

# ILLUSTRATIONS & INSIGHTS

## Acute posterior multifocal placoid pigment epitheliopathy with bacillary layer detachment

DANTE AKIRA KONDO KUROIWA, LUCAS ZAGO RIBEIRO, AND CAIO VINICIUS SAITO REGATIERI

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### BRIEF SUMMARY STATEMENT

This is a rare case of acute posterior multifocal placoid pigment epitheliopathy with foveal bacillary layer detachment on spectral-domain optical coherence tomography.

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### CASE REPORT

A 20-year-old man presented with bilateral paracentral scotoma for the past 2 weeks. His best corrected visual acuity (BCVA) in the right eye was 20/125 and 20/200 in the left eye, with normal slit lamp exam and intraocular pressure. Fundus exam showed multiple placoid lesions in the macula (Figure 1A).

In the fluorescein angiography, the placoid lesions were hypofluorescent in early stages due to blockage, with late staining. Optical coherence tomography (OCT) revealed multiple bacillary detachment in the posterior pole. The bacillary detachment represents a separation between the myoid and ellipsoid component of the inner segment of the photoreceptor following an injury to the outer retina (Figure 1B).<sup>1</sup> Toxoplasmosis, syphilis, HIV and tuberculosis were ruled out.

The diagnosis of acute posterior multifocal placoid pigment epitheliopathy, an acute-onset inflammatory disease that affects the choriocapillaris, retinal pigment epithelium (RPE) and outer retina,<sup>2</sup> was made. The placoid lesions in the posterior pole completely resolved after one month of follow-up, without any treatment, and the BCVA recovered to 20/20 in both eyes.

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Department of Ophthalmology and Visual Science – Federal University of São Paulo, São Paulo, Brazil

Corresponding author: Dante A.K. Kuroiwa, Federal University of São Paulo, Rua Botucatu, 821, Vila Clementino, São Paulo, SP, Brazil, 04023-062. Tel: 55-11-55764981, Fax: 55-11-55764981.; e-mail: [akira.epm78@gmail.com](mailto:akira.epm78@gmail.com)

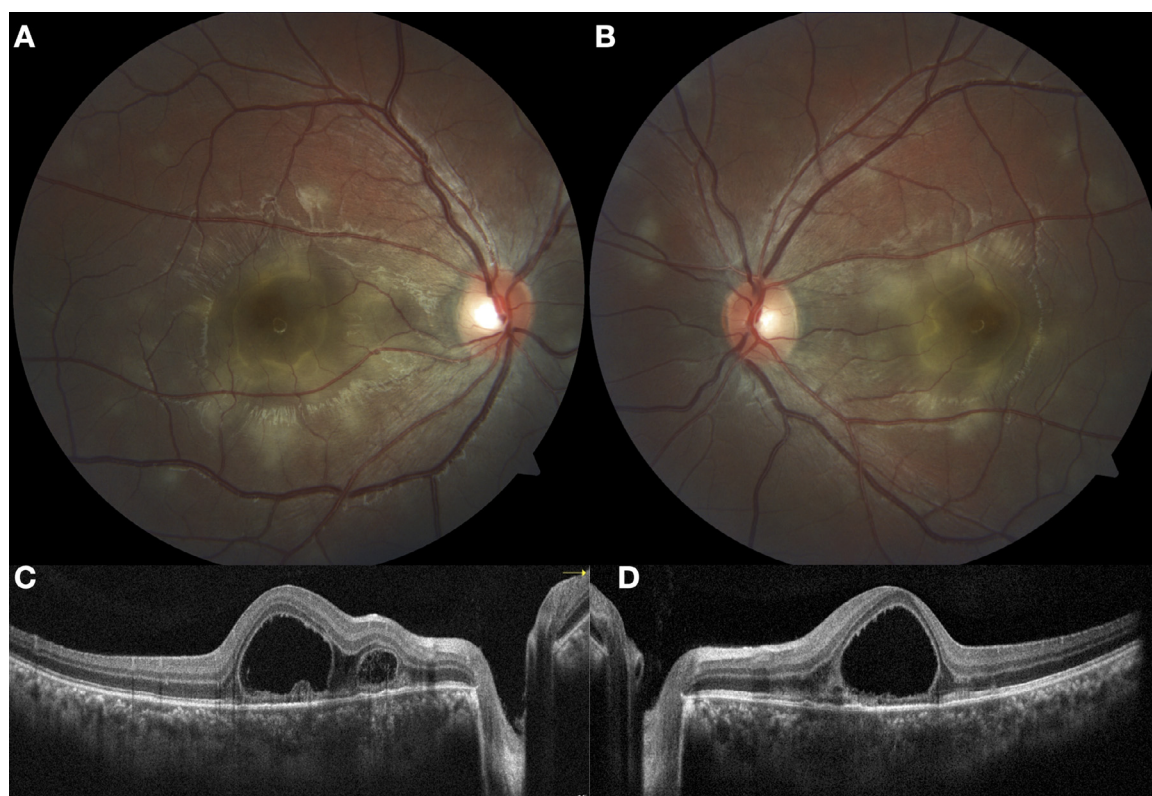


FIGURE 1. A. Fundus photography of both eyes showing multiple subretinal yellowish placoid lesions in the posterior pole; B. OCT of both eyes showing intraretinal split at the photoreceptor inner segment myoid (Bacillary layer detachment).

## DECLARATION OF COMPETING INTEREST

None reported.

## FINANCIAL DISCLOSURE

All authors do not have any proprietary interest.

## REFERENCES

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