Vitreous veils in X-linked retinoschisis

Voiles vitréens dans le rétinoschisis lié à l’X

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Available online 13 June 2018

A 11-year-old boy was referred to our department for sudden decreased visual acuity in his right eye. Best-corrected visual acuity was light perception OD and 20/25 OS, anterior segment and lens were normal in both eyes. Fundus examination revealed massive intravitreal haemorrhage in the right eye, left eye shows tiny cysts in the macula (Fig. 1) with infero-temporal vitreous veils (Fig. 2). The SD-OCT showed inner nuclear cavities that coalesced into large cystoid spaces at the foveal center (Fig. 3).

The diagnosis of X-linked juvenile retinoschisis was suggested, and confirmed by the typical reduced b-wave on the electroretinogram. B-scan ultrasonography of the right eye showed intravitreal haemorrhage and veils with no retinal detachment. The patient was instructed to keep his head of bed elevated into a half-sitting position, and topical Dorzolamide in both eyes for reducing central macular thickness.

Vitreous veils are commonly seen in retinoschisis and there are caused by the occurrence of larger atrophic inner breaks in the thin inner schisis cavities [1]. Bridging vessels may rupture into the cystic cavity or the vitreous [2].

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https://doi.org/10.1016/j.jfo.2017.09.023
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Figure 1. 35° retinography of the left eye showing multiple tiny cysts in the macula.

Figure 2. Wide-angle composite images of the left eye showing multiple vitreous veils connected to the retina with bridging vessels, and anormal underlying retina.
Figure 3. The SD-OCT of the left eye showing microcystic cavities located in the inner nuclear layer and outer nuclear layer that coalesced into large cystoid spaces at the foveal center.

Disclosure of interest

The authors have not supplied their declaration of competing interest.

References
