JUXTAPAPILLARY CAPILLARY HEMANGIOMA AND CENTRAL SEROUS RETINOPATHY: DESCRIPTION OF A CASE WITH SPONTANEOUS RESOLUTION

HEMANGIOMA CAPILAR YUXTAPAPILAR Y RETINOPATÍA CENTRAL SEROSA: DESCRIPCIÓN DE UN CASO CON RESOLUCIÓN ESPONTÁNEA

PAREJA J1, GUZMÁN J2, CEDAZO M1, VLEMING E1, JIMÉNEZ-PARRAS R1, TEUS MA3

ABSTRACT

Case report: A patient presented with a unilateral decrease of visual acuity and was found to have a juxtapapillary capillary hemangioma by ophthalmoscopy (confirmed by fluorescein angiography) and atrophy in the retinal pigmentary epithelium with leakage points suggesting bilateral central serous retinopathy. Spontaneous resolution of the hemangioma, as well as the central serous retinopathy, subsequently occurred.

Discussion: The decrease of visual acuity in a patient with a juxtapapillary capillary hemangioma has been associated with complications from the lesion itself, but an association of central serous retinopathy, as a possible predisposing factor, has not been previously described (Arch Soc Exp Oftalmol 2006; 81: 337-340).

Key words: Juxtapapillary capillary hemangioma, central serous retinopathy, spontaneous resolution, decrease in visual acuity, complications.

RESUMEN

Caso clínico: Paciente con pérdida de agudeza visual unilateral. Funduscópicamente se observó una masa compatible con hemangioma capilar yuxtapapilar (confirmada mediante angiofluoresceinografía) y alteración del epitelio pigmentario y puntos de exudación en polo posterior compatibles con retinopatía central serosa bilateral. En la evolución se produjo regresión espontánea tanto del hemangioma como de la retinopatía central serosa.

Discusión: La pérdida de visión en un paciente con hemangioma capilar yuxtapapilar se ha relacionado con complicaciones derivados del mismo, no habiendo sido descrita la asociación con retinopatía central serosa, como factor contribuyente.

Palabras clave: Hemangioma capilar yuxtapapilar, retinopatía central serosa, resolución espontánea, disminución de agudeza visual, complicaciones.
INTRODUCTION

Capillary hemangiomas are vascular hamartomas which can express in two ways: as a peripheral lesion (von Hippel-Lindau tumor), or as a juxtapapillary tumor (1). They can be isolated retinal abnormalities or an additional expression of the von Hippel-Lindau tumor (VHL).

Juxtapapillary hemangioma exhibit three possible growth patterns (2):
— Endophytic: this type grows on the surface of the optic nerve or retina, protruding into the vitreous cavity.
— Exophytic: a nodular orange-colored lesion which grows in the external layers of the retina.
— Sessile: flattened appearance, grayish orange color, depends on the middle retinal layers.

This communication describes a case of Juxtapapillary capillary hemangioma exhibiting endophytic growth which started with visual acuity reduction.

CASE REPORT

A 51-year old male who attended the urgency service due to a 5-day evolution of visual acuity reduction in his left eye. The patient’s history included a 6-year evolution of diabetes mellitus without insulin dependency as well as a concussion traumatism in the same eye 15 years ago.

He referred a 5-day non-symptomatic vision loss in his left eye. The visual acuity (VA) taken with the Snellen test gave a result of 1 for the right eye and 0.5 for the left eye. The latter improved to 1 with a spherical correction of +1.5D. The intrinsic and extrinsic ocular motility, as well as the anterior biomicroscopy and tonometry gave normal results.

A funduscopy of the eye under study exhibited a bright reddish orange juxtapapillary mass, well defined and raised (fig. 1). The study also showed an alteration of the pigmentary epithelium in the macular region as well as an alteration in the superior and inferior nervous fiber layer. Ophthalmological exploration of the other eye also revealed a slight alteration in the pigmentary epithelium, as well as the anterior biomicroscopy and tonometry gave normal results.

A funduscopy of the eye under study exhibited a bright reddish orange juxtapapillary mass, well defined and raised (fig. 1). The study also showed an alteration of the pigmentary epithelium in the macular region as well as an alteration in the superior and inferior nervous fiber layer. Ophthalmological exploration of the other eye also revealed a slight alteration in the pigmentary epithelium. A fluorescein angiography was carried out, revealing a filled-in intra-tumoral vascular tree made up with fine capillaries with delayed exudation, confirming the first suspicion of juxtapapillary capillary hemangioma.

Leakage points were observed in the posterior pole of both eyes, suggesting serous central retinopathy (figs. 2 A-C).

A visual field study was carried out, SITA-Standard 24-2 (Zeiss-Humphrey Instruments, Dublin, CA) with corrected vision, stimuli 3, finding a lower nasal defect in the left eye.

Four weeks later, the left eye vision was 0.6 (corrected, +0.5 sph + 1 x 48 cil) 1, while the right eye vision was of 0.4 (corrected, +0.5 sph +0.25 x 170 cil) 0.6. A new fluorescein angiography revealed that the visual acuity reduction in the left right was due to a serous central retinopathy.

Eight weeks after the start of symptoms, a spontaneous regression was found of the juxtapapillary capillary hemangioma as well as of the bilateral serous central retinopathy, with VA returning to 1 in both eyes (fig. 3).

DISCUSSION

Capillary hemangiomas are new vascular growths made up of numerous capillary vessels covered by a nor-
mal endothelium separated by large vacuolated polygonal interstitial cells, containing inside a lipidic-looking material. The vascularization thereof depends on the choroidal and also the retinal layers.

In their evolution, the capillaries which comprise the hemangioma become incompetent, giving rise to a sub-and intra-retinal progressive macular exudation which on some occasions leads to the diagnostic.

It is not infrequent to confuse juxtapapillary hemangioma with papillitis, papilledema, choroidal neovascularization or choroiditis (2).

Juxtapapillary capillary hemangiomas can appear in isolation or be an additional expression of the VHL syndrome (2). Therefore, with a capillary hemangioma patient it is a requirement to carry out a systemic and multi-disciplinary study searching for other abnormalities, as well as a family screening (3).

Juxtapapillary capillary hemangiomas can remain non-symptomatic or express as a visual acuity reduction (due to serous or tractional retina detachment (3), formation of epi-retinal membrane or hemorrhage). Several treatments have been proposed for capillary hemangiomas, both peripheral and juxtapapillary.

In what concerns juxtapapillary hemangiomas, several authors propose a non-aggressive approach (4) because they exhibit a greater tendency toward stability. Their spontaneous disappearance has been described. However, it must be taken into account that this type of lesion has a bad prognosis due to the difficulties for obtaining an early diagnostic and the restricted accessibility thereof.

In case of a progression of the lesion or visual acuity reduction, argon or diode laser photocoagulation is the therapy applied by most authors (5).

Serous central retinopathy can be an additional contributing factor to visual acuity reduction of patients with juxtapapillary capillary hemangioma with spontaneous remission. We are probably facing a purely random association of two different pathologies, although we cannot discard a common link between both which has not yet been described.

REFERENCES


