Unilateral macular edema in a case of ushers syndrome type 1

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Abstract
A 58 year old male with longstanding history of retinitis pigmentosa presented with blurry vision in the right eye since 4 months. Ocular examination revealed retinitis pigmentosa changes in both eyes, epiretinal membrane with macular edema in right eye confirmed by optical coherence tomography and fundus fluorescein angiography. He had bilateral cochlear implants for bilateral hearing loss few years ago.

Case description
A 58-year old male with longstanding history of retinitis pigmentosa presented with blurry vision in the right eye since 4 months. Ocular examination revealed retinitis pigmentosa changes in both eyes, epiretinal membrane with macular edema in right eye confirmed by optical coherence tomography and fundus fluorescein angiography. He had bilateral cochlear implants for bilateral hearing loss few years ago.

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Key words: ushers syndrome, epiretinal membrane, macular edema, optical coherence tomography, fluorescein angiography

Received: January 20, 2016; Accepted: February 08, 2016; Published: February 12, 2016
improvement in VA in patients with dorzolamide (p=0.20). There was
decrease in the foveal thickness and foveal zone thickness in patients
on ketorolac (27% of eyes) and dorzolamide (23% of eyes) after 1 year
of treatment [7]. They concluded that the few selected patients with
USH and RP showed improvement in visual acuity with both topical
ketorolac and dorzolamide [7]. Our USH patient was considered for
observation than oral or topical acetazolamide medication in view of
associated ERM that might have lead to the unilateral CME. Future
studies are needed in future to report long term visual outcomes of
topical anhydrase inhibitors in patients of USH with CME.

References
   [Crossref]
2. Friedman TB, Schultz JM, Ahmed ZM, Tsilou ET, Brewer CC (2011) Usher syndrome:
   hearing loss with vision loss. Adv Otorhinolaryngol 70: 56-65. [Crossref]
   with Usher II syndrome. Eye (Lond) 23: 1206-1209. [Crossref]
   Hum Genet 55: 327-335. [Crossref]
   heterogeneity. Med Clin (Barc) 125: 423-427. [Crossref]
   cystic macular lesions in patients with retinitis pigmentosa and usher syndrome. Arch
   Ophthalmol 128: 1146-1150. [Crossref]
7. Lemos Reis RF, Moreira-Gonçalves N, Estrela Silva SE, Brandão EM, Falcão-Reis FM
   (2015) Comparison of topical dorzolamide and ketorolac treatment for cystoid macular
   [Crossref]
   retreatment of cystic macular lesions in retinitis pigmentosa and X-linked retinoschisis.
   Retina 31: 312-315. [Crossref]

Figure 1. Heidelberg-Spectralis OCT of right eye demonstrating epiretinal membrane with
retinal edema due to vitreomacular traction band (1A) and of the left eye showing blunting
of the foveal contour with thinning of the RPE (1B). Fundus Fluorescein angiography
showing a circular area of hyperfluorescence in the macula of both eyes (1C, D) and a
pinpoint area of hyperfluorescence inferior to the fovea of the right eye (1C) leading to
macular edema and areas of no leakage in the parafoveal region of the left eye (1D).