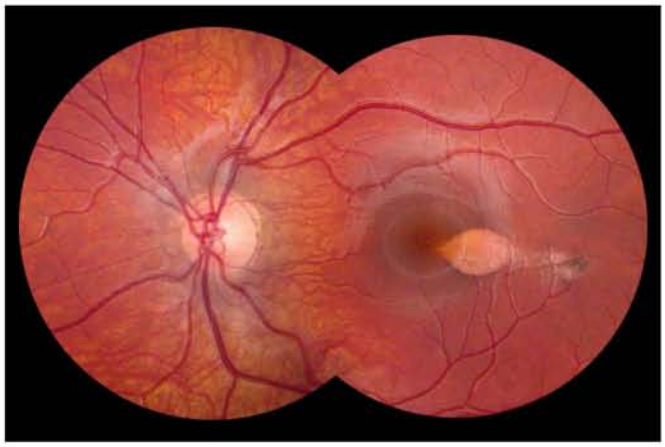
An Unusual Lesion Discovered in Asymptomatic Child

Thomas K. Krummenacher, MD



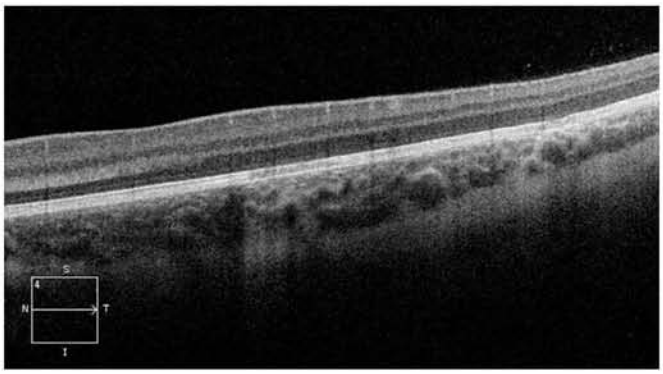
An 11-year-old girl presented for a routine examination. An unusual lesion was discovered in the temporal macula of the left eye. Her acuity was 20/25 OD, 20/20 OS. Her examination otherwise was entirely normal, and a review of symptoms were unremarkable.

Robert Roseman, MD (below right), Retina Consultants fellow, 1986-87, and J. Donald Gass, MD initially reported this now classically recognized lesion in 1992 and named it "solitary hypopigmented nevus of the retinal pigment epithelium".

One year later, Mark Daily, MD introduced the term "torpedo maculopathy", a conspicuously fitting description for this ovate lesion which tip points toward the macula. This presumed congenital lesion is often asymptomatic.

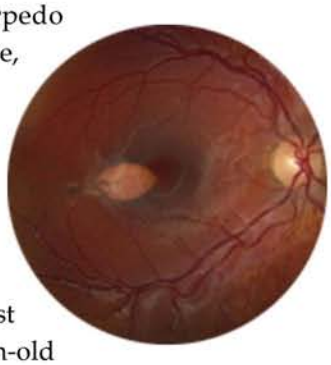
Torpedo maculopathy is always unilateral, solitary, flat and well-circumscribed. The torpedo is invariably located in the temporal raphe. The body of the lesion is usually hypopigmented and often sports a tail which is irregularly pigmented. No other ocular or systemic associations have been reported.

Spectral domain optical coherence tomography features include a thin RPE signal as well as degenerated photoreceptors. Fundus autofluorescence reveals hypoautofluorescence and the lesion appears as a window defect on fluorescein angiography. Visual fields usually record the expected scotoma.

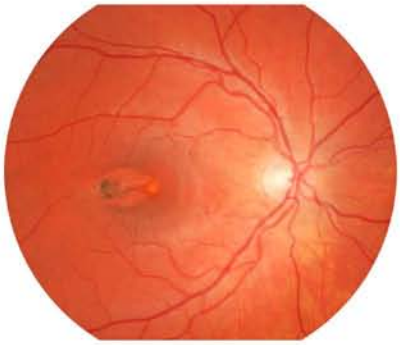


These lesions are stationary and must be distinguished from other pigmented lesions in the posterior pole. The differential diagnosis includes congenital hypertrophy of the RPE, toxoplasmosis, the RPE lesions of Gardner's syndrome, typical nevus and osseous choristoma.

The pathogenesis of torpedo maculopathy is speculative, but is almost certainly congenital. Some have proposed an embryonic anomaly in the developing 'fetal bulge', a cone-shaped bulge in the temporal posterior pole that first appears in the four-month-old



fetus. Others have credited an aberrant development in the long posterior ciliary artery and/or nerve which share the emissary canal.



Recognition of the classic appearance of the congenital lesion should direct the clinician to an accurate diagnosis.

REFERENCES:

Roseman RL, Gass JD. Solitary hypopigmented nevus of the retinal pigment epithelium in the macula. *Arch Ophthalmol.* 1992;110(10):1358-1359.

Daily MJ. Torpedo maculopathy or paramacular spot syndrome. Presented at: New Dimensions in Retina Symposium; Chicago, IL; Nov. 7, 1993.

FELLOWSHIP

Established in 1959, the fellowship program at The Retina Institute has trained over 100 physicians in the art and science of retina surgery. Congratulations to Jacob C. Meyer, MD and Baseer Ahmad, MD on their completion of the program. Dr. Meyer is joining a private practice in Charlottesville, Virginia and Dr. Ahmad has accepted a position at Case Western Reserve University in Cleveland. We wish them continued success in their careers.

Drs. Mike Liu and Paul Walia have now entered the second year of their fellowship at The Retina Institute.

(Left to right: Jacob C. Meyer, MD; Harpreet "Paul" Walia, MD; E. Mike Liu, MD; and Baseer Ahmad, MD

INTRODUCTION

Nicholas Chinskey, MD

Vincent Ho, MD

The Retina Institute is pleased to welcome the newest physicians to the fellowship program. Nicholas Chinskey, MD and Vincent Ho, MD started the two-year program on July 1st. Dr. Chinskey recently completed his residency at the University of Michigan. Dr. Ho finished his studies at the Emory Eye Center in Atlanta. We look forward to their contributions.