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A Case of Large Solitary Congenital Hypertrophy of the Retinal Pigment Epithelium

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Abstract **Case Report**

Congenital hypertrophy of retinal pigment epithelium (CHRPE) is a benign, pigmented, flat lesion arising from the retinal pigment epithelium. We present a case of relatively large CHRPE in a 45-year-old woman. Ophthalmoscopy revealed a well-demarcated, flat, brownish-black pigmented lesion with lacunae in inferonasal quadrant in the left eye. The size of the lesion was approximately 12 mm, which was relatively large compared to previous reports.

Keywords: Congenital hypertrophy of retinal pigment epithelium.

INTRODUCTION

Congenital hypertrophy of retinal pigment epithelium (CHRPE) is a benign, pigmented, flat lesion arising from the retinal pigment epithelium (RPE) [1-4]. Often, it is discovered coincidentally on ocular examination because most patients are without related symptoms [1, 2].

We describe ophthalmoscopic findings in a patient with relatively large solitary CHRPE.

CASE REPORT

A 45-year-old female presented to us for routine eye examination. Her personal and family history were unremarkable. On examination, her best corrected visual acuity was 1.2 in both eyes. Anterior segment was normal. Ophthalmoscopy revealed a well-demarcated, flat, brownish-black pigmented lesion with lacunae in inferonasal quadrant in the left eye (Figure 1). The size of the lesion was approximately 12 mm.

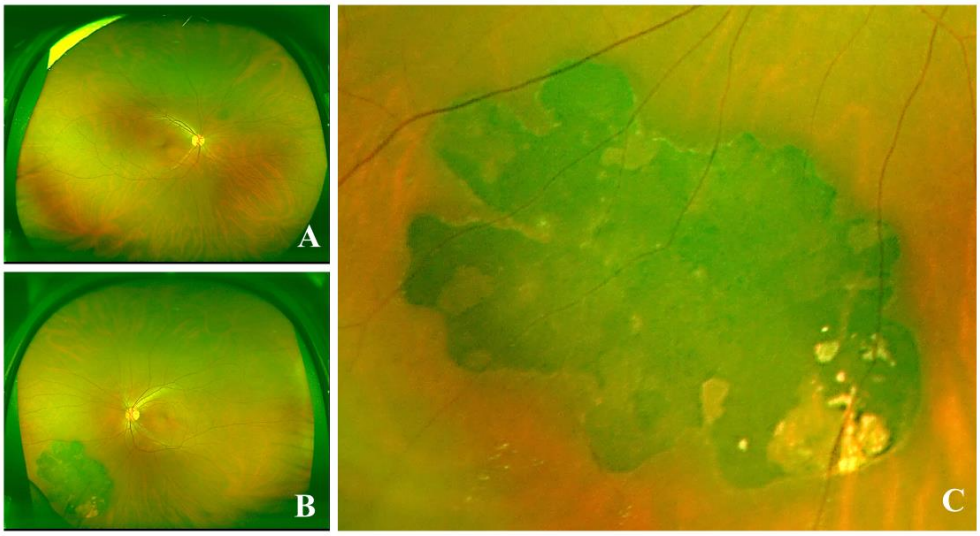

Fig 1: Right (A) and left (B) fundus photographs. Note a well-demarcated, flat, brownish-black pigmented lesion with lacunae in inferonasal quadrant in the left eye. (C) High-magnification image of the left fundus

We diagnosed our patient with solitary CHRPE. The patient was followed without treatment.

DISCUSSION

Shields *et al*., [1] described the clinical features of solitary 337 CHRPE in 335 eyes of 330 patients. According to their report, the lesion most frequently was located inferotemporally (31%) and at the equatorial region (45%). Rarely, it was located in the macula (1%) or peripapillary region (1%). The lesions were unilateral in 325 patients (98%), darkly pigmented in 297 patients (88%), sharply demarcated in 337 patients (100%), and completely flat in 332 patients (99%). The size of the lesion is reported as range from 0.2 mm to 13 mm (median 4.5 mm). At the lesion margin, a regular margin was noted in 211 patients (63%), and an irregular margin was noted in 126 patients (37%), a pigmented halo was noted in 193 patients (57%), and a nonpigmented halo was noted in 154 patients (46%). In this present patient, relatively large pigmented irregular CHRPE with surrounding nonpigmented halo as well as multiple intralesional lacunae was observed. Shields *et al*., [1] also described that flat enlargement of the lesion was documented in 46% of patients with comparative photographic follow-up and in 83% of those followed up for more than 3 years. The lacunae showed gradual enlargement in 32%. The most important factor associated with flat lesion enlargement was relative size of the lacunae within CHRPE. Therefore, long-term follow up is necessary in this patient.

Conclusion: We describe ophthalmoscopic findings in a patient with relatively large solitary CHRPE.

Disclosure: The authors have no conflicts of interest to disclose.

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