



Bilateral Symmetrical Idiopathic Multiple Pigment Epithelial Detachments (IMPED); Visual Deterioration Following Confluence of Central Macular Lesions: A Case Report

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Introduction

Bilateral IMPED in a middle aged women are a rare entity , majority of cases are idiopathic and have reasonably good visual prognosis, Few case reports of idiopathic multifocal retinal pigment epithelial detachments can be found in literature, all suggesting a good visual prognosis and a benign course. Some reports have hemorrhagic associations; others have central serous detachment like pictures as sequelae. ^[1-7]. We are reporting a case of idiopathic multiple pigment epithelial detachment (IMPED)with confluence of lesions and a significant decrease in vision.

Case Report

A fifty year old female presented to the department of ophthalmology of a tertiary care

hospital in northern India with gradual progressive diminution of vision. She was a non diabetic and non hypertensive, her vision was 20/60 in both eyes, the fundus revealed whitish lesions of ill defined margins with decrease in size from central to periphery (Fig 1), On Fundus fluorescein angiography (FFA) there were multiple multilobular cluster PEDs and there was confluence of central lesions. Comparing it to the previous FFA (Fig 2) which was done a year back the pattern of distribution was similar, that is, largest lesions at the fovea and a decrease in size outwards from the fovea and the confluence of lesions has increased. Ultrasonography B Scan (USG B Scan) (Figure 3) revealed no relevant retro bulbar pathology except macular cystic lesions representing confluent macular PEDS.

Spectral domain Optical Coherence Tomography (OCT) confirmed the PEDs with no overlying neurosensory detachment, content of the detachment is optically blank with a visible

Bruch's membrane and choriocapillary layer (Fig.4). Previous medical reports of the Lady lack OCT findings & USG B Scan.

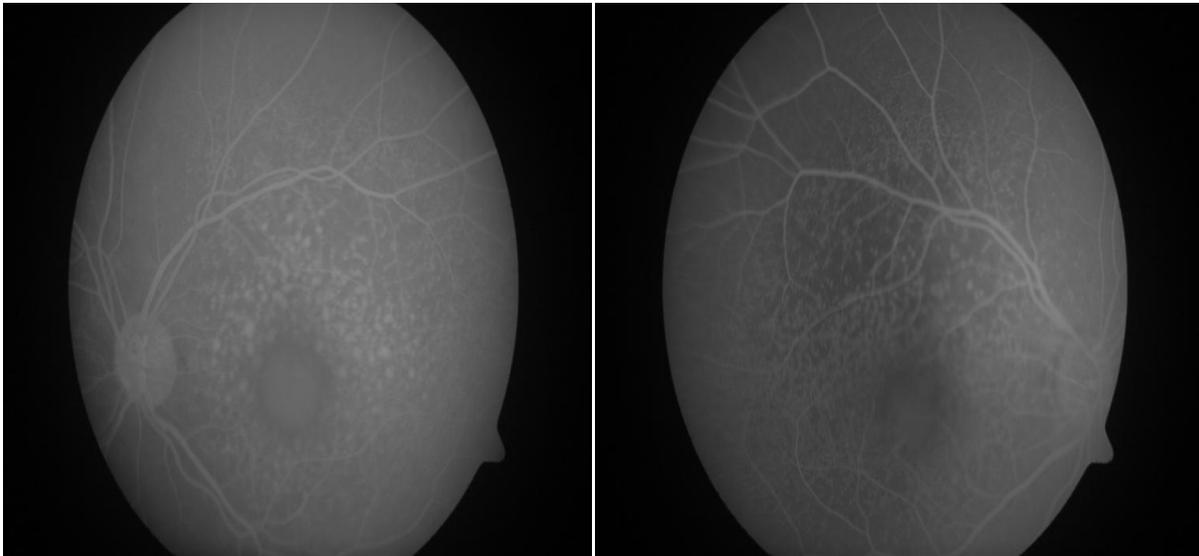


Figure.1 Present angiographic picture (FFA);Confluence of macular lesions

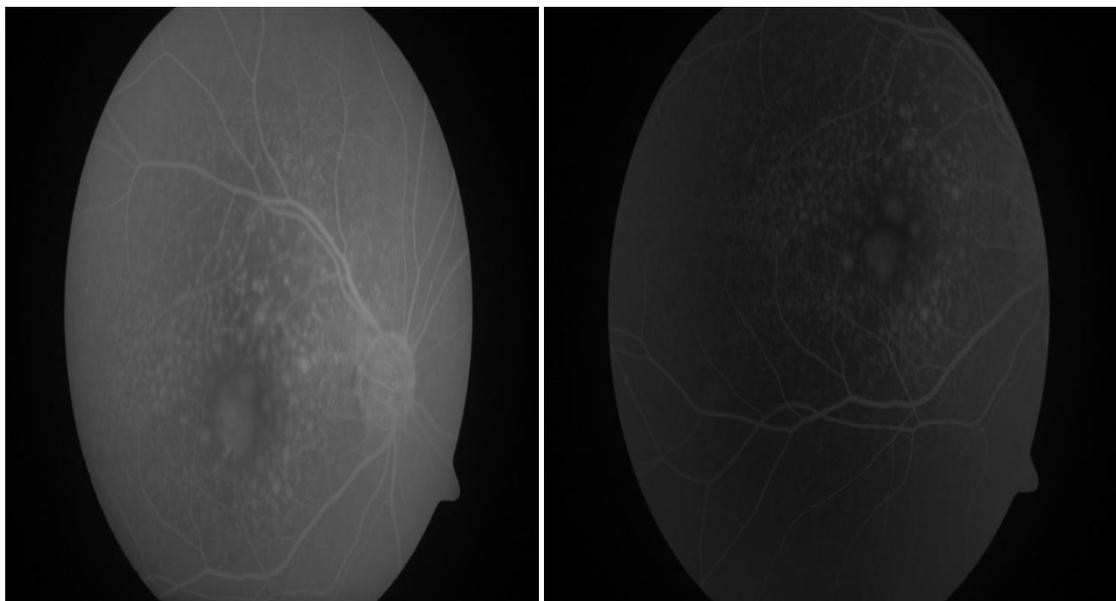


Figure 2 Past FFA

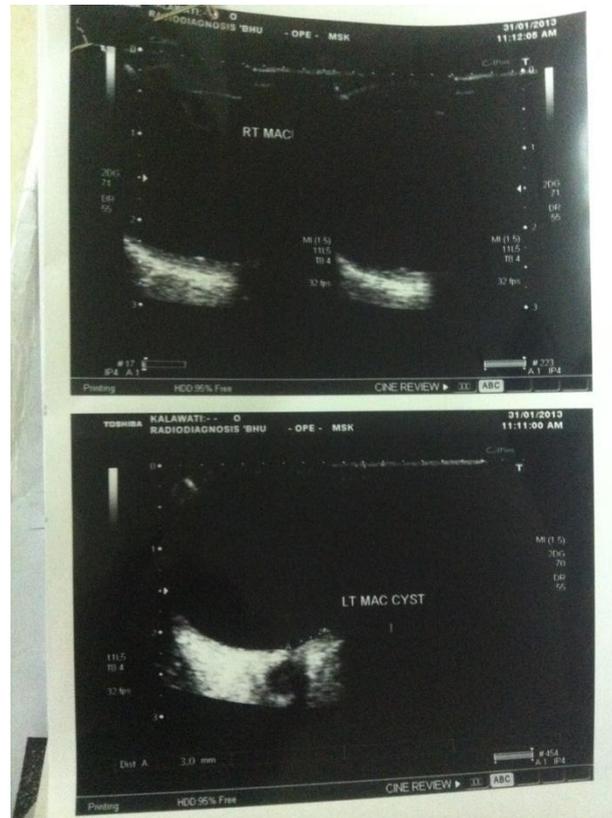


Figure 3 USG B Scan; mimicking macular cyst

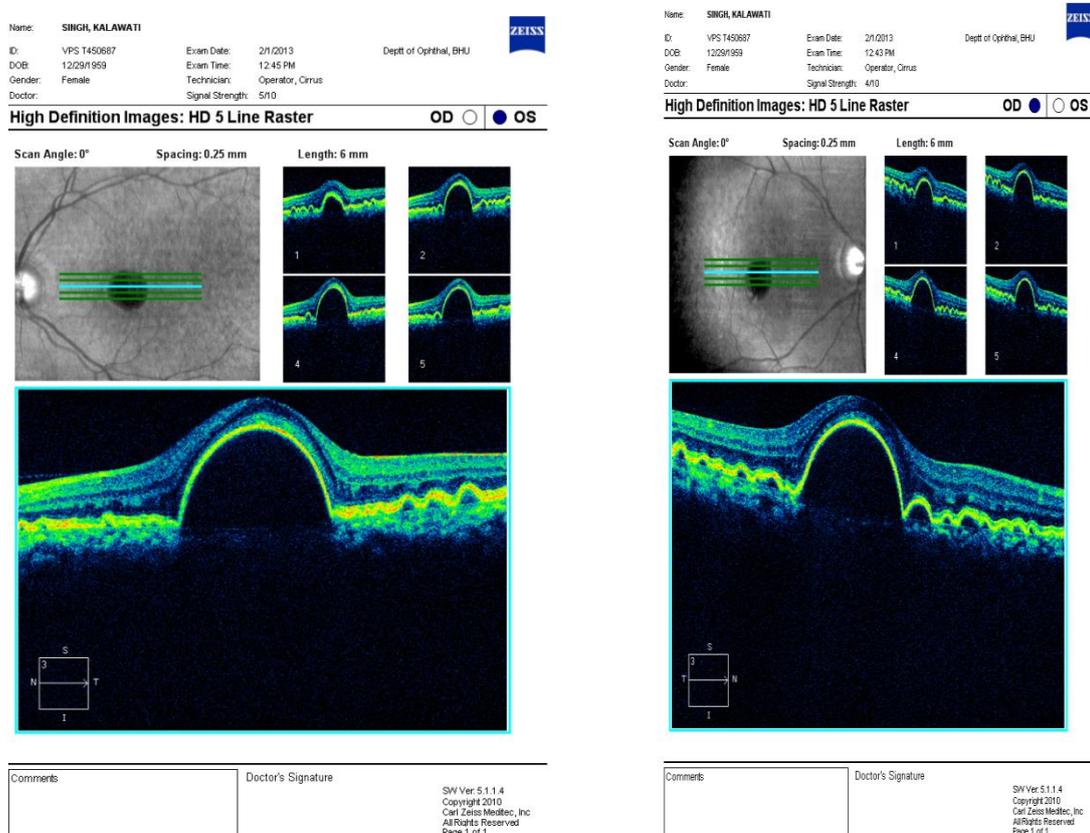


Fig 4; OCT report showing large central PED.

Methods

We evaluated a middle aged woman who did not have any known systemic illness, ocular problem or drug intake history .No family history of similar illness was present. She was Indian medicine practioner .She had complain of defective vision which was slowly progressive since one year We retrospectively evaluated the medical reports.

Results

On checking the previous medical records her best corrected visual acuity was 20/40 one year back in both eyes, now her vision is 20/120 in both eyes. Previous fundus angiography report shows multiple multilobular cluster lesions of pigment epithelial detachments (PEDS), they are largest in at the fovea and decreasing in size outwards from the fovea. There is early hyper fluorescence of entire RPE detachments, which persist throughout the angiogram demonstrating late pooling of dye. Previous records lack OCT.

Discussion

On literature search no such case of bilateral symmetrical idiopathic multiple PED was reported in Indian subcontinent. In case reports from other places majority was idiopathic ^{[1],[2],[3],[4],[5]} and one case was associated with systemic corticosteroid use ^[6].

In various case reports ^{[1],[2],[3]} the visual prognosis was good, but in our case there was deterioration of vision from 20/40 to 20/120 in one year duration that was significant deterioration for a healthy middle aged lady who is leading an active

life. The significant deterioration of vision could be due to confluence of central PEDS and formation of larger sized PEDS of fovea.

Presently the BCVA was 20/120 in both eyes. On FFA there was multiple multilobular cluster PEDS but there was confluence of central lesions. Pattern of distribution was similar means largest in the size at the fovea and decreasing in size outwards from the fovea. One case report by F.Bondello et al ^[4], the idiopathic multiple serous detachment of RPE was followed by development of macular neurosensory retinal detachment or central serous choroidal retinopathy (CSCR). Another case report by Gass J D et al ^[5] described the development of a focal area of Choroidal Neovascular Membrane followed by sub macular hematoma and vitreous hemorrhage.

Our case report is unique in the respect that it first time describes the significant deterioration of vision following confluence of central PEDs into a single larger foveal PED.

Conclusion

Bilateral symmetrical multifocal PEDS are idiopathic in nature with normally good visual prognosis .But confluence of central macular lesions can lead to significant visual deterioration

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