

# Large Colloid Drusen AN INTERESTING CASE

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## PURPOSE:

To describe a case of large colloid drusen in a female patient in both eyes.

## METHODS:

Case report with multimodal examination.

## RESULTS:

A 37-year-old female patiente, caucasian, cleaner, referred for a retinologist's opinion due to low visual acuity with the presence of lesions on fundus examination.

Patient reports low visual acuity in the right eye for a long time, she cannot say exactly when it started.

## MEDICAL HISTORY:

- Recurrent pneumonia, SIDA+ (in treatment)

Blackened skin lesions

- Using antiretroviral therapy and prophylactic bactrim

## VISUAL ACUITY:

OD: -0,50 (20/400)

OS: -0,50 (20/25)

## BIOMICROSCOPY:

Clear conjunctiva, racial malenosis, transparent cornea, phakic, trofic iris, anterior chamber formed, no anterior chamber reaction in both eyes.

## FUNDUS PHOTO:

Images.

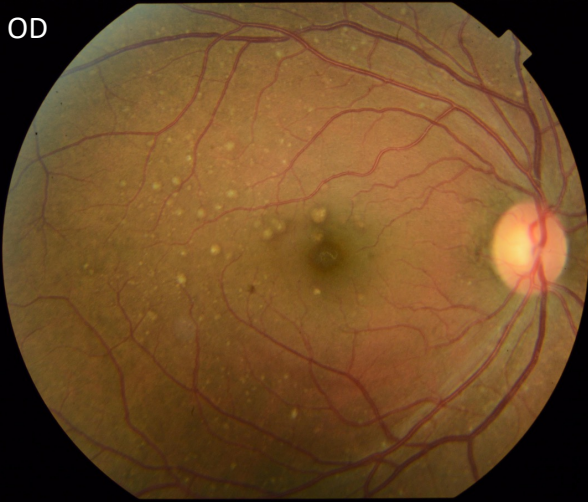
## FLUORESCEIN ANGIOGRAPHY:

Images.

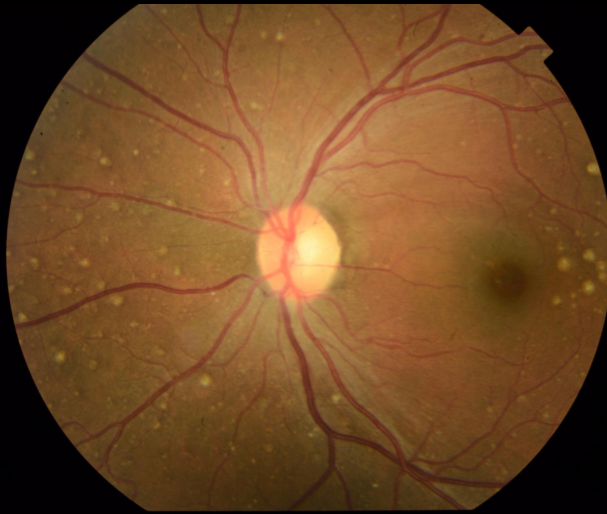
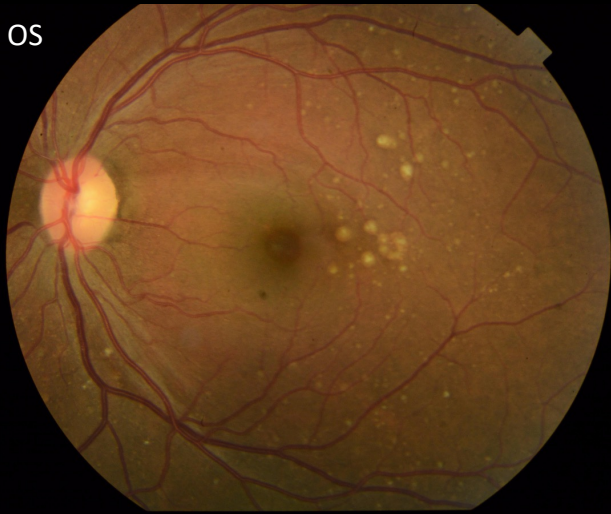
## OPTICAL COHERENCE TOMOGRAPHY (OCT):

Images.

OD



OS



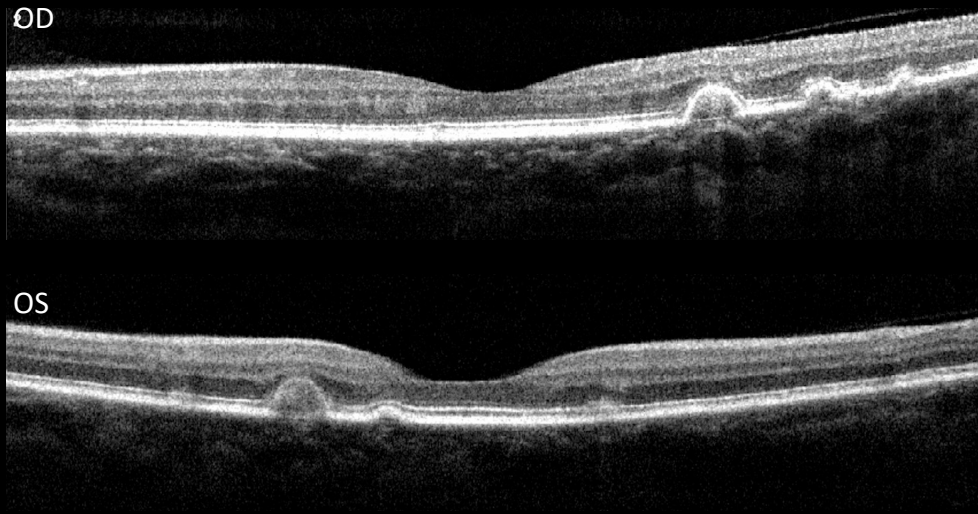
FUNDUS PHOTOGRAPH:

Fundus photograph showing yellowish, large and confluent lesions affecting the macular region, temporal to macula and nasal retina in both eyes.



FLUORESCEIN ANGIOGRAPHY:

Fluorescein angiography showing heterogeneously hyperfluorescence lesions in the early phase of exam in both eye.



OPTICAL COHERENCE TOMOGRAPHY (OCT):

B-scan OCT showing the convex contour of large colloid drusen with medium and homogeneous internal reflectivity under the RPE, as well as marked thinning of the outer nuclear and ellipsoid layers. No fluid accumulation is observed in both eyes.

## DISCUSSION AND CONCLUSION:

Large colloid drusen (LCD) develop most often in women without a familial history of retinal problems. Drusen do not seem to be related to an increased risk of choroidal neovascularization or significant loss of mean visual acuity.

LCDs are typically associated with minimal functional deficits, and therefore patients tend to be regarded as having good prognosis with no progression to advanced age-related macular degeneration.

In OCT images, LCDs have been described with the height approximately equal to its basal diameter. The neurosensory retina appears to be spared in the area overlaying the drusen, although the overlaying RPE is much thinner at the apex of each drusen than between the drusen.

Although the reported case presents low visual acuity in the right eye, fundus findings are not associated with this complain. The symmetrical findings in both eyes, with no evidence of significant changes, prompted the team to continue investigating other possible causes of low visual acuity in the right eye (not excluding the possible cause of amblyopia).

The patient remains under follow-up waiting the results of other tests.

## REFERENCES:

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3. Russel SR, Gupta RR, Folk JC, Mullins RF, Hageman GS. Comparison of color to fluorescein angiographic images from patients with early-adult onset grouped drusen suggests drusen substructure. *Am J Ophthalmol.* 2004;137(5):924-930.