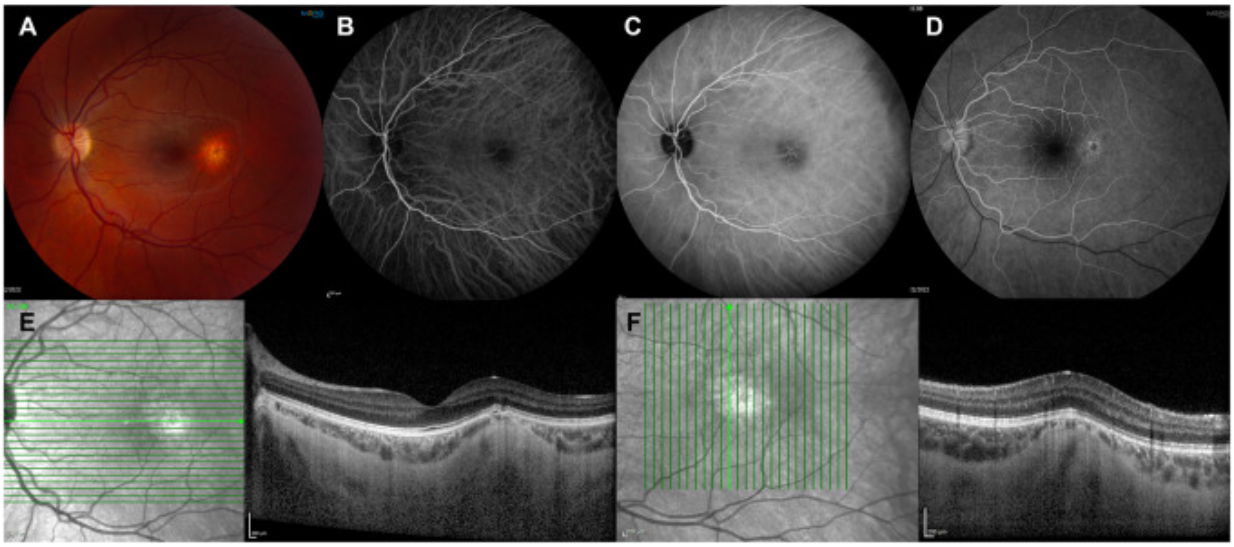
Multimodal imaging and PD-OCT analysis of an isolated focal scleral nodule in a young female



A 27-year-old white female was incidentally noted to have a macular abnormality on routine optometric examination. Her visual acuity was 20/20 in each eye with low myopic correction (–2.50 D), and her past medical history was significant only for asthma. She had no history of ocular or systemic infections, no history of or exposure to tuberculosis, and was not exposed to cats, dogs, or livestock. The lesion (Fig. 1) was an amelanotic 1×2 mm area immediately temporal to the fovea in the left eye. Spectral-domain optical coherence tomography confirmed the anatomic plane of the lesion to be predominantly scleral, compressing the overlying choroidal vasculature and allowing direct scleral visibility. Overlying retinal pigment epithelial (RPE) and outer retinal changes were suggestive of chronicity. The remaining ophthalmic examination was normal except for a left

Mittendorf dot. Ultrasound B-scan showed normal axial length (23.4 mm) and a lesion apical height of 1.3 mm. These findings, in addition to the lack of clinical signs of progression, were felt to be consistent with a focal scleral nodule.

Fig. 1(A) Left colour fundus photograph of an amelanotic lesion immediately temporal to the fovea with overlying retinal pigment epithelium pigmentary changes. Early (B) and late (C) indocyanine green images of the same lesion showing choroidal hypoperfusion at the same area. (D) Early-phase fluorescein angiogram showing staining aligning with overlying retinal pigment epithelium changes. Horizontal (E) and vertical (F) optical coherence tomography scans showing focal nodular scleral thickening compressing the overlying choroidal vasculature with disruption of the retinal pigment epithelium and photoreceptor ellipsoid zone.