CHOROIDAL OSTEOMA WITH SEROUS RETINAL DETACHMENT IN A 17-YEAR-OLD FEMALE

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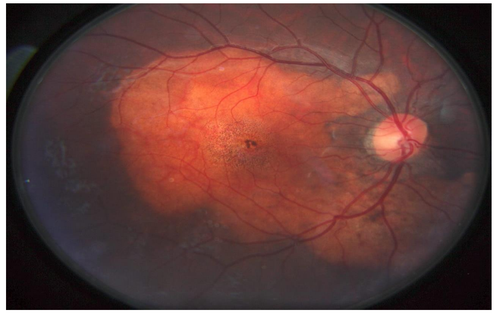
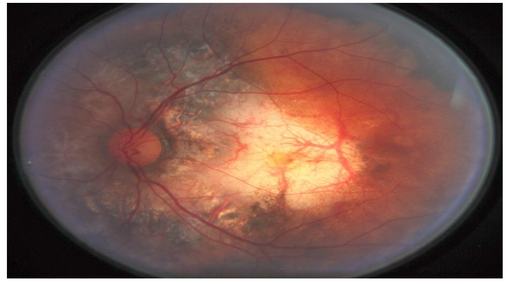
PURPOSE

Case report: 17-year-old female patient, no relevant records, complains of blurred vision in the left eye. During the exam, visual acuity was verified with 20/20 on the right eye and 20/60 on the left eye. During the fundoscopy was observed a well-defined, yellow-orange colored lesion in the posterior pole. The OCT showed a sponge-like pattern with multilayer configuration, with sclero-choroidal junction and thick choroid in both eyes, with presence of subretinal fluid in left eye. Fluorescein angiography showed a hyperfluorescence lesion which was progressively increasing in mid-phase with intense staining in late phases. B-scan ultrasound demonstrated bilateral highly reflective calcified lesions within the choroid, with an evident cone of shadow, suggestive of choroidal osteoma.

Since there was no evidence of subretinal neovascularization, the patient was asked to come for regular follow-up.



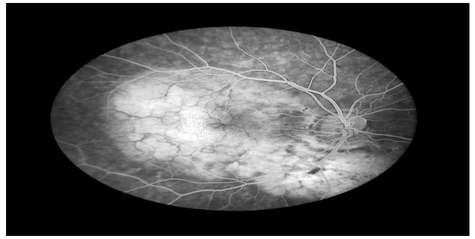


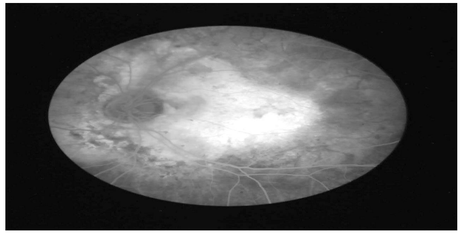
METHODS

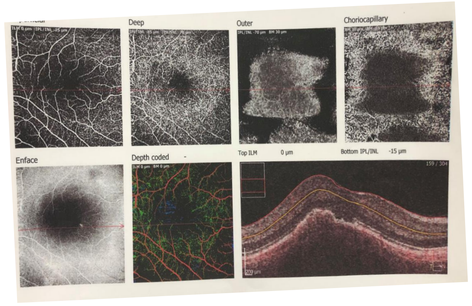
The information were obtained through interviewing the patient, detailed ophthalmologic examination, as well as complementary exams

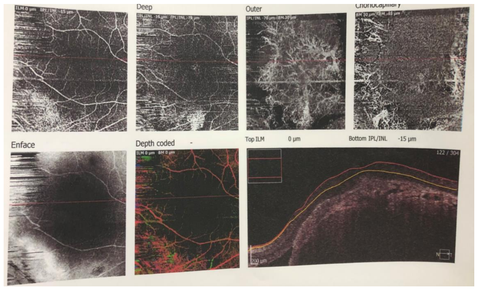
RESULTS

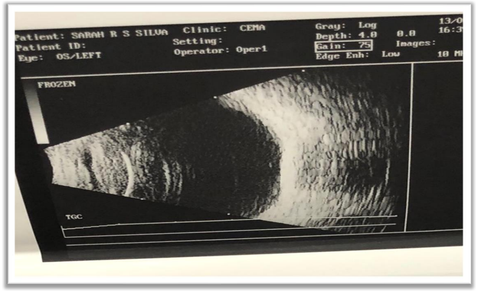
To report a case of a bilateral choroidal osteoma in a 17-year-old female with decrease vision in one eye.

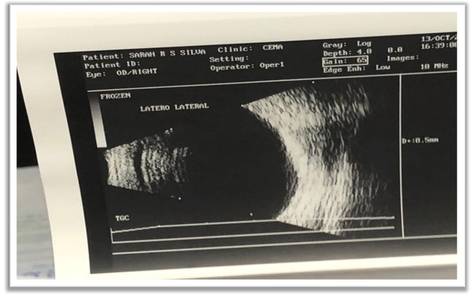












DISCUSSION

Choroidal osteoma is a benign tumor, of unknown etiology, composed of mature bone at the choroid. Typically found in healthy young women and mostly unilateral. The tumor can grow and replace the full thickness of the choroid with decalcification, which leads to gradual atrophy of the tumor and poor visual acuity. The diagnosis is based on its clinical images, and the use of B-SCAN ultrasound showing high reflectivity and acoustic shadowing. OCT demonstrates a calcified plaque at the level of the choroid. Complications of the tumor are RPE atrophy, subretinal neovascularization, and serous retinal detachments. The leaky vessels on the surface of the tumor may lead to SRD which is resistant to any treatment. However, the development of CNVM can be treat with anti-VEGF, as an effective treatment in the management of vision threatening.