
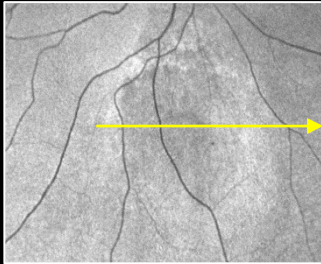
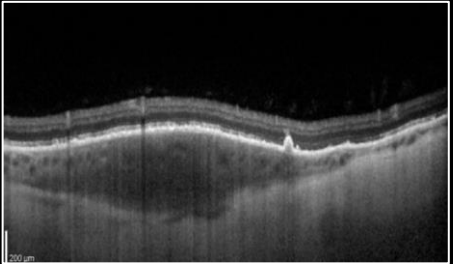
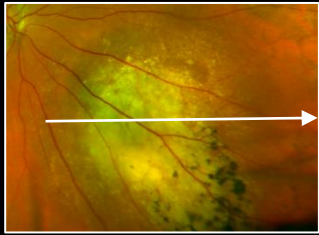
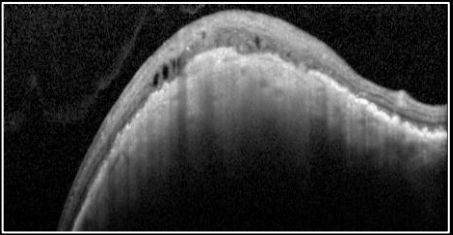

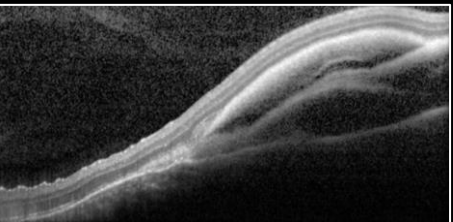

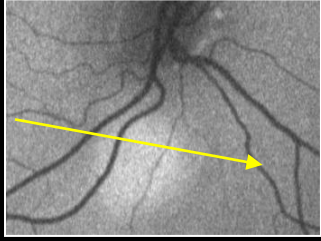
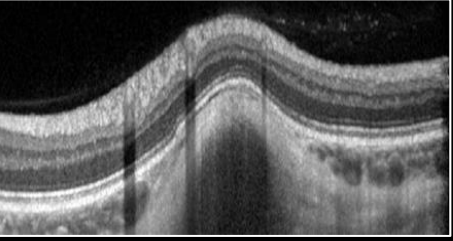




CHAIR-SIDE REFERENCE: HYPO-PIGMENTED RETINAL LESIONS

HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

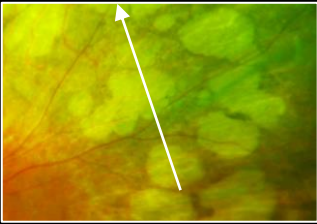
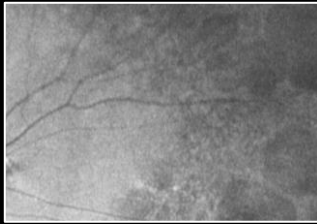
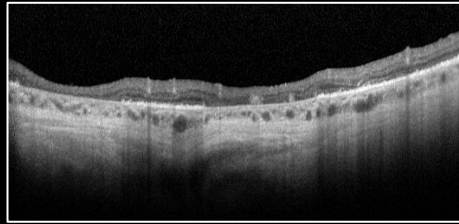

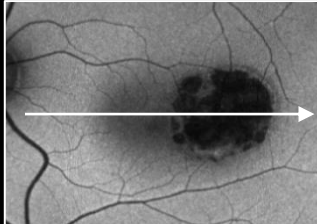
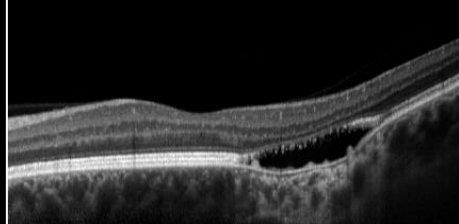
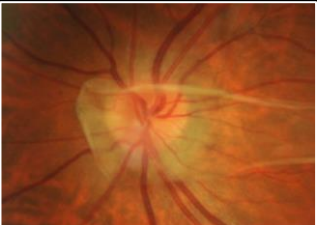
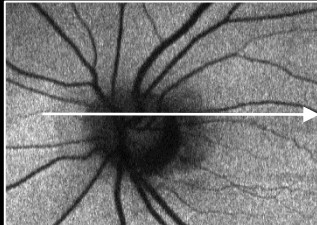
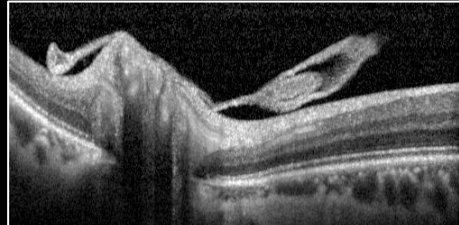

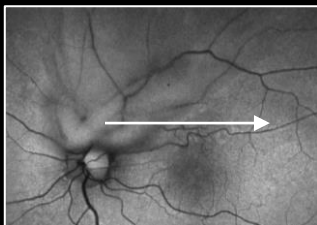
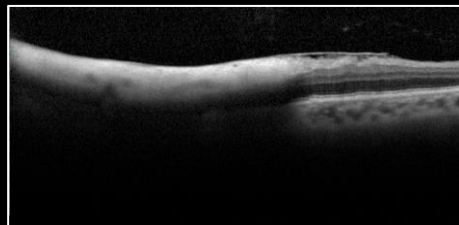
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Optomap /retinal photo	Fundus Autofluorescence (FAF)	Optical coherence tomography (OCT)	Description
<p>Amelanotic Choroidal naevus</p> 			<ul style="list-style-type: none"> • Common, benign lesion with detectable borders, round/oval in shape. • Typically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



CHAIR-SIDE REFERENCE: HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

Optomap /retinal photo	Fundus Autofluorescence (FAF)	Optical coherence tomography (OCT)	Description
<p>Chorioretinal Atrophy</p> 			<ul style="list-style-type: none"> • 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. <p><i>Documentation and routine review required.</i></p>
<p>Torpedo Maculopathy</p> 			<ul style="list-style-type: none"> • 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. <p><i>Documentation and routine review required.</i></p>
<p>Bergmeister’s Papilla</p> 			<ul style="list-style-type: none"> • 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). <p><i>No specific management required.</i></p>
<p>Myelinated Nerve Fibres</p> 			<ul style="list-style-type: none"> • 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. <p><i>No specific management required.</i></p>

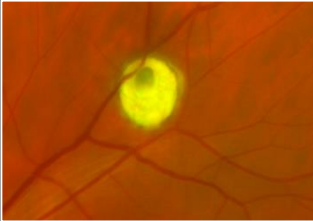
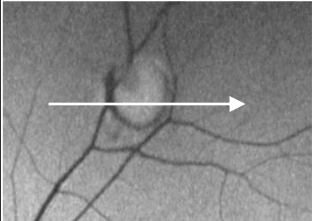
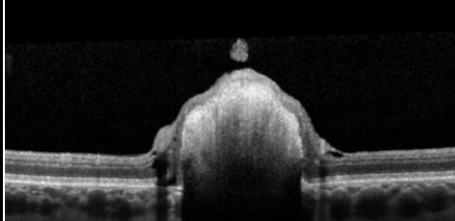

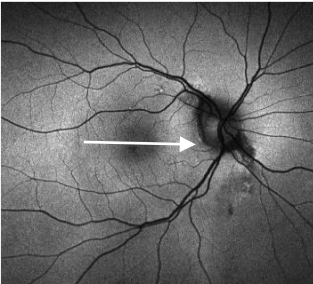
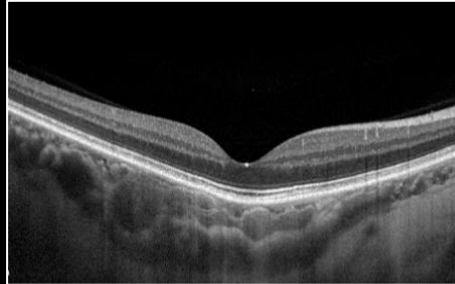

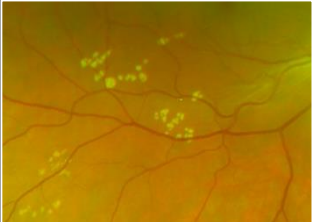
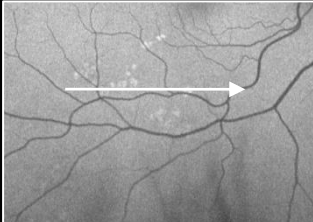
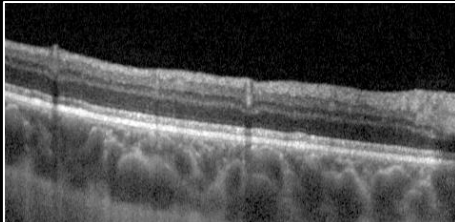


CHAIR-SIDE REFERENCE: HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

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HYPO-PIGMENTED LESIONS OF THE POSTERIOR EYE

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Optomap /retinal photo	Fundus Autofluorescence (FAF)	Optical coherence tomography (OCT)	Description
<p>Astrocytic Hamartoma (Retinal Astrocytoma)</p> 			<ul style="list-style-type: none"> • 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. <p><i>Documentation and routine review. Refer enlarging lesions.</i></p>
<p>Choroidal Osteoma</p> 			<ul style="list-style-type: none"> • 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. <p><i>Documentation and routine review.</i></p>
<p>Primary Intraocular Lymphoma (PIOL)</p>  <p>Image Courtesy of Dr N.Assaad</p>	<p><i>FAF not available</i></p>	<p><i>OCT not available</i></p>	<ul style="list-style-type: none"> • 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. <p><i>Prompt referral to a neuro-ophthalmologist is required.</i></p>
<p>Grouped Congenital Albinotic Spots (Polar Bear Tracks)</p> 			<ul style="list-style-type: none"> • 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. <p><i>Documentation and routine review.</i></p>