image showed a mottled hypo pigmented spots in the macular region with 3-4 hyper pigmented spots on the inferior aspect of the lesion.

Fluorescein angiography showed a hyper fluorescent lesion in the macular region approximately the size of one-disc diameter with 3-4 hypo fluorescent spots present inferiorly. The OCT showed hypo reflective lesion beneath the RPE in both the eyes at the macular region.

Routine blood investigations showed deranged lipid profile of increased LDL 0f 114 mg/dl and Kidney function test with increased uric acid (6.7mg/dl) and alkaline phosphatase (181 U/l). Electro-oculogram was in normal limits.

She was diagnosed as a case of adult onset foveo-macular vitelliform dystrophy and was advised to undergo 6-monthly follow-up for any progression **(Figures 1-8)**.

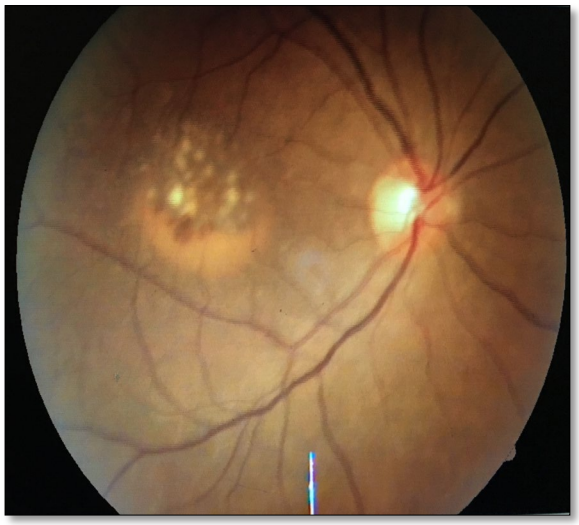

Figure 1. Fundus right eye with mottled hypopigmented leisions on macular region.

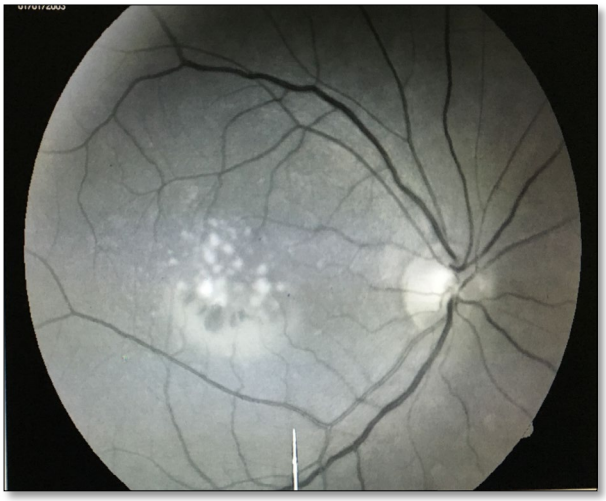

Figure 2. Red free photo of right eye showing hypo pigmented lesion on the macular region.

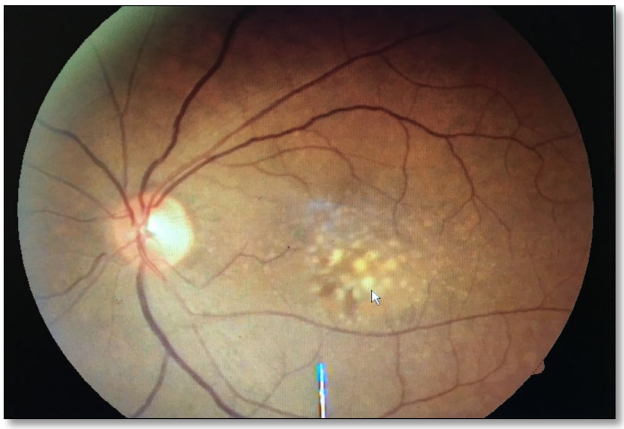

Figure 3. Fundus of left eye showing mottled hypo pigmented lesion on macular region.

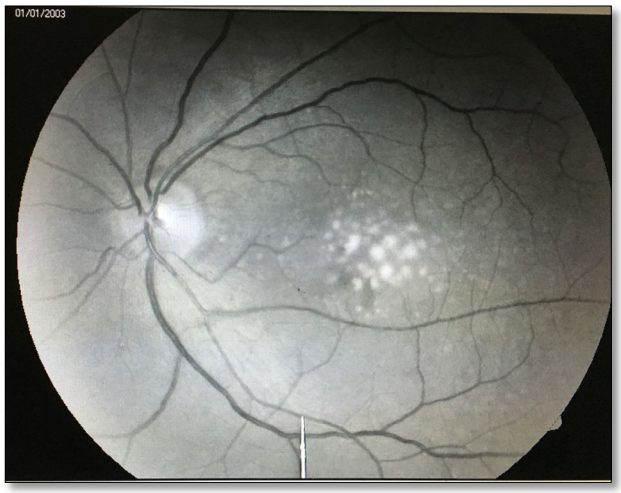

Figure 4. Red free image showing hypopigmented lesion in the macular region.

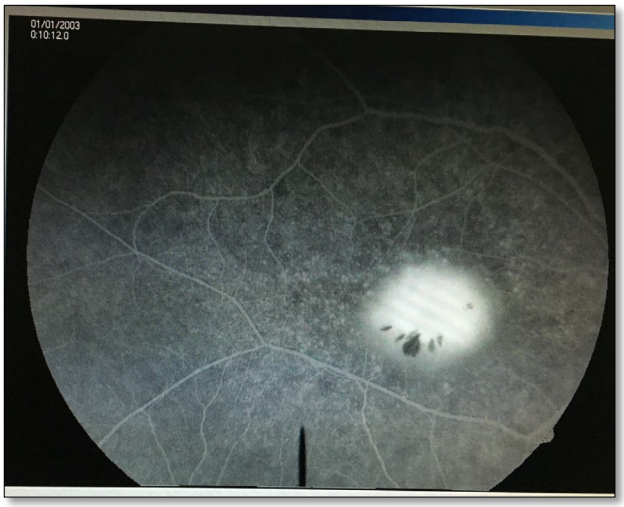

Figure 5. FA right eye showing hyper fluorescent lesion at macula with hypo pigmented spots inferiorly.

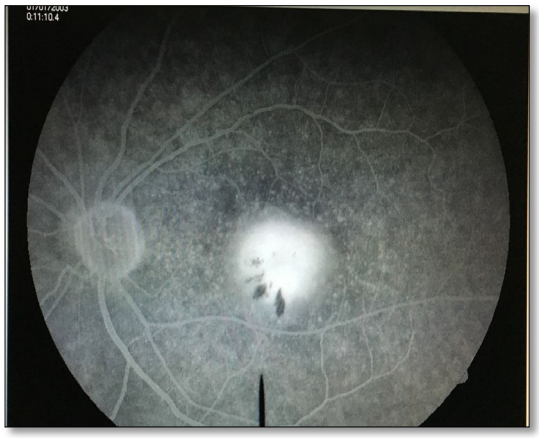

Figure 6. FA of left eye showing hyper fluorescent lesion at the macula with few hypo fluorescent spots inferiorly.

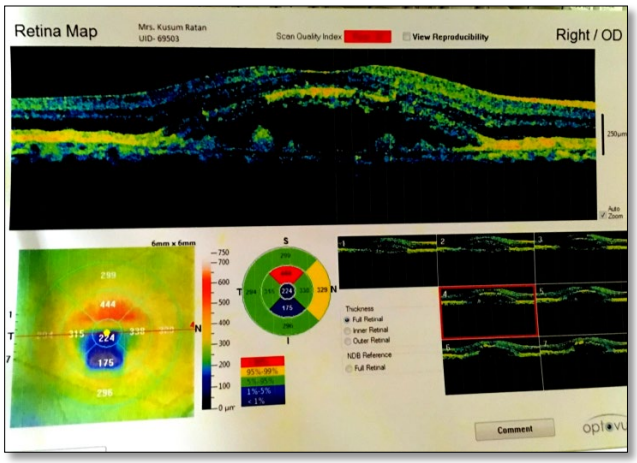

Figure 7. Right eye OCT showing hypo reflective region beneath the RPE.

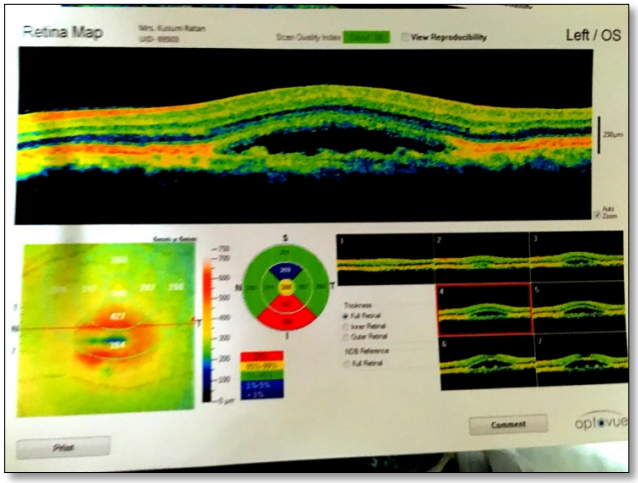

Figure 8. Left eye OCT showing hypo reflective region beneath the RPE.

DISCUSSION

The differential diagnosis of vitelliform dystrophy is central serous retinopathy, best's disease, inflammatory retinitis (toxoplasma retinalis), retinal pigment epithelial detachment, macular drusen and other macular degenerations.

This disease was an adult onset foveolar vitelliform dystrophy because:

1. Age of presentation was 60 years (>30 years).
2. Normal EOG findings.
3. Small lesion with the size of one-disc diameter at the macula.
4. Fluorescein angiography showed hyper fluorescent lesion in the macular region approximately the size of one-disc diameter.
5. The visual acuity is minimally subnormal.

The progression of this disease can lead to a slow decline in visual acuity, with metamorphopsia and red-green dyschromatopsia in the later stages. The visual acuity decline was found to be symmetrical and in some cases can be improved with a hyperopic correction, which could be due to slightly elevated macular lesions. The familial preponderance was also noted. The fluorescein angiography generally shows a hypo fluorescent fovea with a hyper fluoroscent ring around the macula. The OCT findings found a hyoreflective lesion at the level of RPE, showing a neurosensory detachment above the RPE suggestive of chroidal pathology. The sub retinal exudation is evidently not associated with a neovascularization or hemorrhages [2]. The electrical studies are useful in differentiating adult vitelliform dystrophies from true vitelliform dystrophy as Best's disease **(Table 1)**.

Table 1. Difference between true and adult vitelliform dystrophies.

Characteristics	True Vitelliform Dystrophy	Adult Vitelliform Dystrophy
Age on onset	<20 years	>40 years
Size of lesion	1-3 disc diameters	1/3-1 disc diameter
Symmetry	+	+++
Visual acuity	Normal to slightly subnormal	Initially 20/30-20/80
Color vision	Red-green anomaly in late stages	Red-green anomaly in late stages
Fluorescein angiography	Vitelliform lesion with hypo fluorescence	Vitelliform lesion with ring-like RPE defect
EOG	Sub-normal	Normal
Genetic aspects	Autosomal dominant	No definite pattern

REFERENCES

1. Best F (1905) Ueber eine hereditare Maculoaffektion. Beitrage zur Verebunglehre. Z Augenheilkd 13: 199-212.
2. Epstein GA, Rabb MF (1980) Adult vitelliform macular degeneration. Br J Ophthalmol 64: 733-740.
3. Duetman AF (1969) Electro-oculography in families with viteliiform dystrophy of the fovea. Arch Ophthalmol 81: 305-316.
4. Morse PH, Maclean AL (1968) Fluorescein fundus studies in hereditary vitelliruptive macular degeneration. Am J Ophthalmol 66: 485-494.
5. Fishman GA, Trimble S, Rabb MF, Fishman M (1977) Pseudo-vitelliform macular degeneration. Arch Ophthalmol 95: 73-76.
6. Kingham JO, Lochen GP (1977) Vitelliform macular degeneration. Am J Ophthalmol 84: 531-536.
7. Gass JDM. (1974) A clinicopathological study of a peculiar foveo-macular dystrophy. Trans Am Ophthalmol Soc 72: 139-156.