What is That Black Spot?



Josh Gross, MD PGY-4 Grand Rounds Nov. 11, 2019

Patient Presentation

CC

Decreased vision left eye for several months

HPI

10yo WM who failed a school vision screening, and was then sent to a local optometrist who diagnosed him with histoplasmosis of the left eye. He was then referred to UL Ophthalmology. Denies pain, flashes, floaters, or any recent change in his vision.



History (Hx)

Past Ocular Hx: Bilateral medial rectus recession

Past Medical Hx: Asthma

Meds: albuterol inhaler PRN

Fam Hx: unremarkable

Allergies: NKDA

Social Hx: unremarkable

RoS: 10 pt ROS negative



External Exam

	OD		os
VA sc	20/20		20/70
Refraction	unable		unable
Pupils	4→2mm	No rAPD	4→2mm
IOP	soft		soft
EOM		Full	
CVF		Full	



Anterior Exam

SLE	OD	os	
External/Lids	normal	normal	
Conj/Sclera	White & quiet	White & quiet	
Cornea	clear	clear	
Ant Chamber	Deep & quiet	Deep & quiet	
Iris	Flat	Flat	
Lens	clear	clear	
Vitreous	Clear	Clear	

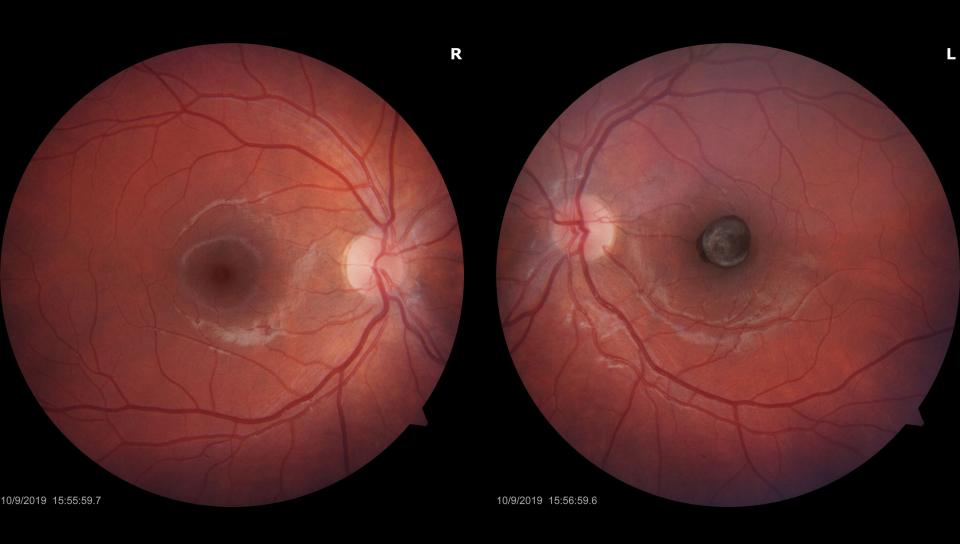


Fundus Exam

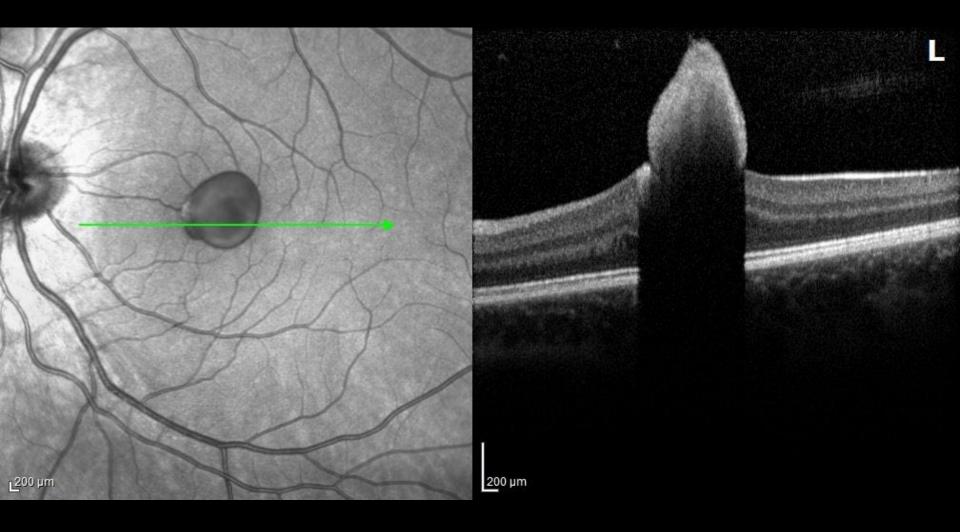
Fundus 20 D	OD	os	
Optic Nerve	Pink/sharp, C/D 0.4	Pink/sharp, C/D 0.4	
Macula	flat	Elevated, round pigmented lesion 1DD; juxtafoveal, no organge pigment, no fluid, no heme	
Vessels	Normal caliber	Normal caliber	
Periphery	Flat, no holes/tears	Flat, no holes/tears	



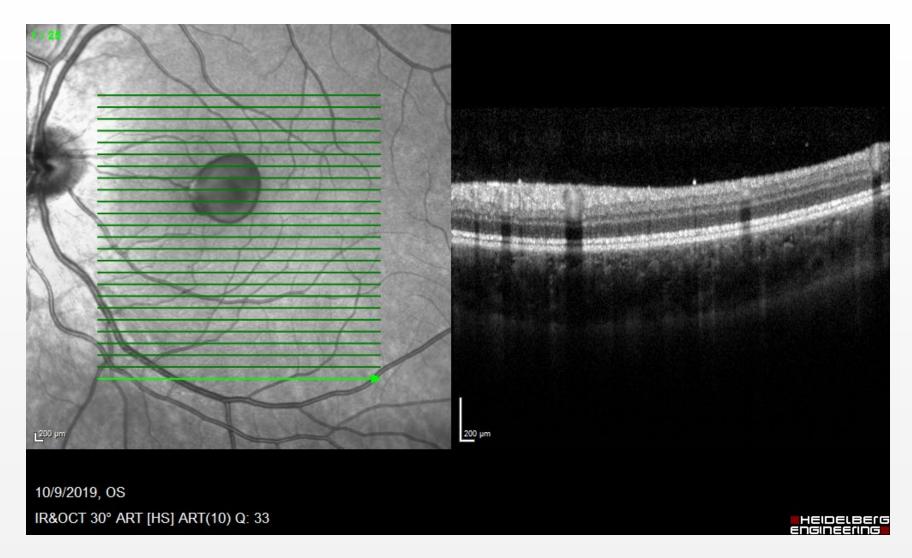
Fundus Photo



OCT

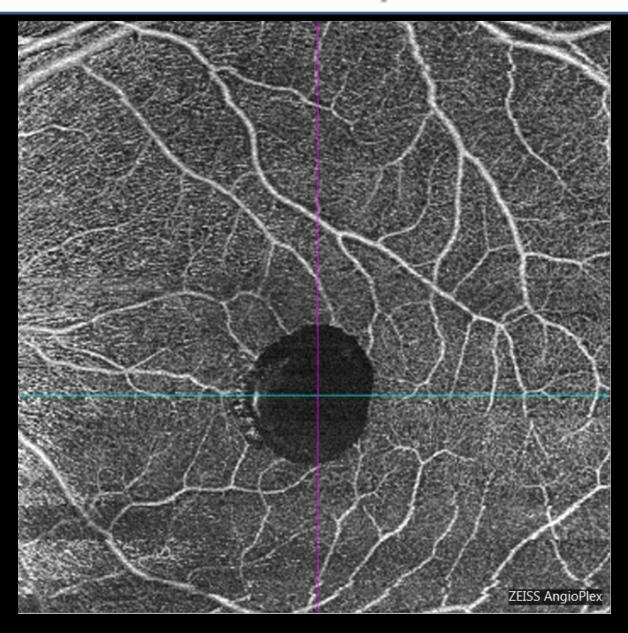


OCT Movie

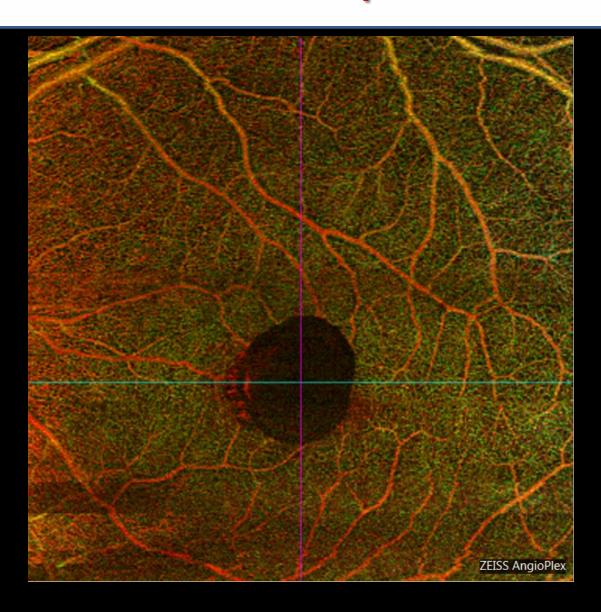




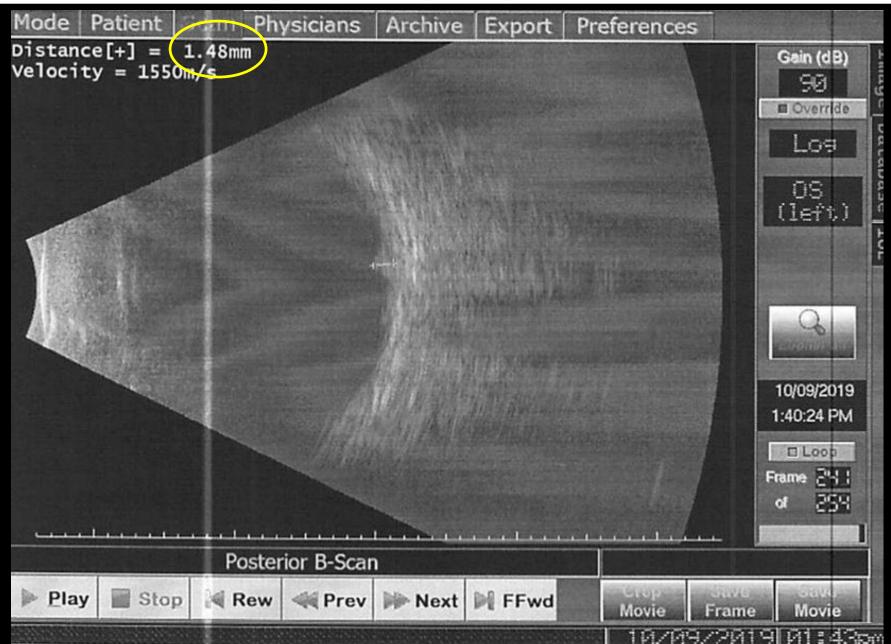
OCTA Superficial



OCTA Retina Depth Encoded



B Scan Ultrasound



Assessment

 10yo with left, pigmented macular mass of unknown duration, otherwise healthy, with h/o strabismus surgery OU

DDX:

- Simple Hamartoma of RPE
- Combined harmatoma of retina & RPE
- Congenital hypertrophy of RPE
- RPE adenocarcinoma
- RPE hyperplasia
- choroidal melanoma, retinoblastoma
- Trauma with old hemorrhage



Plan

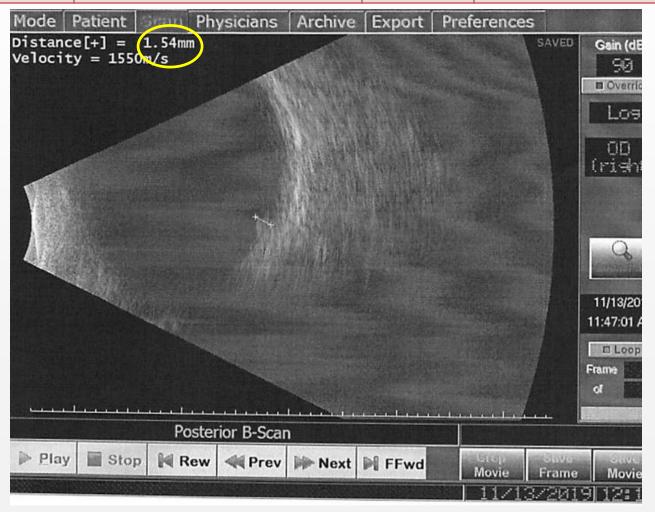
Discussed with Dr. Ramasubramanian

Will observe and return in 1 mo



1 Month Follow-up

	OD	0	S
VA sc	20/20	20/50	



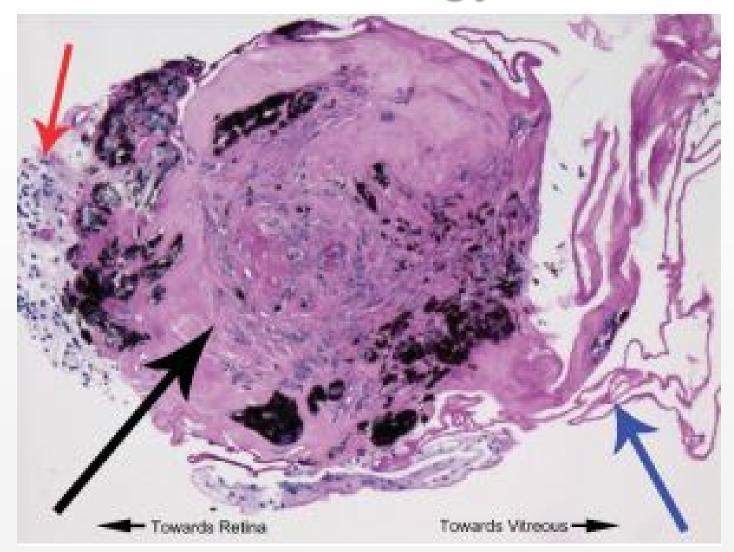


Congenital Simple Hamartoma of the RPE

- Very rare, benign
 - Only a handful of reports worldwide
- First described in 1981 by Laqua, who recognized that this lesion belonged to the spectrum of RPE tumors
- 1989, Gass described the clinical features of this tumor using fundus photos and diagrams
- C. Shields et al. published case series in 2003 of 5 cases



Pathology





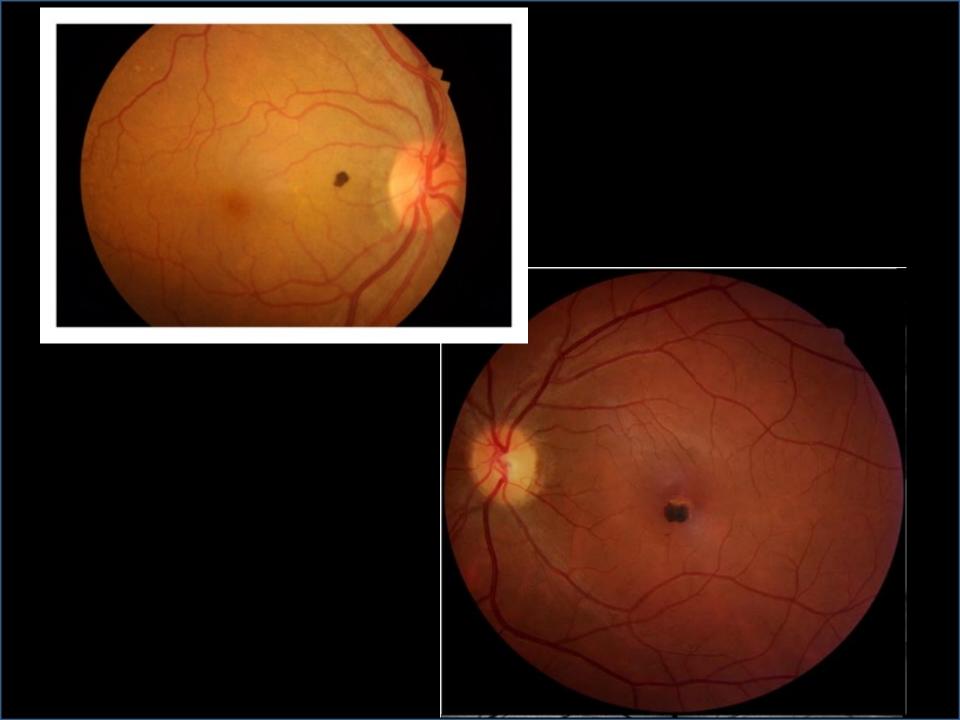
Clinical Features

Most asymptomatic, incidental finding

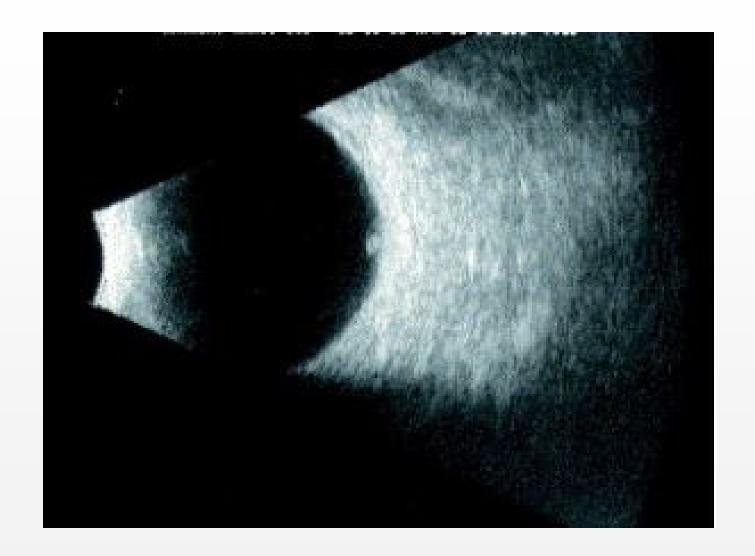
Can cause decreased vision

 Age varies depending upon visual interference: 10-80 years old



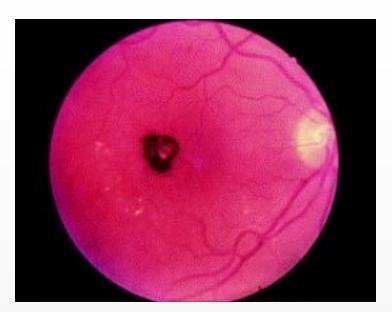


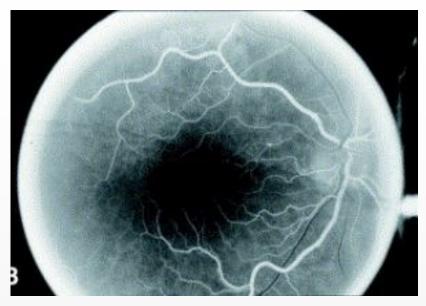
B-scan Ultrasound Features

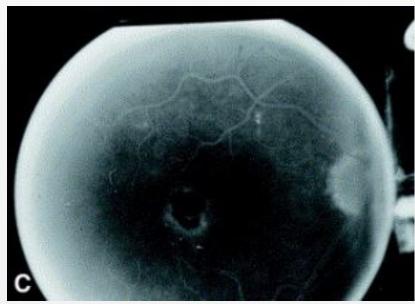




Fluorescein Angiography

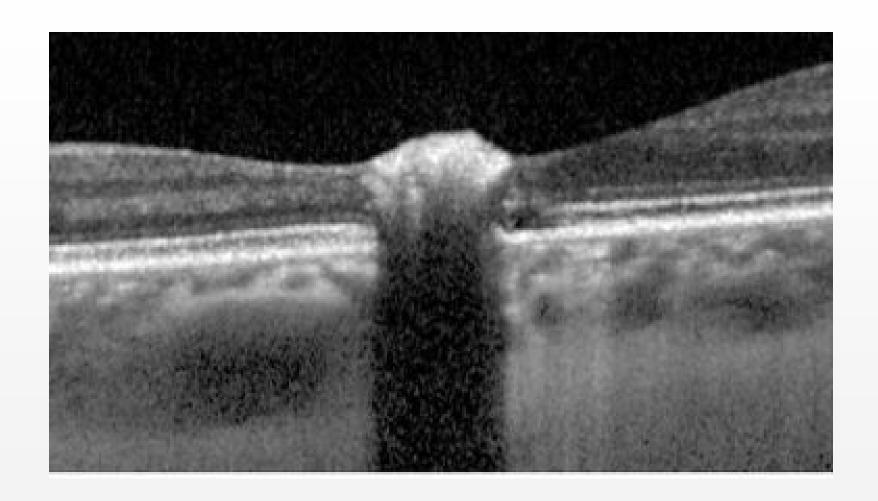








OCT Features





OCTA Features

Arjamand & Shields described in 2019

 "extensive haphazard intratumoral vascular network with fairly large-caliber (100–200 microns) vessels occupying fullthickness tumor, demonstrating more vascular details than visualized on fluorescein angiography"



Associated Complications

Surrounding retinal/foveal traction

Vitreous pigmented cells

Retinal exudation



Prognosis

Generally good with variable, low grade vision loss

No report of growth in all cases reported

 Should always see back, as vision could decrease or lesion could grow



Conclusions

Rare benign tumor or RPE

Associated vision threatening complications are small

Management is primarily observation with good prognosis



References

- Ito Y, Ohji M. Long-term follow up of congenital simple hamartoma of the retinal pigment epithelium: A case report. Case Rep Ophthalmol. 2018 Mar 22;9(1):215-220.
- Teke MY, et al. Congenital simple hamartoma of reintal pigment epithelium: clinical and imaging findings. Case Rep Ophthalmol Med. 2012;2012:654502.
- Shields CL, et al. Congenital simple hamartoma of the retinal pigment epithelium: a study of five cases. Ophthalmology. 2003 May;110(5):1005-11.
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- Rodrigues MW, et al. Retinal sensivity and photoreceptor arrangement changes secondary to congenital simple hamartoma of retinal pigment epithelium. Int J Retina Vitreous. 2019 Jan 15;5:5.



Thank you



