



CLINICAL CASE REPORT



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ID: Female, 60y

CC: Progressive decrease in visual acuity on both eyes beginning one year ago.

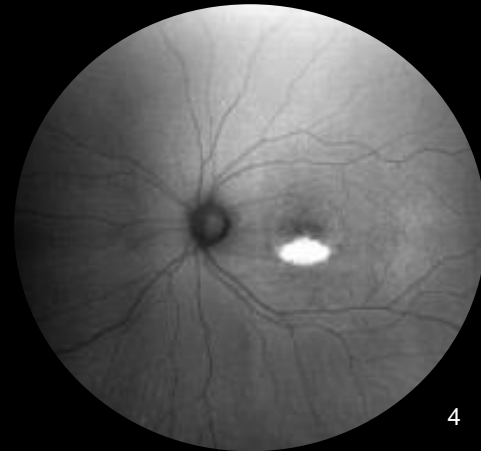
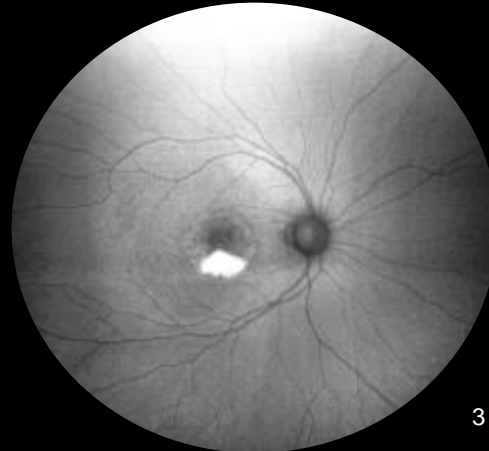
Denies any other symptoms.

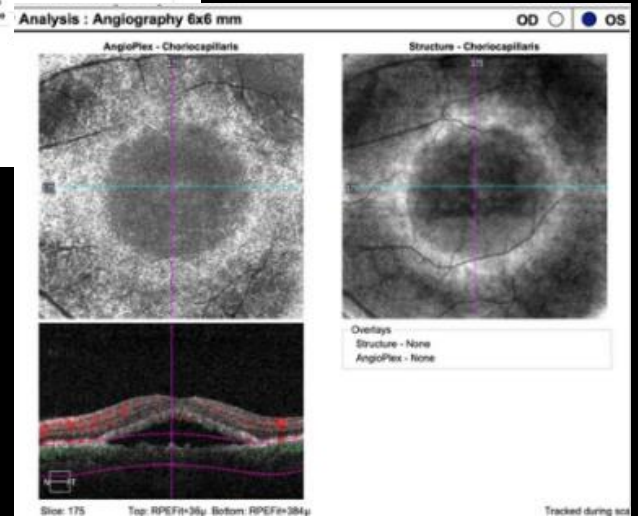
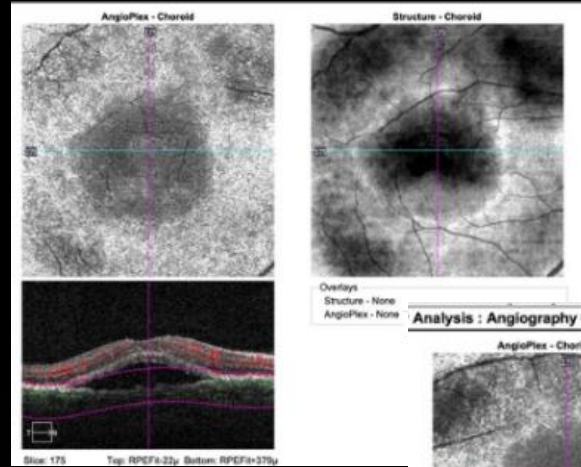
PMH: Denies any comorbidities, trauma or continuous medications.

POF / PFH: Unremarkable

	Right eye	Left eye
BCVA	20/60	20/80
IOP	11 mmhg	11 mmhg
Slip-Lamp Exam	Clear cornea, Nuclear cataract 1+	Clear cornea, Nuclear Cataract 1+

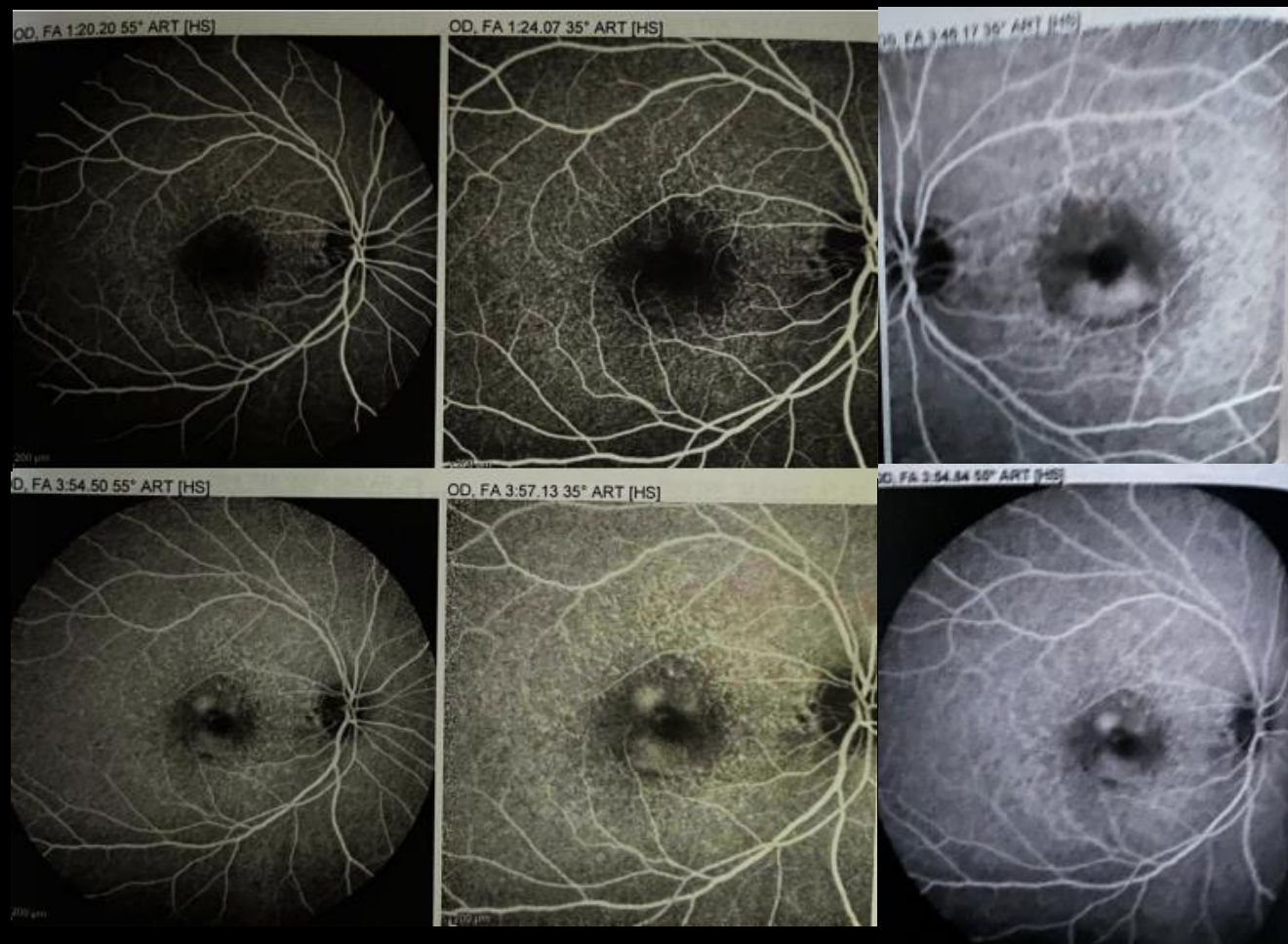
Fundoscopy: Macular drusen associated with the yellowish lesion in the central macular region, forming a deposit inferiorly (1 and 2), that was hyperautofluorescent (3 and 4)





OCT: Increased central retinal thickness, serous detachment, subfoveal hyperreflective material and cuticular drusen

Angiotomography: neovascular membrane was ruled out



Angiography: early hyperfluorescence of the drusen, compatible with cuticular drusen; the central macular lesion was hyperfluorescent

- Pseudovitelliform detachment
- 30-50 years old
- AVL is present in approximately 24% of patients with cuticular drusen.
- The fluid found in AVL tends to affect the macula, but unlike exudative DMRI, there is no benefit from using anti-VEGF injections.
- The correct difference between that can avoid unnecessary treatment with intravitreal injections.

Acquired vitelliform lesions (AVL)

- No genetic association
- Related to retinal aging disorders (e.g. AMD, CSR, cuticular drusen)



Adult-onset vitelliform macular dystrophy (AOFVD)

- AD; PRPH2, IMPG1 - 2 and BEST1 genes
- Part of the heterogeneous group of standard dystrophy