Hyperpigmented torpedo maculopathy

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Key words: Macula, pigmented lesion, torpedo, torpedo maculopathy

Case

A 21-year-old male was referred after an incidental finding of a chorioretinal scar in his right fundus during a routine clinical examination. He had no ocular complaints and his clinical examination revealed a best-corrected visual acuity of 6/6 both eyes (−0.5D @ 150°right eye). Patient had no significant past medical or ocular history including infectious diseases or long-term exposure to retinotoxic drugs. Anterior segment was quiet and unremarkable. Goldman applanation tonometry was 14 mmHg both eyes. A 78D slit-lamp biomicroscopy revealed a flat globally hyperpigmented fusiform lesion with sharp margins. It was temporal to the fovea with its tip directed toward it [Fig. 1a-c]. Binocular indirect ophthalmoscopy revealed no peripheral chorioretinal lesions in both eyes. Examination of the left eye was unremarkable. Optical coherence tomography revealed gross loss of outer retinal layers with thickening of the retinal pigment epithelium involving the lesion. The fundus autofluorescence images showed a globally hypopigmented torpedo like lesion with surrounding patchy hyper autofluorescent areas [Fig. 2a and b]. Normal fundus auto fluorescence [Fig. 2c].

Discussion

Torpedo maculopathy is a rare congenital condition which mostly present as a hypopigmented oval-shaped lesion. Most of the reported cases are asymptomatic but rarely can present with scotomas.[1] This condition was first identified by Roseman and Gass[2] and term torpedo maculopathy was introduced by Daily.[3] Torpedo lesions can vary significantly in their presentation.[4] While features like location, temporal to the fovea, horizontal oval shape,

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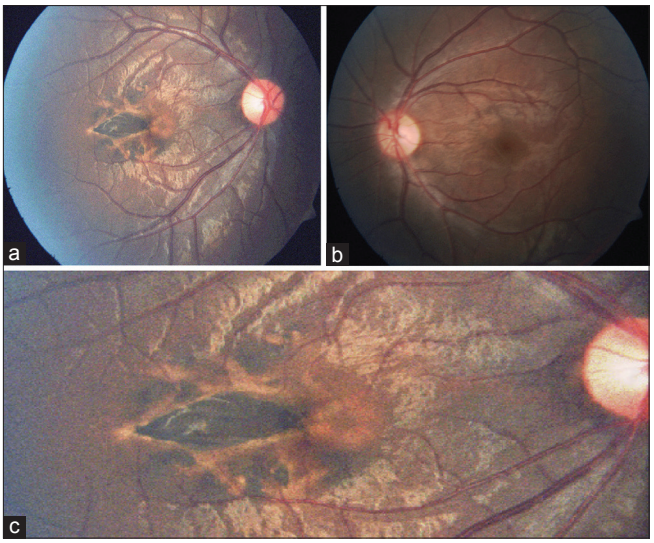

Figure 1: (a): Right eye fundus showing flat, globally hyperpigmented, and fusiform lesion with well-defined margins located temporal to the fovea. (b) Normal fundus left eye. (c) Magnified picture showing torpedo-like lesion

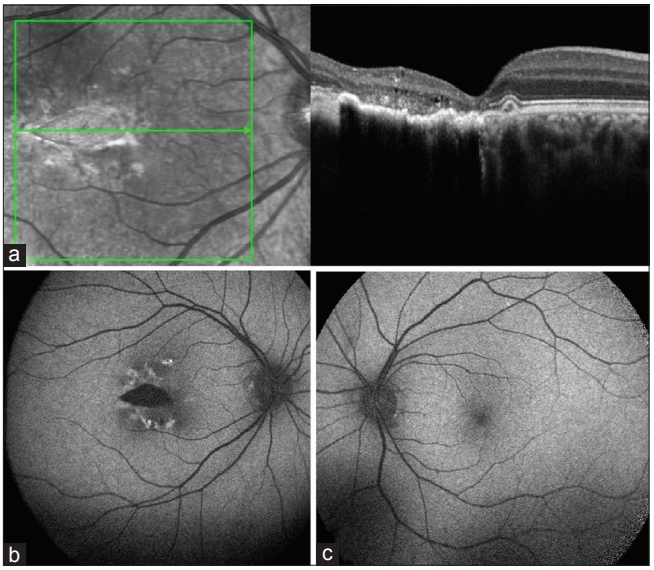

Figure 2: (a) Thinning of outer retinal layers with loss of ellipsoid zone with few focal cavitations. (b) Hypo autofluorescent torperdo lesion with patchy hyper autofluorescent areas around it. (c) Normal autofluoroscence left eye

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and hypopigmentation remain constant, it can even present with certain variable features like intraretinal cleft, hyperpigmentation, fundus excavation, and visual field defects. Golchet *et al*.[5] demonstrated pigmentation to be variable. Globally, hyperpigmented torpedo maculopathy are rarely documented with a long follow up.[6] The differential diagnosis includes congenital retinal pigment epithelial hypertrophy (CHRPE), choroidal nevus, hamartoma of the retinal pigment epithelium, trauma, and inflammatory conditions (toxoplasmosis).

This unique case represents a variable presentation of torpedo maculopathy and multimodal imaging supports the findings.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

Conflicts of interest

There are no conflicts of interest.

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