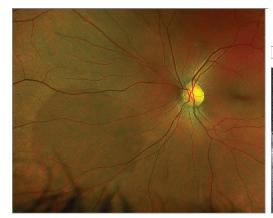
Ophthalmic Images

Dark-Without-Pressure Lesion in a Patient in Their Mid-40s

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A Fundus photography



B Optical coherence tomography

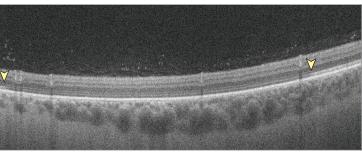


Figure. Dark-without-pressure lesion. A, Color fundus photography of the left eye shows a flat, well-circumscribed subretinal lesion. B, Optical coherence tomography image demonstrates outer segment and ellipsoid zone hyporeflectivity (yellow arrowheads) within the lesion and normal architecture of adjacent unaffected retina.

A patient in their mid-40s presented with a growing pigmented choroidal nevus. They denied decreased vision, photopsia, new floaters, and history of malignancy. Visual acuity was 20/20 OU, and fun-



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dus examination of the right eye revealed a flat, brown, subretinal lesion measuring 9 × 8 mm, without associated orange pig-

ment, subretinal fluid, or drusen (**Figure**, A). B-scan ultrasonography was normal. Optical coherence tomography demonstrated normal underlying choroid with an abrupt change in the photore-

ceptor zones (outer segment and ellipsoid zones) with relative hyporeflectivity at the transition zone between unaffected retina and the lesion (Figure, B). The findings were characteristic of a dark-without-pressure lesion, which is a well-demarcated, flat, brown, semitranslucent subretinal lesion, analogous to a white-without-pressure lesion. ^{1,2} Visual field testing and full-field electroretinography demonstrate preserved retinal function. ^{1,3} Early identification avoids inappropriate treatment. Only observation is recommended as the lesion may be transient and frequently wax and wane over time.

ARTICLE INFORMATION

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REFERENCES

1. Fawzi AA, Nielsen JS, Mateo-Montoya A, et al. Multimodal imaging of white- and dark-without-pressure fundus lesions. *Retina*. 2014;

34(12):2376-2387. doi:10.1097/IAE. 00000000000000388

- 2. Nagpal KC, Goldberg MF, Asdourian G, Goldbaum M, Huamonte F. Dark-without-pressure fundus lesions. *Br J Ophthalmol*. 1975;59(9):476-479. doi:10.1136/bjo.59.9.476
- 3. Diaz RI, Sigler EJ, Randolph JC, Rafieetary MR, Calzada JI. Spectral domain optical coherence tomography characteristics of white-without-pressure. *Retina*. 2014;34(5):1020-1021. doi:10.1097/IAE.0000000000000012