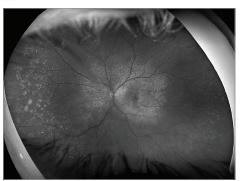
## **Ophthalmic Images**

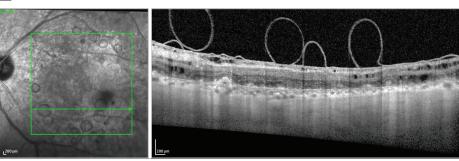
## An Epiretinal Roller Coaster Effect

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B Spectral-domain optical coherence tomography, left eye



**Figure.** A, Ultra-widefield retinal photography of the left eye confirming the absence of silicone or perfluorocarbon oil fill in their eye. B, Spectral-domain optical coherence tomography of the left eye showing the unusual wavy presentation of the epiretinal membrane creating a roller coaster appearance with multiple loops.

A patient in their 70s with known bilateral age-related macular degeneration (AMD) but otherwise healthy was referred by their



Multimedia



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optician to rule out neovascular AMD. Their best-corrected visual acuity was 6/9 (20/32) OD and 6/24 (20/80) OS. The intraocular pressure was 10 mm Hg in both eyes. Anterior segment examina-

tion showed mild nuclear cataracts with no inflammation. Dilated ophthalmoscopy and ophthalmic imaging with ultra-widefield retinal

photography (Figure, A) and spectral-domain optical coherence tomography (Figure, B and Video) revealed bilateral posterior vitreous detachment, patches of geographic atrophy, and the absence of neovascular AMD features. However, the left retina showed an epiretinal membrane (ERM) with traction on the retina associated with retinoschisis or cystoid abnormalities within the inner retina and an irregular contour to the fovea. The ERM had an unusual wavy presentation creating a roller coaster appearance with multiple loops attached to the inner retina. This patient was otherwise asymptomatic; therefore, we opted to observe the patient with no surgical intervention at this stage. <sup>1-5</sup>

## ARTICLE INFORMATION

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## REFERENCES

- 1. Fung AT, Galvin J, Tran T. Epiretinal membrane: a review. *Clin Exp Ophthalmol*. 2021;49(3):289-308. doi:10.1111/ceo.13914
- **2**. Stevenson W, Prospero Ponce CM, Agarwal DR, Gelman R, Christoforidis JB. Epiretinal membrane: optical coherence tomography-based diagnosis and classification. *Clin Ophthalmol*. 2016;10:527-534. doi:10.2147/OPTH.S97722
- **3**. Fleckenstein M, Mitchell P, Freund KB, et al. The progression of geographic atrophy secondary to

age-related macular degeneration. *Ophthalmology*. 2018;125(3):369-390. doi:10.1016/j.ophtha.2017.08. 038

- 4. Al-Khersan H, Shaheen AR, Flynn HW Jr, Smiddy WE. Natural history and surgical timing for idiopathic epiretinal membrane. *Ophthalmol Retina*. 2022;6(11):978-984. doi:10.1016/j.oret.2022.02.014
- 5. Dong LK, Shields RA, Krebs DB. An unusual, idiopathic scrolled epiretinal membrane. *JAMA Ophthalmol*. 2021;139(5):e211146. doi:10.1001/jamaophthalmol.2021.1146