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ASTROCYTIC HAMARTOMA IN RETINITIS PIGMENTOSA: A CASE REPORT

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PURPOSE

To report a clinical case about a Retinal Astrocytic Hamartomas (RAH) in a patient with retinitis

METHODS

Medical records and fluorescein angiography (FA) analysis.

RESULTS

A 42-year-old man referred to the medical retina specialists for a follow up in a case of RP, best corrected visual acuity of hand motion in both eyes. There were no other significant past ocular or medical history. There was no family history of any phakomatoses or tuberous sclerosis. Fundus examination of the left eye revealed bone spicule pigmentary changes at the whole retina extension, pale optic nerve head and an opaque lesion with a mutinodular appearance overlying the optic nerve was seen. FA imaging of the left optic nerve head showed increased autofluorescence of the nodular mass compatible with RAH diagnosis. The remaining examination was unchanged. Further investigations were recommended to exclude neurofibromatosis and tuberous sclerosis. The patient keeps routine follow-up semesterly and did not report any new or acute symptoms.

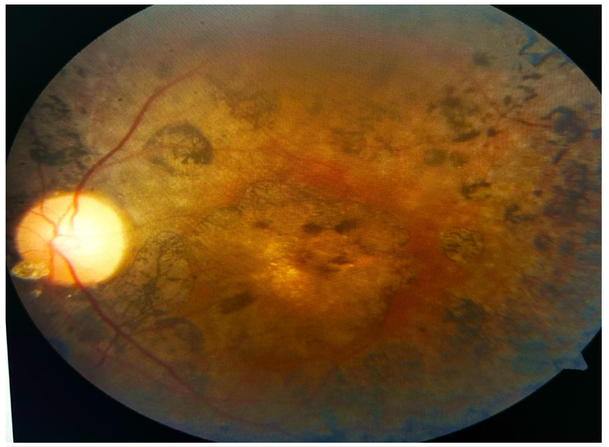

Image 1: Color fundus photography

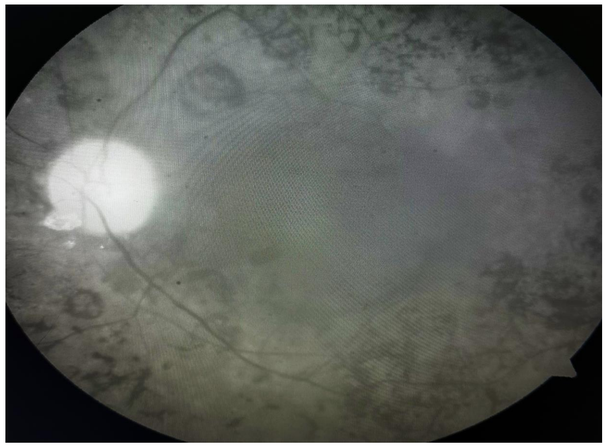

Image 2: Red free

DISCUSSION

RAH are benign retinal tumours composed of glial cells, which have small uniform nuclei and interlacing cytoplasmic processes. It can be associated with certain types of phakomatoses, as tuberous sclerosis, but are also often seen in patients with RP, and are typically found as asymptomatic lesions detected incidentally.

Optic nerve head drusen may be a differential diagnosis, although those can be more commonly found in patients with retinitis pigmentosa, they could be distinguished from RHA clinically, based on characteristic ophthalmoscopic appearance.

Additional investigation, such as FA imaging, can help in the diagnosis difference. FA frequently shows early blockage of background choroidal fluorescence and late leaks.

It is important to recognise an RAH clinically and have a periodic follow up of these patients once, even though the tumour usually remain stable throughout life, progressive growth can lead to local complications as choroidal neovascular membrane, and cystoid macular edema, which can be prevented in early diagnosis and treatment

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