



VITELLIFORM MACULAR DYSTROPHY: ATROFIC FASE

CASE REPORT

Walther de Oliveira Campos Neto, Paulo Henrique Horizonte, Rafael Garcia, Luciano Fuzzato Filho, Amanda Venturini Arantes, Carolina Maria Barbosa Lemos, Isabela Feltrin Romano, André Marcelo Vieira Gomes

PURPOSE

To describe a case of vitelliform macular dystrophy atrophic fase.

INTRODUCTION

Vitelliform macular dystrophy is an inherited macular dystrophy in which lipofuscin accumulates in the central macula causing progressive central vision loss. It is characterized by bilateral yellow, yolk-like (vitelliform) macular lesions. While Best's presents during childhood, adult vitelliform typically presents later in life(1).

The material may persist, absorb, or break up and disperse at a late stage(2), developing a variety of subretinal and sub-RPE fibrosis, RPE atrophy, Geographic atrophy, choroidal neovascularization(3).

A good visual acuity (VA) is usually preserved and a more substantial visual loss occurs when there is complication(3).

OCT reveals that the vitelliform material appears as a dome-shaped, hyperreflective and homogenous lesion, located below the hyperreflective photoreceptor layer(1).

Fluorescein angiography (FA) shows central hypofluorescence surrounded by a small irregular hyperfluorescent ring(2).

METHODS

Medical records review

CASE REPORT

A 57-year-old woman referred due to changes in the background of both eyes, low progressive vision for years. The best visual acuity is 20/200 in both eyes.

In fundus examination there is presence of yellow areas of vitelliform content margining the area of macular atrophy in both eyes (Pictures 1A and 1B).

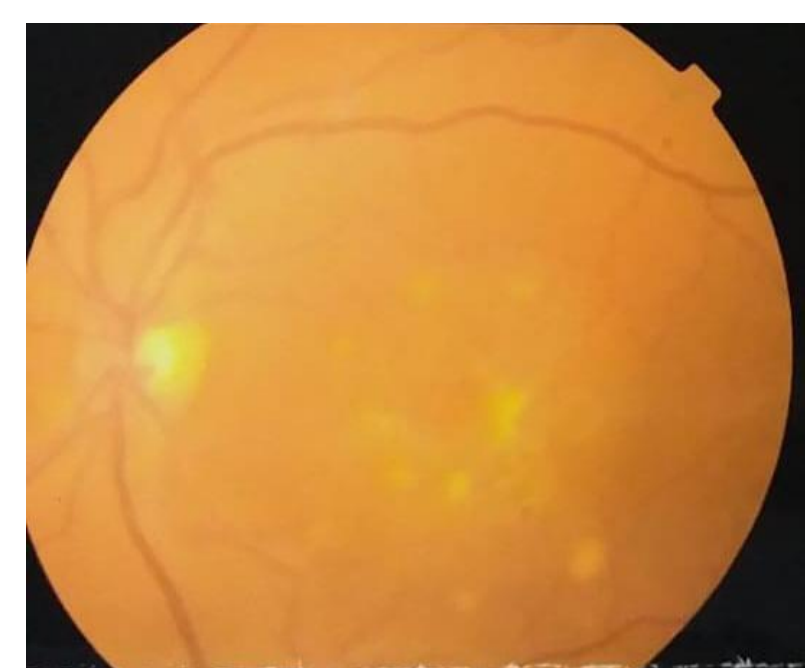
Complementary exams were requested for diagnosis OCT with the presence of hyperreflective areas as sub RPE suggestive of vitelliform accumulation, subretinal hypo reflective area suggesting area atrophy after resorption vitelliform content and discontinuity of the photoreceptor layer (Pictures 2A and 2B). Autofluoresceinography with hyperautofluor in vitelliform lesions associated with hypoautofluor in central atrophy area.

FA defect by defect in central window and hyperfluor by staining in paramacular vitelliform injuries.

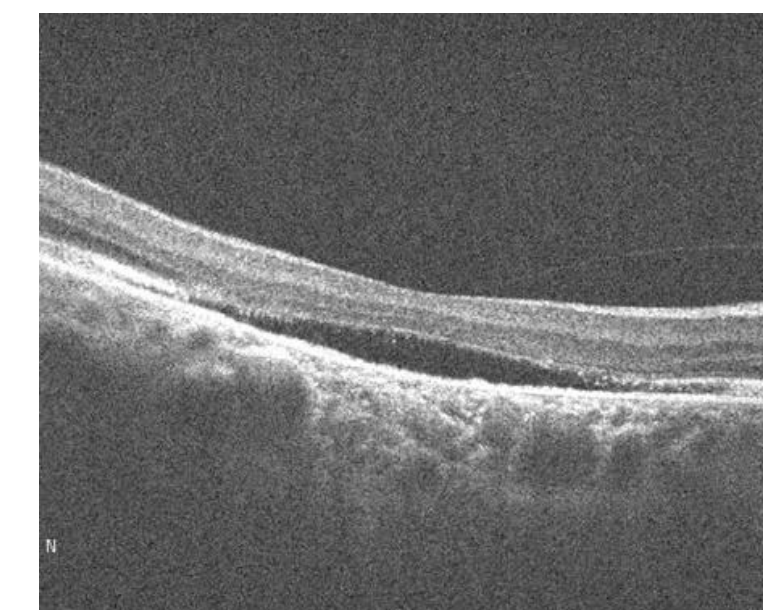
As a conduct, the patient's genes were dosed for diagnostic confirmation and semi-annual follow-up.



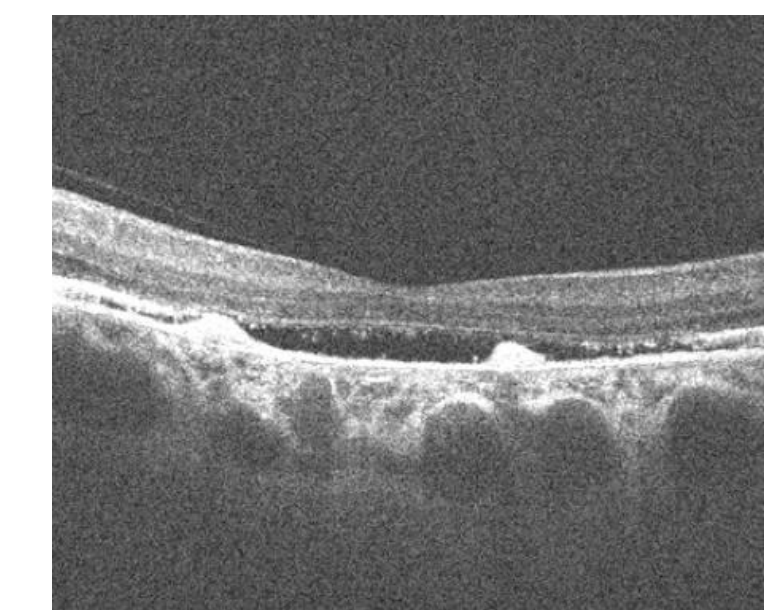
Pictures 1A



1B



Pictures 2A



2B

DISCUSSION

Vitelliform dystrophy is a relatively common retinal disorder with several differential diagnoses with variable prognosis and, in most cases, with treatment and improvement of the condition.

The need for genetic study assists in the diagnostic confirmation, however, regardless of confirmation, there is no therapy and clinical follow-up and guidance as to its prognosis and natural evolution of the disease are fundamental.

BIBLIOGRAPHY

1. Ryan's RETINA Sixth Edition – volume II - Section 2: Retinal Vascular Disease ; 59 – Coast Disease ; ELSEVIER, 2018.
2. YANOFF, Myron; DUKER, Jay S. **Ophthalmology**: Yanoff-Duker. 4th. ed. [S. l.]: Elsevier, 2014