Figure 1 (a) Fundus photograph of the patient showing an inferior retinochoroidal coloboma with an active choroidal neovascular membrane (CNV); (b) late-phase angiogram showing the leak of the CNV surrounded by blocked fluorescence of the subretinal haemorrhage; and (c) vertical optical coherence tomogram (OCT) through the macula and coloboma showing the submacular neovascular tissue. (d) A year later, after two consecutive monthly injections of intravitreal bevacizumab, the fundus picture shows regression of the CNV, with (e) staining evident on the angiogram and (f) complete resolution of the lesion evident on OCT.

Of the five eyes treated with laser photocoagulation, two showed improvement in vision, with the rest remaining at the same level.¹ PDT improved the vision in a child.⁴ Only one of the four conservatively managed cases reported stabilization of vision.^{1,3} Bevacizumab has been used off-label, as intravitreal therapy for CNV, successfully.⁵ We report on the regression of CNV associated with a retinochoroidal coloboma in a uni-ocular patient, who received two injections of intravitreal bevacizumab and showed significant visual improvement over a year.

Conflict of interest

The authors declare no conflict of interest.

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A Rajendran, SR Gupta, S Brahadeesh and K Ramasamy

Retina-Vitreous Service, Aravind Eye Hospital and Postgraduate Institute of Ophthalmology, Madurai, Tamil Nadu, India
E-mail: anandrjn@gmail.com

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Sir, White dots in the eye fundus revealing Hodgkin's lymphoma

Hodgkin's lymphoma (HL) is a malignant growth of cells in the lymph system whose clinical manifestations rarely have ocular involvement.^{1–3} Posterior uveitis manifested as white dots in the fundus is uncommon in patients with HL. These are more unusual if presented isolated and as a first sign of the lymphoma without any other systemic finding.⁴ We report a case of white dots in the fundus as first clinical manifestation that allowed revelation of HL.

Case report

A healthy 29-year-old woman presented with complaints of decline in bilateral visual acuity. Best-corrected visual acuity was 20/100 for far and 20/20 for near in both eyes. Funduscopy revealed white dots in the outer retina of the posterior pole and in the middle of the periphery, associated to a macular oedema, papillitis, and a moderate hyalitis (Figure 1). Fluorescein angiography showed peripheral venous leakage in both eyes (Figures 2 and 3).

Two months later, the number and size of white dots increased. Within the extensive diagnostic testing we performed, only a thoracic CT scan showed multiple parenchymatous microadenopathies. We treated the patient with systemic corticosteroids combined with an

immunosuppressor, which allowed the regression of posterior uveitis, and resulted in partial regression of inflammatory signs, and improvement of visual acuity.

Three months later, a subclavicular lymphadenopathy appeared. A new thoracic CT scan showed several mediastinal lymphadenopathies. The lymph node biopsy revealed nodular sclerosing HL at clinical stage II-A. We administered chemotherapy followed by cervicomedial radiotherapy 6 months later. Ocular inflammatory signs disappeared after the treatment. However, white dots persisted for several months (Figures 4 and 5).

Two years later, visual acuity was 20/20 for far and near. No recurrence was detected.

Figure 1 (a) Funduscopy revealing white dots in the posterior pole and associated to macular oedema, papillitis, and moderate hyalitis. (b) White dots in the middle of the periphery.

Figure 2 Fluorescein angiography of the right eye before treatment.

Figure 3 Fluorescein angiography of the left eye before treatment.

Figure 4 Fluorescein angiography of the right eye after chemotherapy.

Comment

Although exceptionally described, posterior uveitis can be caused by HL.^{3,4} This case illustrates how the treatment of lymphoma can control posterior uveitis.

To promote timely diagnosis and treatment, which are essential not only for visual acuity but also for

the life of the patient, it is crucial to know that HL can have posterior uveitis as first manifestation. Thus, in a case of posterior uveitis with unknown aetiology that does not respond to treatment, it is imperative to repeat the diagnostic tests.

Figure 5 Fluorescein angiography of the left eye after chemotherapy.

Conflict of interest

The authors declare no conflict of interest.

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A Mateo-Montoya¹, S Bonnel¹, B Wolff¹, E Héron² and J-A Sahel¹

¹Ophthalmology Service, Fondation ophtalmologique Adolphe de Rothschild, Paris, Ile de France, France

²Internal Medicine Service, Hôpital XV-XX, Paris, Ile de France, France
E-mail: bonneloph@gmail.com

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Sir,

The eye of Horus in a subgaleal haematoma: where art imitates life

A heavily lined eye of the falcon god Horus, also called the 'Eye of Ra', was said to have healing and protective powers in ancient Egypt. We describe a patient who developed the eye of Horus after a traumatic scalp injury, a unique association not previously reported.

Case report

A 31-year-old woman with newly diagnosed acute myeloid leukaemia fell out of bed while reaching for a bedside commode. On examination, she had a left eyelid haematoma with a striking outline of the upper and lower lids, resembling the eye of Horus (Figure 1). The orbital haemorrhage extended over the left eyebrow, creating a shadow. She had small subconjunctival haemorrhages bilaterally and no visual changes. Noncontrast axial computed tomography of the brain revealed a left frontoparietal subgaleal soft tissue haematoma and no intracranial bleeding or skull fracture (Figure 2). The patient had profound neutropenia and thrombocytopenia as a result of intensive chemotherapy, with platelet count below 10 000/cu mm. After the patient shaved her head, a purpuric skin lesion, surrounded by extensive resolving scalp ecchymosis was evident (Figure 3). She was supported with platelet transfusions, with resolution of her skin findings over the next several days.

Comment

Cranial trauma infrequently leads to clinically significant subgaleal haemorrhage (SGH), but even