A Hispanic woman in her 40s was referred for an asymptomatic epiretinal membrane in the left eye. Ocular history included amblyopia of the left eye. Medical history included chronic neuropathy, ataxia, and myelopathy of unknown etiology for which she was followed up by a neurologist. Family history was positive for consanguinity, but there were no known inherited conditions. Genetic testing showed a homozygous variant of undetermined significance in the SACS gene and a variant of undetermined significance in the SLC5A7 gene, but it was inconclusive whether these variants were related to her systemic conditions. Review of systems was otherwise negative.

On initial examination, best-corrected visual acuity was 20/30 OD and 20/100 OS. Intraocular pressure, pupils, anterior segment, and visual fields were normal bilaterally. Extraocular movements were saccadic with gaze-evoked horizontal nystagmus. Fundus examination revealed prominent peripapillary retinal nerve fibers with papillomacular bundle fine striae and slightly blunted foveal light reflex. There was also an irregular sheen of the nasal macula in both eyes, greater in the left eye (Figure 1). Axial length was 22.93 mm in the right eye and 22.10 mm in the left eye, with anterior chamber depth of 3.44 mm and 3.37 mm in the right and left eye, respectively.

WHAT WOULD YOU DO NEXT?

A. Obtain an electroretinogram

B. Obtain optical coherence tomography of the macula and retinal nerve fiber layer

C. Schedule pars plana vitrectomy with membrane peeling

D. Obtain visual field testing