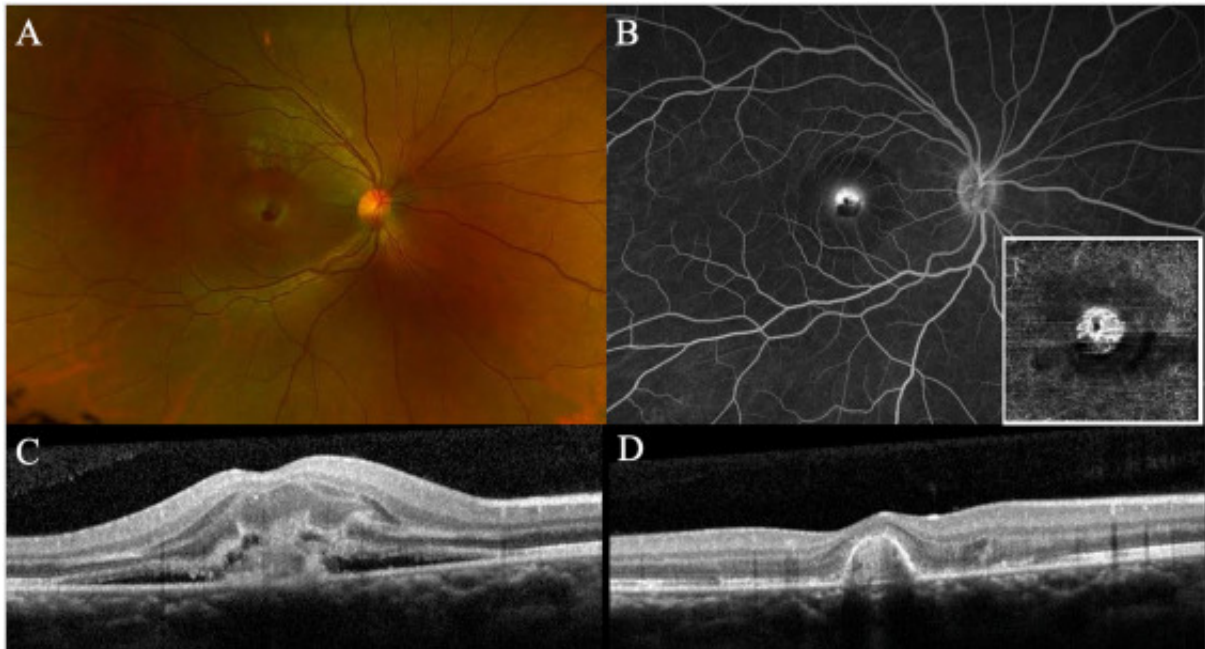


Laser pointer–induced maculopathy with secondary macular neovascularization



A 13-year-old female sustained an inadvertent laser pointer injury during a laser experiment in school. She presented 2 months later with further decreased vision. On examination, there was a foveal submacular hemorrhage (Fig. 1A). Optical coherence tomography revealed subretinal hyperreflective material, subretinal fluid, and a pigment epithelial detachment (Fig. 1C). Optical coherence tomography angiography and fluorescein angiography identified a type I neovascular complex (Fig. 1B). An intravitreal bevacizumab injection was given, and the vision improved from counting fingers to 20/50 with improvement on optical coherence tomography (Fig. 1D). Macular neovascularization is a rare complication of laser maculopathy. It is important to identify because prompt treatment can lead to significant visual improvement.

Fig. 1 **(A)** Colour photograph showing macular hemorrhage, with other posterior pole structures normal. **(B)** Arteriovenous phase of fluorescein angiography with hyperfluorescence in area of neovascular complex (complex identified on optical coherence tomography angiography shown in inset). **(C)** Optical coherence tomography on presentation revealing a pigment epithelial detachment, subretinal fluid, and subretinal hyperreflective material. **(D)** Resolution of subretinal fluid and subretinal hyperreflective material seen on follow-up optical coherence tomography.