			
	FAF not available		<ul style="list-style-type: none"> <li>• Most common primary malignant intraocular neoplasm in adults.</li> <li>• Solitary mass that is acoustically hollow on ultrasound.</li> <li>• Greater than 2mm thick.</li> <li>• May be associated with lipofuscin (overlying orange pigment), sub-retinal fluid or haemorrhage, sentinel vessels, choroidal folds, retinal detachment or inflammation.</li> <li>• 15% of choroidal melanomas may be non-pigmented and 30% mixed.</li> </ul> <p><i>Prompt referral to an Ophthalmologist is required.</i></p>
<b>Choroidal Metastasis</b>			
	FAF not available		<ul style="list-style-type: none"> <li>• Ill-defined, hypo-pigmented lesions.</li> <li>• Often associated with overlying pigmentary changes.</li> <li>• Multifocal and/or bilateral in 25% of cases.</li> <li>• Mildly elevated (less than 3mm).</li> <li>• May be symptomatic due to an associated exudative retinal detachment.</li> <li>• Primary lesion elsewhere in the body (commonly lungs or breast).</li> </ul> <p><i>Prompt referral to an Ophthalmologist is required.</i></p>
<b>Solitary Idiopathic Choroiditis</b>			
			<ul style="list-style-type: none"> <li>• Discrete, round, yellow-white lesion with surrounding orange halo.</li> <li>• Active lesions have ill-defined margins, sub-retinal fluid and yellow intra-retinal exudative material. Focal haemorrhages may also be present.</li> <li>• OCT imaging shows a smooth and dome-shaped lesion with thinning of the overlying choroid.</li> <li>• Recent studies using enhanced depth imaging OCT suggest the lesions may have a scleral rather than a choroidal basis.</li> </ul> <p><i>Routine review of inactive lesions, refer active lesions to an Ophthalmologist.</i></p>



## HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

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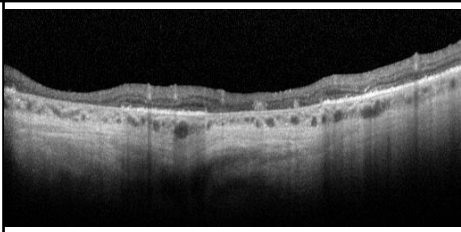
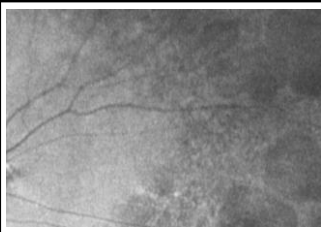
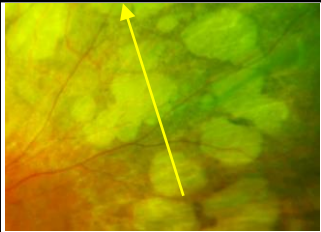
Optomap /retinal photo

Fundus Autofluorescence (FAF)

Optical coherence tomography (OCT)

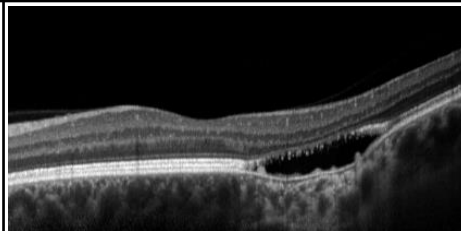
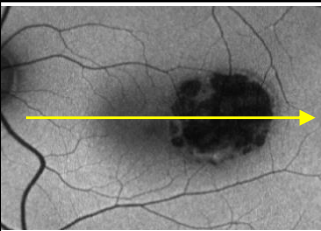
Description

### Chorioretinal Atrophy



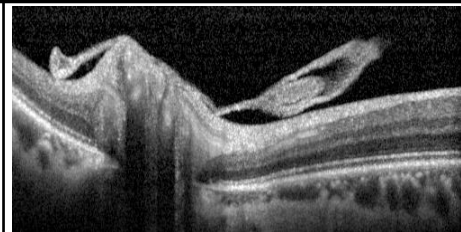
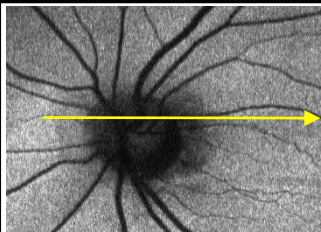
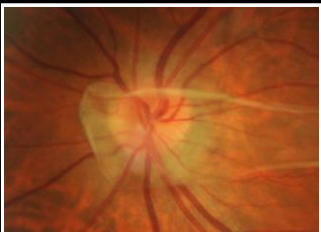
- Circumscribed areas of retinal thinning from loss of RPE and photoreceptors, which allows increased visualisation of the choroidal vasculature.
  - Older lesions have surrounding pigment hyperplasia.
  - OCT shows loss of the RPE and thinning of the outer retinal layers.
  - Caused by autoimmune, inflammatory, infectious and/or degenerative conditions.
- Documentation and routine review required.*

### Torpedo Maculopathy



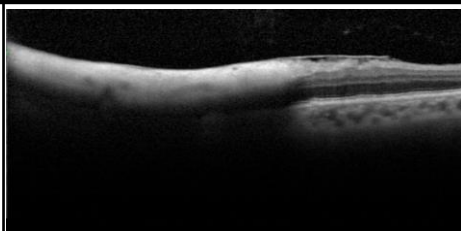
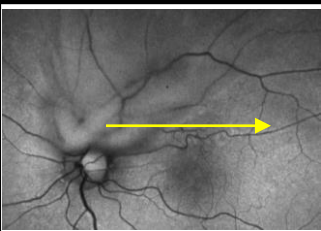
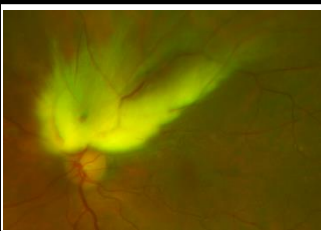
- A congenital, solitary spindle-shaped chorioretinal lesion typically located temporal to the fovea.
  - OCT shows lesions to be either flat or excavated and associated with neurosensory detachments and disorganisation of the retinal layers.
- Documentation and routine review required.*

### Bergmeister's Papilla



- A persistent remnant of the hyaloid artery.
  - Either a remnant of the vascular core of the artery (appears as an anterior projection from the optic disc) or a remnant of the fibro-glial sheath (appears as a tuft of glial tissue, usually on the nasal aspect of the disc).
- No specific management required.*

### Myelinated Nerve Fibres



- White striated areas in the fundus with feathery margins that obscure the underlying vasculature.
  - Usually congenital, however can be acquired or progressive during childhood and regression can occur following damage to the optic nerve.
- No specific management required.*

**HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE**

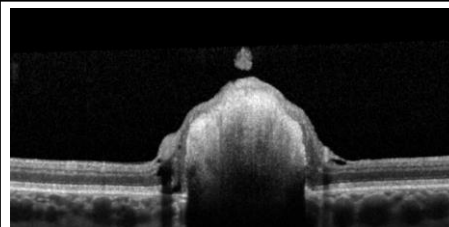
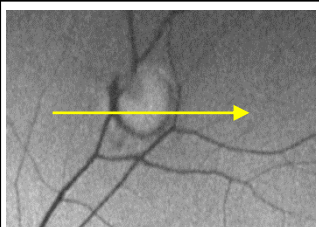
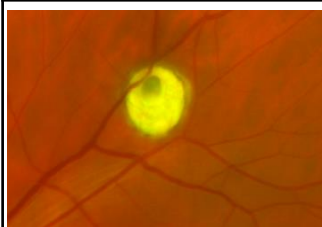
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Optomap /retinal photo

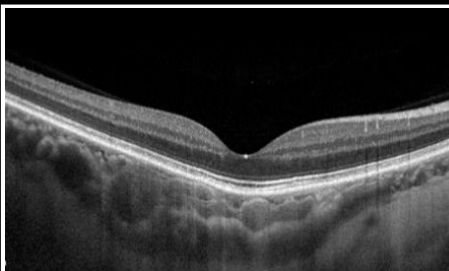
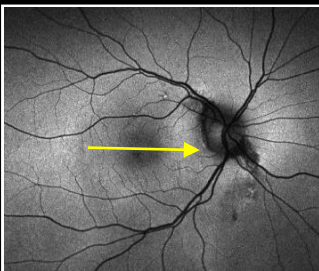
Fundus Autofluorescence (FAF)

Optical coherence tomography (OCT)

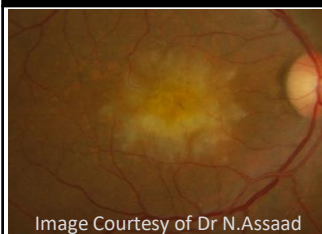
Description

**Astrocytic Hamartoma (Retinal Astrocytoma)**

- Globular white elevated lesion arising from the inner surface of the retina or optic nerve head.
  - Early semi-translucency increasing in calcification over time.
  - Optically empty adjacent cystic intra-retinal spaces may be seen on OCT.
  - Minimal growth normally, however enlargement can occur rarely causing vitreous haemorrhage or intraretinal / subretinal exudation.
  - Associated with neurofibromatosis or tuberous sclerosis.
- Documentation and routine review. Refer enlarging lesions.*

**Choroidal Osteoma**

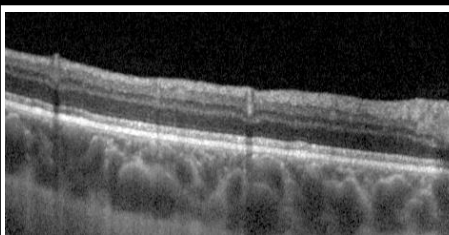
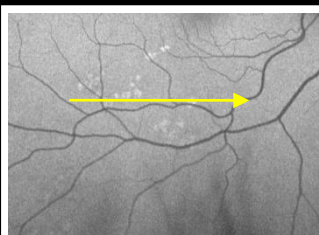
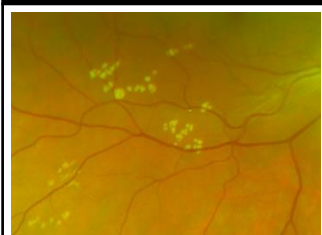
- Rare benign tumour of the choroid, typically occurring unilaterally in the juxtapapillary or macular areas.
  - Irregular shape, slightly elevated and typically display a fine superficial vascular network. Over time, colour changes from yellow orange to yellow-white.
  - OCT shows a change in the choroidal architecture with unaffected inner and outer retinal layers.
  - B-scan ultrasound shows a characteristically strong acoustic shadow and may be required to form the diagnosis.
  - Calcium supplementation may be considered.
- Documentation and routine review.*

**Primary Intraocular Lymphoma (PIOL)**

FAF not available

OCT not available

- Flat creamy orange-yellow mass deep in the sensory retina that may be single or multiple and usually associated with vitritis.
  - Between 56-80% of cases of PIOL subsequently develop brain lymphoma.
- Prompt referral to a neuro-ophthalmologist is required.*

**Grouped Congenital Albinotic Spots (Polar Bear Tracks)**

- Multiple small, flat, discrete, white lesions typically clustered in a single quadrant.
  - Lesions commonly increase in size towards the periphery.
  - Lesions lie at the level of the RPE and OCT imaging may show an attenuation of the ellipsoid zone.
- Documentation and routine review.*

Image Courtesy of Dr N.Assaad