ACUTE MACULAR NEURORETINOPATHY

BENCKE, E L[1]; LEIVAS, G[1]

1.HOSPITAL BANCO DE OLHOS DE PORTO ALEGRE - RS - BRASIL;

INTRODUCTION

Currently, the advancement of imaging exams has allowed the diagnosis of rare pathologies. Acute Macular Neuroretinopathy (NMA) is one of them and it tends to occur more in white women in their third decade of life.

OBJECTIVE

To present a rare case of NMA associated with the use of oral contraceptives (OCs), with the goal of alerting ophthalmologists to the diagnosis of the pathology.

METHODS

Case report: a 28-year-old female patient, previously healthy, without a history of pathologies or ophthalmological surgeries, sought treatment for a black spot in her right eye 4 days ago. She denied using medications or substances, except for using OCs. During the ophthalmological evaluation, she had visual acuity of 20/20 in the right eye and 20/40 in the left eye. At biomicroscopy, the anterior chamber was formed, the crystalline lens was transparent, and the cornea was unaltered. At fundoscopy, there was a 0.3 excavation in both eyes and a pigmented alteration in the macula in the left eye.

RESULTS

Optical Coherence Tomography (OCT) was performed, in which hyperreflective bands were noted in the nuclear and external plexiform layers, associated with the elipsoid zone disappearance. In the optical coherence angiography (OCT-A), an area of ischemia was noticed in the deep retinal plexuses. By combining clinical and imaging examination characteristics, the diagnosis of NMA was reached.

CONCLUSION

This report aims to alert ophthalmologists about the importance of recognizing this difficult-to-identify pathology through clinical examination, for later guidance and follow-up of affected patients. NMA is associated with microvascular abnormalities of the deep retinal plexuses (which can be observed on OCT-A) and one of its possible risk factors is the use of OCs. It can cause paracentral scotoma and lead to the emergence of hyperreflective bands between the external nuclear and plexiform layers in OCT, indicating the disruption of the body and axons of photoreceptors. Diminished elipsoid and interdigitation zones can also be observed. This pathology does not have a defined treatment, and we should only monitor patients and alert them about possible causal factors.

REFERENCES

Singh AD, Bergman L, Seregard S. Uveal melanoma: epidemiologic aspects. Ophthalmol Clin North Am. 2005;18(1):75-84, viii. Review.

Singh AD, Turell ME, Topham AK. Uveal melanoma: trends in incidence, treatment, and survival. Ophthalmology. 2011 Sep;118(9):1881-5.

Kanski, Jack. Clinical Diagnosis in Ophthalmolog. Mosby Elsevier, Philadelphia 2006.