ISSN: 2640-9615

Clinical Image

## Large Colloid Drusen in Young Patient

Khamaily M<sup>1</sup>, Salem JB<sup>1</sup>, Tarib I<sup>1</sup>, Abdellaoui T<sup>1</sup>, Mouzari Y<sup>1</sup>, Asri FE<sup>1</sup>, Reda K<sup>1</sup> and Oubaaz A<sup>1</sup>

<sup>1</sup>Department of Ophthalmology, The Mohammed V Military Teaching Hospital, Faculty of Medicine and Pharmacy, Mohammed V University Rabat, Morocco

Volume 4 Issue 4- 2020 Received Date: 02 May 2020

Accepted Date: 16 May 2020 Published Date: 21 May 2020

## 1. Abstract

Drusen are yellow or white accumulations of extracellular material made up of lipids and proteins, that build up between basal blade of retinal pigment epithelium and collagen layer of Bruch's membrane.

They are the most common clinical manifestation of aging and usually occur in the population over 50 years old, however a special entity may occur earlier, especially Large Colloid Drusen [1,2].

Large Colloid Drusen most often develops in women with no family history of retinopathy, with a low risk of choroidal neovascularization or significant loss of visual acuity [3].

We report the case of a 45 years old female patient, with no prior ophthalmological or general history, who presented to the consultation for decreased near visual acuity.

The far visual acuity was 20/20 OU without correction, examination of the anterior segment was normal.

At the Fundoscopy: Large bilateral lesions, yellowish under retinal from the posterior pole to the mid-periphery (Figure 1), without reaching the extreme retinal periphery (Figure 2).

Fluorescein angiography objected: hyperfluorescence in early and late times (Figure 3).

Macular OCT: Convex shaped drusen with homogeneous internal hyper-reflectivity, and attenuation of the ellipsoid zone in relation without reaching the fovea. (Figure 4).

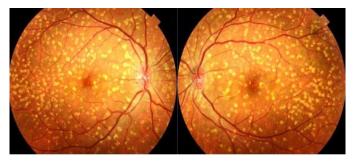


Figure 1: Large bilateral lesions, yellowish under retinal from the posterior pole to the mid-periphery.

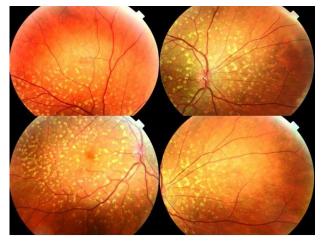


Figure 2: Yellowish lesions stop at mid-periphery.

\*Corresponding Author (s): Mehdi Khamaily, Department of Ophthalmology, The Mohammed V Military Teaching Hospital, Faculty of Medicine and Pharmacy, Mohammed V University Rabat, Morocco, E-mail: mehdi.khamaily@gmail.com

**Citation:** Khamaily M et al., Large Colloid Drusen in Young Patient. Journal of Clinical and Medical Images. 2020; V4(4): 1-2.

Volume 4 Issue 4 - 2020 Clinical Image

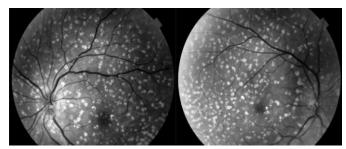
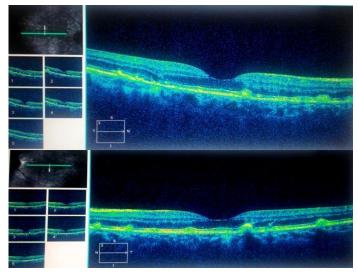


Figure 3: Hyper fluorescence from the early stage.



**Figure 4:** Drusen's appearance with homogeneous hyper-reflectivity, with attenuation of the ellipsoid area in relation without reaching the fovea.

## References

- 1. Guigui B, Querques G, Leveziel N, Bouakkaz H, Massamba N, Coscas G, et al. Spectral domain optical coherence tomography of early onset large colloid drusen. Retina. 2013; 33(7): 1346-50.
- De Bats F, Wolff B, Mauget-Faÿsse M, Meunier I, Denis P, Kodjikian L. Association of reticular pseudodrusen and early onset drusen. ISRN Ophthalmol. 2013; 273085.
- 3. Roberti NC, Dias JRO, Novais EA, Regatieri CS, Belfort R Jr. Large colloid drusen analyzed with structural en face optical coherence tomography. Arq Bras Oftalmol. 2017; 80(2): 122-4.