

## The Dangerous 'Mulberry'

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### ABSTRACT

Retinal vasoproliferative tumors are rare, retinal vascular tumours, often diagnosed on routine examination in asymptomatic individuals. In case of symptoms, urgent investigations and treatment is warranted. We report a rare case of a patient suffering from this disease who visited our hospital.

**Keywords:** mulberry, vasoproliferative tumour, macular oedema, vision

### CASE REPORT

A 42-year-old male presented to the department of ophthalmology with a history of insidious onset of diminution of vision in his left eye for the past one week. There were no other complaints, nor was there any other significant historical ocular examination was carried out and his visual acuity was 6/6 in the right eye and 2/60 the left eye without any improvement on pinhole. His bilateral slit lamp examination, intraocular pressure, colour vision and pupillary reactions were normal. The fundus examination of his left eye revealed a reddish elevated mulberry-shaped lesion with indistinct margins just inferotemporal to the macula, surrounded by intense intraretinal and subretinal exudation along with macular oedema and exudative retinal detachment (Figures 1 and 2). The clinical and fundus findings were suggestive of a probable primary vasoproliferative tumour (VPT) of the retina. The right fundus was normal. Other retinal investigations could not be carried out as the patient desired an early vitreoretinal consultation. He was referred to a higher centre for a vitreo-retinal management.



Figure 1

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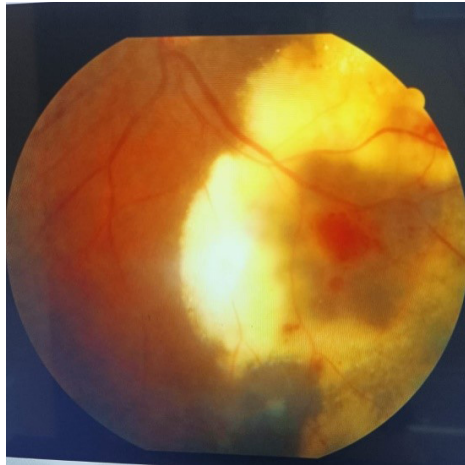


Figure 2

## DISCUSSION AND CONCLUSION

Retinal VPTs are rare, benign retinal vascular tumours. They are yellowish-red in appearance and are classically located in the inferotemporal peripheral retina [1]. VPTs are classified into primary or secondary types. Primary VPTs are mostly solitary, while secondary VPTs are more often multifocal and bilateral. Secondary VPTs are often associated with various ocular diseases like Retinitis pigmentosa, Coats disease, previous retinal detachment repair, Toxoplasmosis, Retinopathy of prematurity, etc. [2].

This disease affects males and females equally and often presents around the third to fourth decade of life. The differential diagnosis includes retinal capillary and cavernous hemangioma, choroidal hemangioma, and Wyburn-Mason syndrome [3]. Clinical features of these patients include decreased vision, floaters, and flashes of light. Common complications include macular oedema, exudative retinal detachment, neovascular glaucoma, and epiretinal membranes [4]. Tests for VPTs include B scan ultrasonography, Fluorescein angiography, and Optical coherence tomogram. The treatment options for this disease include laser photocoagulation, photodynamic therapy, cryotherapy, brachytherapy, surgical resection, intravitreal injections, and immunomodulators [5].

## SOURCE OF SUPPORT

None

## DECLARATION

The paper being submitted has not been published, simultaneously submitted, or already accepted for publication elsewhere.

## CONFLICTS OF INTEREST

The authors declare that they have no competing interests.

## FINANCIAL DISCLOSURE(S)

The authors have no proprietary or commercial interest in any material discussed in this article.

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