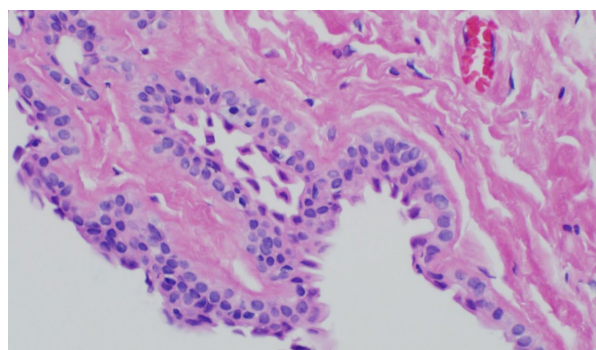
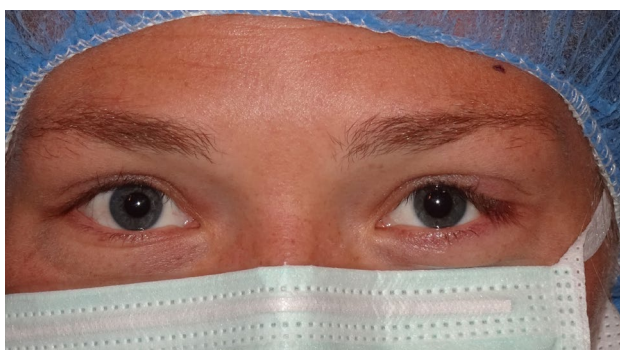




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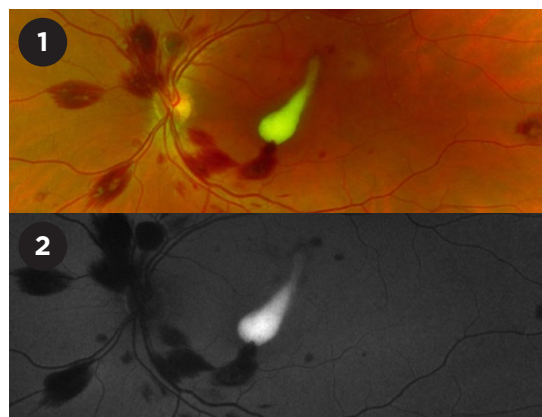


WHAT IS THIS MONTH'S MYSTERY CONDITION? Visit aao.org/eyenet to make your diagnosis in the comments.

LAST MONTH'S BLINK

Sub-Internal Limiting Membrane Dehemoglobinized Hemorrhage

A 32-year-old man with acute myeloid leukemia presented with a one-month history of a large central scotoma of the left eye. His visual acuity was 20/25 in the right eye and count fingers at 2 feet in the left. Posterior segment exam of both eyes demonstrated no anterior vitreous cells, few posterior pigmented vitreous cells, multiple areas of Roth spots, pre-retinal hemorrhages, and intraretinal hemorrhages. The left fundus also had a white foveal lesion (Fig. 1). On fundus autofluorescence imaging, the lesion was dramatically hyperautofluorescent (Fig. 2). On OCT, it was hyperreflective and was found to be beneath the internal limiting membrane (ILM), consistent with a diagnosis of sub-ILM dehemoglobinized hemorrhage. The patient's hemorrhages are secondary to his severe leukemia-induced anemia (hemoglobin, 7.2 g/dL) and thrombocytopenia (9). Although hemor-



rhage is classically hypoautofluorescent on fundus autofluorescence, sub-ILM dehemoglobinized hemorrhage is thought to be hyperautofluorescent because of buildup of fluorophorescent bilirubin due to hemoglobin degradation.

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