Editorial

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Astrocytic Hamartoma

Retinal glial cell hamartomas square measure interstitial tissue tumors of the retinal fiber layer that arise from retinal astrocytes. Classically they seem as a cream-white, well-circumscribed, elevated lesion which will gift as multiple or solitary sites. A lesion is often seen with a multilobulated, "mulberry" look, however also can seem flat and semitranslucent. it's most often related to stem induration (TS) however can also be found seldom in patients with monogenic disorder. though the finding might purpose toward a general association, it also can be found incidentally on retinal examination as associate isolated presentation. Two cases of solitary retinal glial cell hamartomas while not general complications discovered at routine examination square measure given. each patients were found to possess a raised, multilobulated retinal lesion in keeping with the looks of a retinal glial cell growth.

In each case, the patients had no personal or case history of seizures or any signs of surprising medicine lesions. B-scan imaging, dyestuff roentgenography, and resonance imaging (MRI) were performed as necessary. Retinal glial cell hamartomas square measure the foremost common ocular finding of stem induration advanced. Note the plain calcified glial cell hamartomas in each eyes, normally remarked a "mulberry lesions" because of their multinodular look. The right body structure conjointly contains a additional delicate non-calcified glial cell growth which might be noticed as a hazy space superjacent the superotemporal arcade. This patient with a history of chromosome recessive redness pigmentosa (RP) given with associate amelanotic juxtapapillary retinal lesion in keeping with noncalcified glial cell growth of the left eye. Glial cell hamartomas square measure usually related to stem induration or monogenic disorder; however unilateral solitary lesions are seen in otherwise traditional patients. Many cases of bilateral and unilateral glial cell hamartomas within the setting of RP are documented.

Calcified glial cell hamartomas seem as white nodular lesions with uneven calcifications superjacent the blind spot with a classic "mulberry" look. Non-calcified glial cell hamartomas seem as flat, soft, smooth-appearing, clear or semi-translucent lesions. it's necessary to differentiate a calcified glial cell growth from nervus opticus drusen, that is additional normally found in association with RP. Spectral domain optical coherence pictorial representation (SD-OCT) is projected as how of predicting the event and chance of retinal glial cell growth (RAH) in stem induration advanced (TSC) in aged patients. A routine ophthalmic examination is suggested for patients suspected of getting TSC to stop this condition from being unnoted. additionally, associate Gregorian calendar month examination is wont to predict the event and chance of RAH. Astrocytic hamartomas square measure benigh tumors that arise in membrane and / or nervus opticus anterior to plate cribrosa (optic nerve head). Hamartomas is solitary or is also related to phakomatosis. this condition from being unnoted. additionally, associate Gregorian calendar month examination is wont to predict the event and chance of RAH. Astrocytic hamartomas square measure benigh tumors that arise in membrane and / or nervus opticus anterior to plate cribrosa (optic nerve head). Hamartomas is solitary or is also related to phakomatosis.

A fifteen year-old patient given with grievance of vision defect since childhood. Ocular examination showed pigmentary retinopathy at middle peripheral membrane with superficial globules at nervus opticus head margin in each eyes. Multimodal imaging was done to diagnose it as glial cell growth. general examination disclosed profound sensorineural hearing disorder. Case history was positive for redness pigmentosa. This case report describes the rare association of glial cell hamartomas with redness pigmentosa. Retinal glial cell tumors square measure benign neoplasms which will gift in 3 major clinical forms, namely, retinal glial cell hamartomas, nonheritable retinal astrocytomas and reactive retinal glial cell tumors. glial cell hamartomas usually occur in patients with stem induration advanced. These tumors is also solitary or multiple, seem creamy-white in color and will contain calcified areas. Histopathologically, they're composed of elongated fibrous astrocytes. Most tumors square measure stable throughout life and don't need treatment. nonheritable retinal astrocytomas don't seem to be related to stem induration advanced and may be seen at any age.

They sometimes solitary and yellow-white in color and show progression that leads to exudative visual defect. Management includes photodynamic medical aid, however most eyes find you with surgical process. Reactive retinal glial cell tumors, conjointly referred to as retinal vasoproliferative tumors, square measure pink-yellow lesions usually developing within the inferotemporal quadrant of the peripheral body structure and square measure typically related to giant amounts of exudation and visual loss. This tumour is also secondary to redness pigmentosa, Coats illness, pars planitis or trauma. Treatment choices embody cryotherapy, plaque brachytherapy, and photodynamic medical aid and intravitreal anti-vascular epithelium protein injections. Malignant transformation or general metastasis has not been rumored for any of the retinal glial cell tumors.