

Ophthalmic Images

Large Retinal Cystoid Abnormality on Ultra-Widefield Swept-Source OCT

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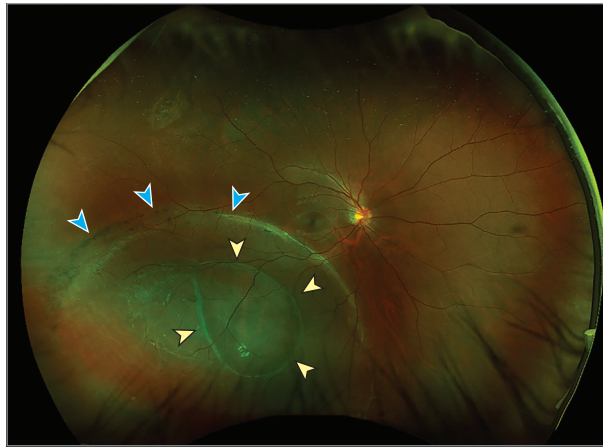


Figure 1. Scanning laser ophthalmoscopy reveals an inferotemporal retinal detachment and a large retinal cystoid abnormality (yellow arrowheads), with a pigment demarcation line (blue arrowheads).

A 29-year-old male patient experienced a 2-week fluctuating vision loss and eye strain in his right eye, with best-corrected visual acuity (BCVA) of logMAR 0.2 (20/32). The axial length of his right eye was 26.43 mm. Fundus examination showed features



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suggestive of an inferotemporal rhegmatogenous retinal detachment. Scanning laser ophthalmoscopy revealed an

inferotemporal retinal detachment with a large retinal cystoid abnormality at the 7 o'clock position, without any detectable retinal holes or subfoveal fluid (**Figure 1**). Ultra-widefield swept-source optical coherence tomography (BM-400K BMizar [TowardPi Medical Technology]) showed the cavity of the retinal cystoid abnormality and the retinal detachment, without any detectable retinal holes (**Figure 2**). The diagnosis was a retinal cystoid abnormality and a retinal detachment. After 1 week of

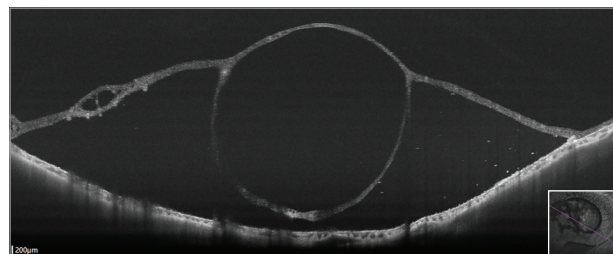


Figure 2. Ultra-widefield swept-source optical coherence tomography reveals the cavity of the retinal cystoid abnormality and a retinal detachment.

rest, BCVA improved to logMAR 0 (20/20). We speculated his fluctuating visual loss was related to asthenopia. Careful observation with frequent follow-up initially were advised given the risk of retinal detachment extension into the macula.

ARTICLE INFORMATION

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