

Supplementary Materials

Supplementary material associated with this article can be found in the online version at doi:[10.1016/j.jcjo.2021.05.012](https://doi.org/10.1016/j.jcjo.2021.05.012).

Pieter van der Merwe, MBChB, FCOphth,* Tina Felfeli, MD,^{†,‡} Efreem D. Mandelcorn, MD, FRCSC*[†]

*Department of Ophthalmology, Toronto Western Hospital, University Health Network, Toronto, Ont.; [†]Department of Ophthalmology and Vision Sciences, University of Toronto, Toronto, Ont.; [‡]Institute of Health Policy, Management and Evaluation, Dalla Lana School of Public Health, University of Toronto, Toronto, Ont.

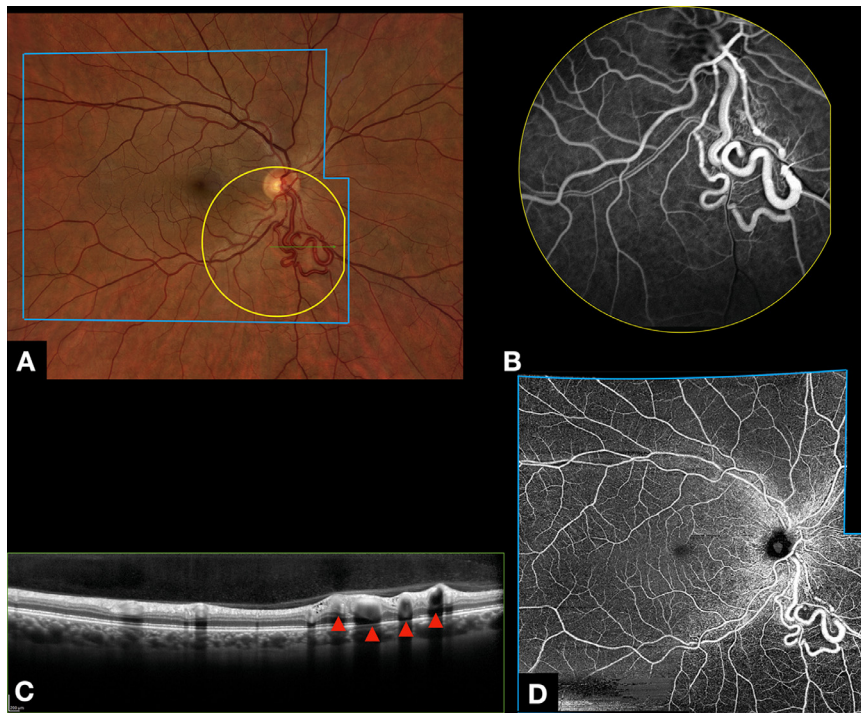
Originally received May. 12, 2021. Accepted May. 17, 2021.

Correspondence to Efreem D. Mandelcorn, MD, Department of Ophthalmology and Vision Sciences, University of Toronto, Toronto Western Hospital, University Health Network, 6E-432, 399 Bathurst Street, Toronto, ON M5T 2S8; efrem.mandelcorn@utoronto.ca.

Footnotes and Disclosure

The authors have no proprietary or commercial interest in any materials discussed in this photo essay.

Retinal racemose hemangioma characterization with multimodal imaging



Racemose hemangioma is an arteriovenous vascular malformation in which the retinal vessels appear abnormally dilated. The arteries are connected with the veins directly, without the interposition of a capillary network (Fig. 1A), forming a fragile vascular mass with turbulent flow that is predisposed to thrombosis phenomena. The fluorescein angiography (Fig. 1B) shows filling of the malformation without exudation. The optical coherence tomography and the optical coherence tomography-angiography en face (Figs. 1C and 1D) show the dilated vessels in the inner layers of the retina. A systemic study in these patients is essential because similar, potentially fatal malformations can be found elsewhere in the body.

Miguel Ortiz-Salvador, MD, Javier Montero-Hernández, MD

Consorti Hospital General Universitari de Valencia, Valencia, Spain.

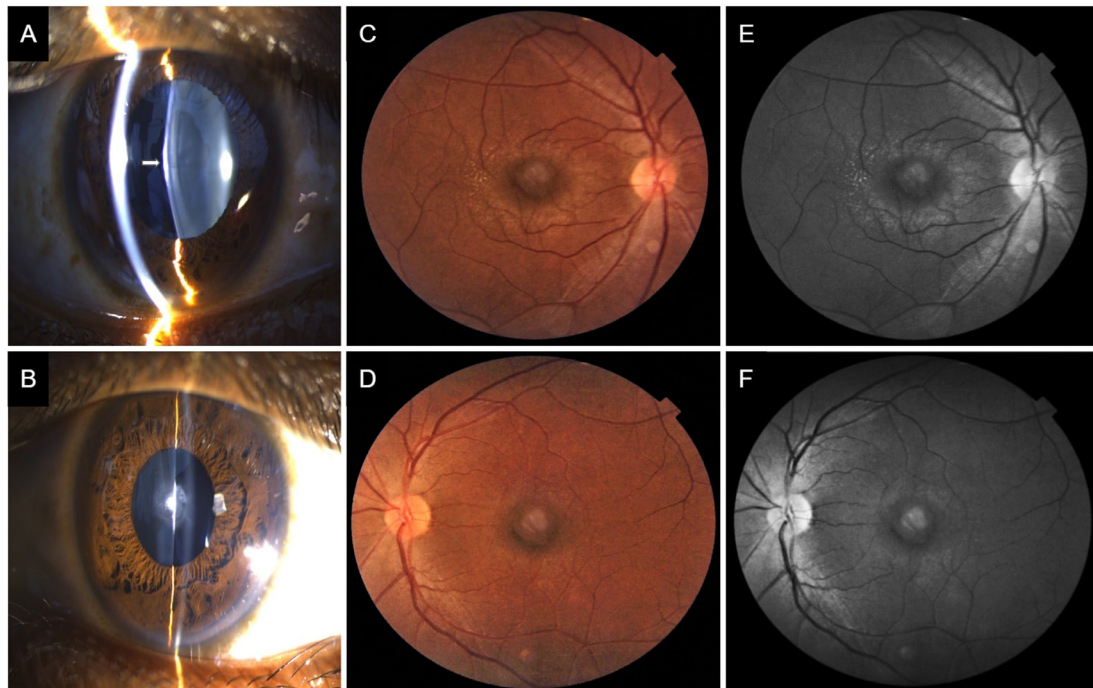
Originally received Apr. 12, 2021. Final revision Apr. 24, 2021. Accepted May. 9, 2021.

Correspondence to Miguel Ortiz Salvador, Consorti Hospital General Universitari de Valencia, Av. de les Tres Creus, 2, 46014 València, Valencia, Spain; miorsal@icloud.com.

Footnotes and Disclosure

The authors have no proprietary or commercial interest in any materials discussed in this article.

Role of multimodal ocular imaging in Alport syndrome



A 19-year-old man with Alport syndrome presented with diminution of vision in his left eye. Slit-lamp biomicroscopy showed an early anterior lenticonus with an anterior subcapsular cataract in his right eye (Fig. 1A) and a dense anterior polar and anterior subcapsular cataract in his left eye (Fig. 1B). Fundus photography revealed central perimacular dot-and-fleck retinopathy with a dull macular reflex or lozenge in both eyes (Fig. 1C, 1D). The flecks were better visualized on red-free imaging as a ring of fine white stippling around the macula (Fig. 1E, 1F). Bilateral temporal retinal thinning was present on optical coherence tomography (Fig. 2A, 2B) with distortion and temporal enlargement of the foveal avascular zone of the superficial retinal plexus on

optical coherence tomography angiography (Fig. 2C, 2D). Ophthalmic imaging can provide a rapid, noninvasive, and relatively inexpensive tool for diagnosis of Alport syndrome and also can help predict progression of renal disease and mode of inheritance in certain situations.

Anirudh Kapoor, MBBS,* Saloni Kapoor, MBBS,† Rohan Chawla, MD*

*All India Institute of Medical Sciences, New Delhi, India;

†University of Pittsburgh Medical Center, Pittsburgh, Pa.

Correspondence to Rohan Chawla, MD, Dr. RP Centre for Ophthalmic Sciences, All India Institute of Medical Sciences, Ansari Nagar, New Delhi, 110029, India; dr.rohanrpc@gmail.com.