Abstract 80

RETINAL VASOPROLIFERATIVE TUMOURS HAVE VARIED CLINICAL COURSE REQUIRING TAILORED MANAGEMENT

Oral

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Purpose:

Retinal vasoproliferative tumours (VPT) are rare, benign vascular tumours associated with exudation. There is currently no consensus on management. Herein, we describe a varied clinical course and management of three patients with vasoproliferative tumours.

Methods:

Retrospective case series including clinical features, retinal imaging and interventions. Literature review included.

Case 1: 76-year-old female with vitreous haemorrhage and epiretinal membrane, found to have a longstanding solitary VPT. She previously declined plaque radiotherapy.

Case 2: 24-year-old female with an inferonasal VPT and retinitis pigmentosa (unknown genetic mutation). Examination demonstrated unilateral chronic cystoid macular oedema and inferonasal peripheral retinal yellow-red lesions with exudation.

Case 3: 28-year-old female with an inferotemporal VPT lesion and childhood-onset RP (CRB1 mutation) of Coat's-type phenotype. Examination revealed localised inferior serous detachment with a vascular complex, vitritis, and CMO. The fellow eye showed chronic tractional RD.

Results:

Case 1 underwent routine ERM surgery and a quiescent VPT was noted intraoperatively. Observation continued and she remained stable 1-month post-op.

Case 2 underwent initial intravitreal Ozurdex/cryotherapy. 6 months post-operatively showed good response of VPTs, though her CMO progressed. The decision was made for observation due to pregnancy. She was stable at 9 months review.

Case 3 was offered intravitreal anti-VEGF and oral acetazolamide. Laser was performed to inferior RD. External plaque radiotherapy was given for increasing submacular fluid, which stabilised the fundus. However, post-radiation retinopathy and inflammation ensued. Subtenon triamcinolone mitigated the inflammation/CMO and close observation for inflammatory/fibrovascular membranes continues.

Conclusions:

VPTs are rare and there is currently no consensus on management. These cases reiterate the need for tailored management according to patient factors. More severe presentations may be associated with inherited retinal dystrophies. In our series, CRB1 variant led to a particularly prolonged and complicated clinical course requiring aggressive management.