## **Streak of Concern**

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## Introduction:

A 37-year-old female presents for initial consultation to The Retina Institute from an outside provider with a 1 week history of a painless distortion in the right eye. She describes seeing a 'wave' in the center of her vision. She states she had similar symptoms in her left eye

prior to losing her central vision. She denies any major medical problems. A 12 point review-ofsystems was otherwise negative.

## Exam:

Best corrected visual acuity was 20/40 in right eye and 20/200. No relative afferent pupillary defect was noted. Confrontation to visual field and extraocular motility was intact. Anterior segment examination was otherwise unremarkable.

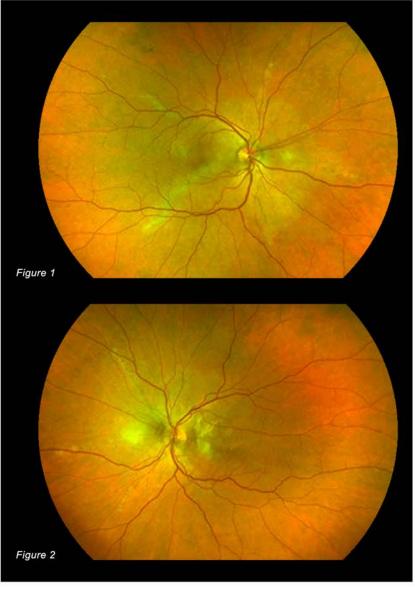
DFE revealed orangered linear irregularities extending radially from the optic nerve into the peripheral fundus in both eyes (Figures 1 & 2). These linear changes were better visualized on fundus autofluorescence (Figures 3 & 4). SD-OCT through the macula of the left eye revealed changes consistent with fibrosis and atrophy. In the left eye, SD-OCT showed break in Bruch's membrane, sub-retinal hyperreflective material, and associated sub-retinal fluid in the (Figure 5). Fluorescein angiography (FA) of the right eye showed a perifoveal lesion with early hyperfluorescence and late staining, consistent with a choroidal neo-

vascular membrane (CNVM).

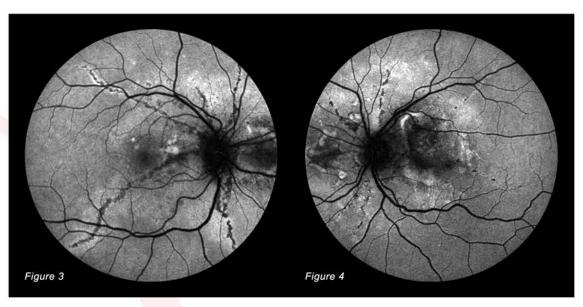


The linear streaks depicted in this case are angioid streaks, which are defects in Bruch's membranes. Angioid streaks have many systemic associations summarized by the 'PEPSI' mnemonic Pseudoxonthoma Elasticum Paget's disease Sickle-cell/thalassemia/spherocytosis Idiopathic. Of note, Ehlers-Danlos syndrome, once part of the mnemonic, is no longer believed to be associated with angioid streaks<sup>1</sup>.

Angioid streaks may cause visual disturbances in multiple ways<sup>2</sup>. First, the streak may traverse the fovea, leading to RPE disruption.



Second, mild trauma to the eye may cause the choroid to rupture at these areas, leading to submacular hemorrhage. Third, as in our case, secondary choroidal neovascularization can occur. Figure demonstrates the break in Bruch's membrane, associated CNVM subretinal and fluid.



Our patient had characteristic skin findings on her neck which were biopsied to confirm a diagnosis of pseudoxanthoma elasticum. Pseudoxanthoma elasticum (PXE) is an inherited multi-system disorder characterized by

ectopic mineralization and fragmentation of elastic fibers in the skin, the elastic laminae of blood vessels and Bruch's membrane in the eye<sup>3</sup>. Defects in an ATP-binding cassette (ABC) transporter gene in

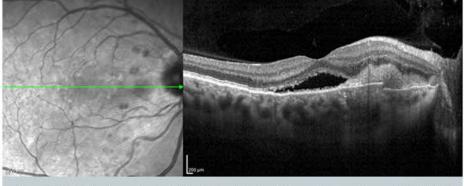


Figure 5: OCT showing subretinal fluid, the break in Bruch's membrane and associated CNVM.

ABCC6 on chromosome 16 are responsible for the disease<sup>4</sup>. In addition to angioid streaks, other ophthalmic manifestations of this disease include a 'peau d'orange' fundus appearance, which may appear as mottled dark spots on a lighter background.

Our patient had a new chroroidal neovascular membrane in the right eye, and subretinal fibrosis from a prior neovascular membrane in the left eye. The patient elected for treatment with anti-VEGF agents in the right eye.

## References:

- 1. Singman EL.
  Angiod Streaks Are
  Not a Common
  Feature of EhlersDanlos Syndrome.
  J A M A
  Ophthalmology 2018.
- 2. Georgalas I, Papaconstantinou D, Koutsandrea C, et al. Angioid streaks, clinical course, complications, and current therapeutic management. Ther Clin Risk Manag 2009;5:81-9.
- 3. Gliem M, Zaeytijd JD, Finger RP, Holz FG, Leroy BP, Charbel Issa P. An update on the ocular phenotype in patients with pseudoxanthoma elasticum. Front Genet 2013;4:14.
- 4. Chassaing N, Martin L, Calvas P, Le Bert M, Hovnanian A. Pseudoxanthoma elasticum: a clinical, pathophysiological and genetic update including 11 novel ABCC6 mutations. J Med Genet 2005;42:881-92.

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