

Cheryl Devine, BA, CFA, Schiela Eye Institute, University of Pennsylvania, Philadelphia.

WHAT IS THIS MONTH'S MYSTERY CONDITION? Visit aao.org/eyenet to make your diagnosis in the comments.

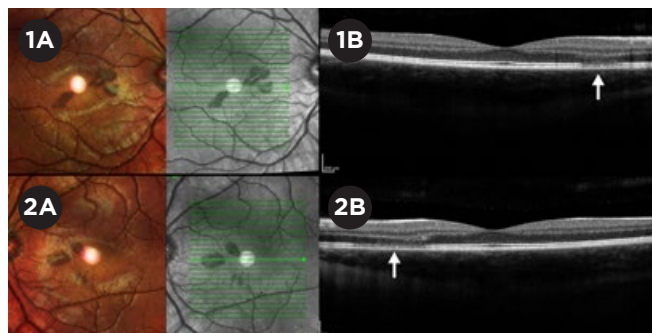
LAST MONTH'S BLINK

Bilateral Acute Macular Neuroretinopathy

A healthy 17-year-old boy presented with a two-day history of bilateral paracentral “shadows” in his vision, which appeared five days after a flulike illness. Although his visual acuity was preserved bilaterally (20/20), Amsler grid testing confirmed the presence of several bilateral paracentral scotomas.

At presentation, fundus examination showed discrete pigmented perifoveal lesions, associated with perifoveal areas of hyperreflective and thickened outer nuclear layer (ONL) as seen on spectral-domain optical coherence tomography (SD-OCT). These findings, together with his previous illness, suggested a diagnosis of acute macular neuroretinopathy (AMN). A nasopharyngeal swab was positive for influenza type B, a common condition associated with AMN. He also had coexisting *Streptococcus* group A pharyngitis, which has not been linked to AMN.

Within two weeks, the lesions became more evident, particularly on infrared reflectance (IR) imaging. IR images show dark petaloid perifoveal lesions typical of AMN (Figs. 1A, 2A), correspond-



ing to areas of thickened ONL and focal disruption of ellipsoid and interdigitation zones on SD-OCT (arrows, Figs. 1B, 2B).

At the four-month follow-up, the patient still had visual complaints, and there were areas of outer retinal thinning on SD-OCT.

MORE ONLINE. Look for this article at aao.org/eyenet to learn more about AMN.

WRITTEN BY JOANA ROQUE, MD, SUSANA HENRIQUES, MD, AND GRAÇA PIRES, MD, PHOTO BY JOANA ROQUE, MD. ALL ARE AT HOSPITAL PROF. DOUTOR FERNANDO FONSECA, LISBON, PORTUGAL.