mystery image



LAST MONTH'S BLINK

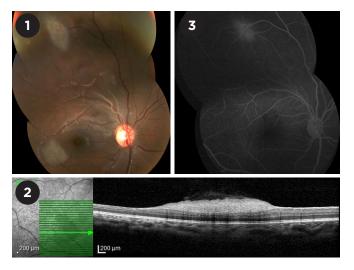
Retinal Astrocytic Hamartoma and Tuberous Sclerosis

13-year-old girl presented to the ophthalmology clinic for a routine exam. Her visual acuity was 20/20, and she had no anterior segment abnormalities. Earlier, in 2017, she had presented to dermatology for facial rashes. In 2018, she had been admitted to the hospital for seizures, prompting brain magnetic resonance imaging (MRI), which showed multiple cortical tubers, subependymal nodules, and giant-cell astrocytomas. This led to the diagnosis of tuberous sclerosis.

Dilated funduscopy of the right eye was significant for multiple astrocytic hamartomas with vessel whitening superior to the optic nerve (Fig. 1). These

astrocytomas were limited to the inner retinal layers, and no subretinal fluid or vessel compression was seen on OCT (Fig. 2). Fluorescein angiography showed patent blood vessels (Fig. 3).

Retinal astrocytic hamartomas rarely affect vision. The patient's seizures and tumor growth are managed with oral everolimus. She is followed every six months with dilated exams and yearly



with MRI, transthoracic echocardiography, and renal ultrasonography to monitor for new tumors.

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