

Focal choroidal excavation with macular hole in a case of advanced retinitis pigmentosa

A 32-old lady presented with light perception vision in both eyes. Fundus examination of both eyes showed arteriolar attenuation and bone specule pigmentation throughout suggestive of retinitis pigmentosa. Left eye showed a yellowish-white punched-out lesion at macula [Fig. 1a, asterisk] with an overlying macular hole. Optical coherence tomography (OCT) scan through the macula revealed focal choroidal excavation (FCE) of nonconforming type with full thickness macular hole [Fig. 1b].

FCE is described in association with pachychoroid, North Carolina dystrophy and rubella.^[1-3] Chronic intraocular inflammation has been observed in RP.^[4] This inflammation could have caused disruption of the choroidal stroma leading onto atrophy and excavation. This entity should be differentiated from intrachoroidal cavitations seen in myopia in which there is posterior bowing of the sclera with retino-choroidal coning,^[5] and macular coloboma where the defect is layered by undifferentiated retinal tissue.

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have

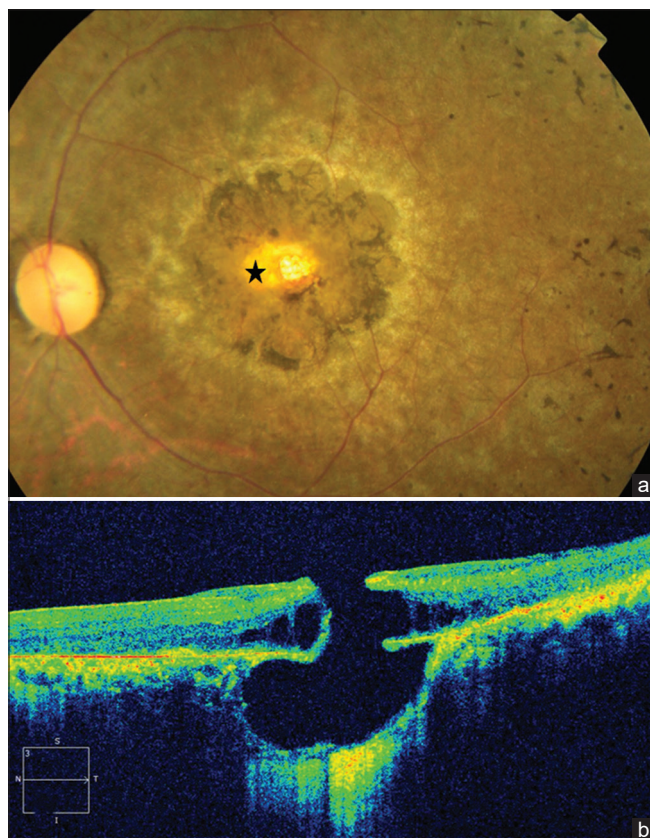


Figure 1: Fundus photograph of the left eye (a) showing features of advanced RP. OCT showing a full thickness macular hole with underlying choroidal excavation (b)

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 The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

Financial support and sponsorship

Nil.

Conflicts of interest

There are no conflicts of interest.

Raj Shri Hirawat, C K Nagesha¹, Chanchal Poddar²

Department of Vitreo-Retina, Gomabai Netralaya, Neemach, Madhya Pradesh, ¹Department of Vitreo-Retina,

B. W. Lions Superspeciality Eye Hospital, Bengaluru, Karnataka,

²Department of Ophthalmology, All India Institute of Medical Sciences, Bhubaneswar, Odisha, India

Correspondence to: Dr. C K Nagesha,

Department of Vitreo-Retina,

B. W. Lions Superspeciality Eye Hospital,

Bengaluru, Karnataka, India.

E-mail: drnageshck_2006@yahoo.com

References

1. Chung CY, Li SH, Li KKW. Focal choroidal excavation-morphological features and clinical correlation. *Eye (Lond)* 2017;31:1373-9.
2. Parodi MB, Romano F, Montagna M, Bandello F. Large choroidal excavation in a patient with rubella retinopathy. *Eur J Ophthalmol* 2018;28:251-2.
3. Schoenberger SD, Agarwal A. Intrachoroidal cavitation in North Carolina macular dystrophy. *JAMA Ophthalmol* 2013;131:1073-6.
4. Yoshida N, Ikeda Y, Notomi S, Ishikawa K, Murakami Y, Hisatomi T, *et al.* Clinical evidence of sustained chronic inflammatory reaction in retinitis pigmentosa. *Ophthalmology* 2013;120:100-5.
5. Ohno-Matsui K, Akiba M, Moriyama M, Ishibashi T, Hirakata A. Intrachoroidal cavitation in macular area of eyes with pathologic myopia. *Am J Ophthalmol* 2012;154:382-93.

This is an open access journal, and articles are distributed under the terms of the Creative Commons Attribution-NonCommercial-ShareAlike 4.0 License, which allows others to remix, tweak, and build upon the work non-commercially, as long as appropriate credit is given and the new creations are licensed under the identical terms.

Access this article online

Quick Response Code:



Website:

www.ijo.in

DOI:

10.4103/ijo.IJO_141_20

Cite this article as: Hirawat RS, Nagesha CK, Poddar C. Focal choroidal excavation with macular hole in a case of advanced retinitis pigmentosa. *Indian J Ophthalmol* 2020;68:2262.