BILATERAL STELLATE NONHEREDITARY IDIOPATHIC FOVEOMACULAR RETINOSCHISIS: A CASE REPORT

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INTRODUCTION

Stellate foveal retinoschisis is most commonly associated with congenital juvenile X-linked retinoschisis, due to a defect in the RS1 gene and typically affects young men. Other foveal schisis causes are myopic traction maculopathy, epiretinal membrane, vitreoretinal traction, optic or scleral pit and Stellate nonhereditary idiopathic foveomacular retinoschisis (SNIFR).[2] SNIFR was first described by Ober et al in 2014 and its pathogenesis is still unclear.[1] We report a case of a middle-age woman with bilateral SNIFR.

CASE REPORT

A 60-year-old woman was referred to our retina clinic to investigate macular disease in both eyes (OU). She had a previous medical history remarkable for type 2 diabetes (hipoglicemiants use). Family history was unremarkable for retina diseases. Best corrected visual acuity (BCVA) was 20/60 (OD) and 20/80 (OS). Anterior biomicroscopy revealed nuclear cataract 2+/4+ in OU. Ophthalmoscopy showed bilateral foveal discret stellate appearance in OU and nasal atrophy in OS (figures 1,2). OCT-scan showed bilateral splitting at the level of outer plexiform layer (OPL) (figures 3,4). Eye ecography did not find posterior vitreous detachment (PVD) in OD, but evidence of partial PVD in OS.

OD

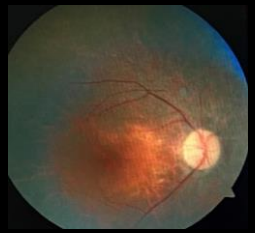

Figure 1

OS

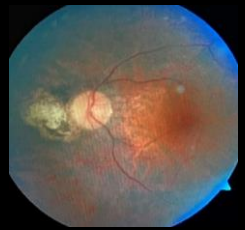

Figure 2

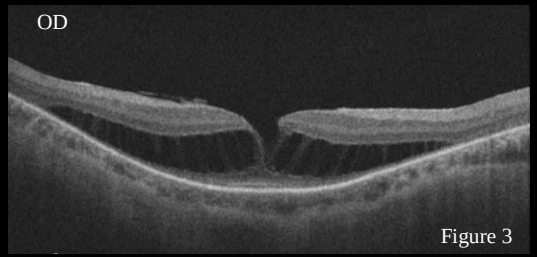

Figure 3

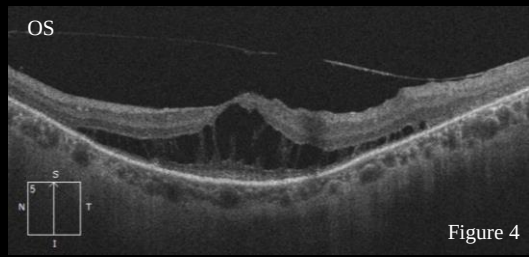

Figure 4

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CASE REPORT

Fundus autofluorescence is demonstrated in figures 5 and 6. FA revealed a foveal hyperfluorescent point coursing with intensity decrease during in the exam in OU. The patient had no evidence of a hereditary or acquired predisposing condition. Then, SNIFR diagnosis was stablished after the exclusion of other foveomacular retinoschisis causes. We adopted a conservative management, suggesting genetic testing, but the patient refused as she did not have any visual complaints. After 5 months of follow-up, we did not observe BCVA or OCT-scan changes.

OD

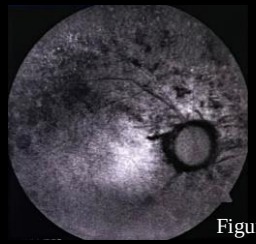

Figure 5

OS

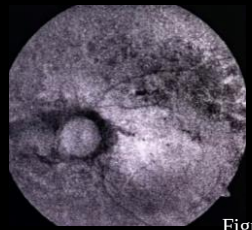

Figure 6

DISCUSSION

SNIFR is an uncommon cause of foveomacular retinoschisis, defined as a foveal elevation without alternative explanation for schisis.[1] Most of patients have unilateral disease, without any genetic predisposition to retinoschisis and usually are asymptomatic, with visual acuity between 20/40 or better, except in cases associated to subretinal fluid.[1,2,3] Machado Nogueira et al reported a case which resulted with complete resolution of SNIFR cavities with spontaneous adhesion release, suggesting it could be an alternative presentation of in patients with vitreomacular interface abnormalities.[4]

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2. Yadav D, Dhoble P, Sonawane N, Ramesh S. Multimodal imaging in a case of stellate nonhereditary idiopathic foveomacular retinoschisis. Indian J Ophthalmol. 2022;70(7):2703-2705. doi:10.4103/ijo.IJO_2803_21
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