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Peripheral Exudative Hemorrhagic Chorioretinopathy, A Melanoma Mimic

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Abstract: *In this photo essay a case of Peripheral exudative hemorrhagic chorioretinopathy(PEHCR) with severe lipid exudation with minimal haemorrhage and a melanoma mimicking appearance has been introduced. PEHCR is a rare disorder that has similar finding to melanoma that distinguishing these disorder with a complete clinical and paraclinical finding is necessary.*

Keywords: *Melanoma, Peripheral exudative hemorrhagic chorioretinopathy, Subretinal Exudation.*

PHOTO ESSAY

Peripheral exudative hemorrhagic chorioretinopathy (PEHCR) is a degenerative disorder that first time described by Resse [1] 58 years ago. Extramacular Subretinal or sub-RPE hemorrhage and exudation with peripheral exudative mass are the characteristic PEHCR findings. [2] Commonly, subretinal hemorrhage exists but in a few cases like this photo essay severe lipid exudation in posterior pole and around the vascular arcades is prominent. [3] This photo essay shows fundus photographs of a 70-year-old man was referred to our hospital with suspicion of the choroidal tumor. He complained of vision loss in his right eye since one month ago. Fundoscopy revealed severe lipid exudation in the macula (Figure, A) and retinal periphery (Figure, B, C, and D). A lobulated mass with surrounding lipid exudation (Figure D) was observed in the temporal of retinal periphery. Because of similar clinical presentation and fundus characteristics to melanoma, and no specific paraclinical finding for PEHCR it is one of the important diseases that could mimic the melanoma.

Shield et al [4] introduce some findings that can be useful to contrast these disorders. Retinal exudation, diffuse RPE atrophy, absence of intrinsic vascular pulsations, presence of a clot retraction cleft on ultrasonography, and lack of sentinel vessels on slit-lamp biomicroscopy, and not crossing the ora serrata are some of the findings that propose the PEHCR.

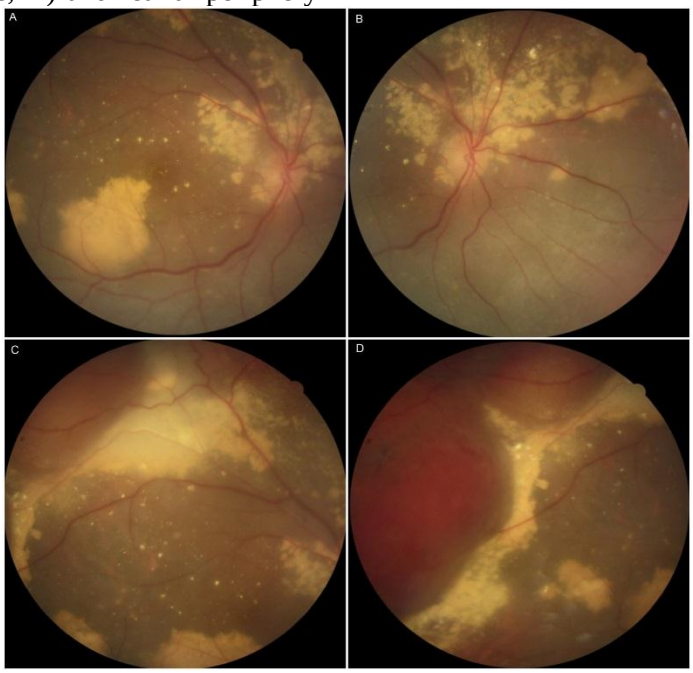

Figure. *Fundus photograph of the posterior pole (A) and peripapillary area (B), and extramacular area (C) showing severe subretinal lipid exudation. An exudative mass is seen in the temporal retinal periphery (D).*

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