Ophthalmic Images

Intravitreal Glioma in a Boy Aged 7 Years

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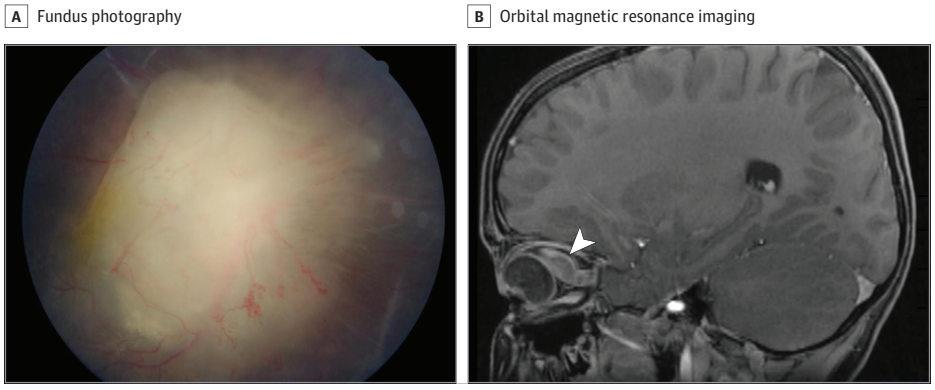

Figure. Fundus photography and orbital magnetic resonance imaging (MRI) in a 7-year-old boy referred for right leukocoria. A, Fundus photography shows a white prepapillary mass with intravitreal extension. B, MRI reveals an intraorbital mass (arrowhead) typical of a glioma, pushing on the globe of the eye, resulting in the hypotropia and proptosis found on clinical examination.

A 7-year-old boy with neurofibromatosis type 1 (NF1), lost to follow-up for 2 years, was referred for right leukocoria. Slight ipsilateral proptosis, hypotropia, and a complete loss of light perception were observed; the right pupil was unreactive to light. Slitlamp examination showed bilateral Lisch nodules (iris hamartomas) and moderate right vitreous Tyndall (light scatter from the presence of vitreous cells). Fundus examination revealed a white telangiectatic papillary mass growing into the vitreous cavity (**Figure**, A). Orbital magnetic resonance imaging showed an optic nerve glioma oriented against the globe of the eye (Figure, B, arrowhead).

Gliomas of the optic nerve, ie, centered on the optic nerve, as opposed to those centered on the chiasm, are 1 type of optic pathway glioma (OPG). OPGs affect approximately 15% of children with NF1, most frequently at the level of the optic chiasm. Clinical presentation is classically similar to the one displayed in this patient, except for the unusual severe visual loss and extension beyond the lamina cribrosa, which gives rise to an exceptionally visible, intravitreal OPG.

ARTICLE INFORMATION

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Conflict of Interest Disclosures: None reported.

Additional Contributions: We thank the patient's parent for granting permission to publish this information.