

Retinal capillary hemangioma

Hemangioma capilar retiniano

Liria Yamamoto-Rodríguez^{1*}, Maria Klecheva-Maksimova², Daniel Lorenzo-Parra¹, and Josep Maria Caminal-Mitjana¹

¹Department of Ophthalmology, University Hospital of Bellvitge, Hospitalet de Llobregat, Barcelona; ²Department of Ophthalmology, San Pedro Hospital, Logroño. Spain

Abstract

This manuscript describes a case of a retinal capillary hemangioma which had been impairing our patient's vision for a number of years. We performed widefield retinal imaging which revealed the patient's vasoproliferative tumor, as well as fluorescein angiography, which displayed its intricate vascular network, depicting the characteristic vascular nature of this vasoproliferative tumor. This case also underlines the importance of ruling out other disease locations due to its association with von Hippel-Lindau syndrome.

Keywords: Hemangioma. Retina. Vasoproliferative.

Resumen

Este manuscrito describe un caso de hemangioma capilar retiniano que afectaba la visión de nuestra paciente durante varios años. Realizamos imágenes de retina de campo amplio que revelaron el tumor vasoproliferativo de la paciente, así como una angiografía fluoresceínica que mostró su intrincada red vascular, destacando la naturaleza vascular característica de este tumor vasoproliferativo. Este caso también acentúa la importancia de descartar otras localizaciones de la enfermedad por su asociación con el síndrome de von Hippel-Lindau.

Palabras clave: Hemangioma. Retina. Vasoproliferativo.

Introduction

A 38-year-old woman was referred to our ocular oncology unit to determine treatment options for a retinal capillary hemangioma in her right eye. She referred a superior visual defect for about 18 years and was previously treated with cryotherapy in another center with unsuccessful results. The rest of her personal and family medical history were not contributory to her findings. Her best-corrected Snellen visual acuity was 20/40 OD and 20/12.5 OS.

Indirect ophthalmoscopy revealed a raised, rounded, and orange-red retinal lesion with three-disk diameters, in the midperiphery of the inferior temporal retina. It showed notably dilated feeding vessels and yellowish lipid exudates accumulating as well as an associated inferior serous retinal detachment and macular vitreous tractions (Fig. 1).

Swept-source optical coherence tomography images showed macular retinoschisis and paramacular vitreous tractions (Fig. 2). Fluorescein angiography revealed early hyperfluorescence in the tumoral lesion. All sequences

Correspondence:

*Liria Yamamoto-Rodríguez

E-mail: liriayamamoto@gmail.com

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Figure 1. Widefield retinography of the retinal capillary hemangioma. An exophytic retinal capillary hemangioma in the midperiphery of the inferior temporal retina with associated exudates and serous retinal detachment as well as vitreous tractions can be seen.

showed dilated and tortuous feeder and drainage vessels. An intricate network of capillaries could be seen inside the tumor, with perilesional leakage.

Contact B-scan ultrasonography measurements were 2.18 mm in height and 6.86×4.65 in basal diameter. A-scan ultrasonography revealed predominantly high internal reflectivity.

We suggested performing a vitrectomy to release tractions, intraoperative argon laser therapy on the aberrant vessels, and endocryocoagulation. Following this treatment, tumoral vessels showed a decrease in caliber, macular tractions were successfully freed and inferior serous retinal detachment as well as macular exudative lesions persisted.

It is imperative to exclude other hemangioblastoma locations due to its association with von Hippel-Lindau syndrome¹⁻³.

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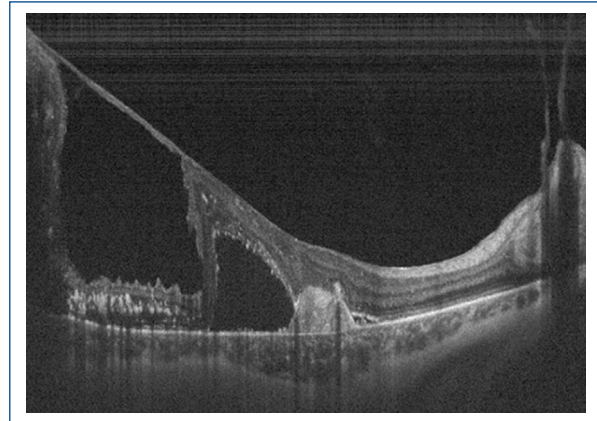


Figure 2. Swept-source optical coherence tomography of the retinal capillary hemangioma. A neurosensory detachment and vitreous tractions extending from the macular region can be seen.

Conflicts of interest

The authors declare that there are no conflicts of interest.

Ethical disclosures

Protection of people and animals. The authors declare that no experiments have been performed on humans or animals for this research.

Data confidentiality. The authors declare that they have followed the protocols of their work center on the publication of patient data.

Right to privacy and informed consent. The authors have obtained the informed consent of the patients and/or subjects referred to in the article.

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