



Name the condition

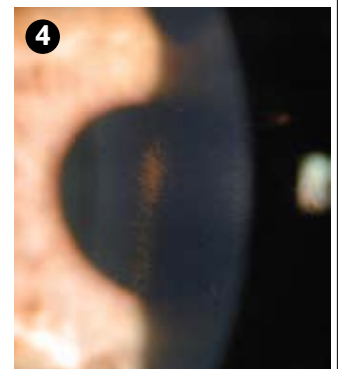
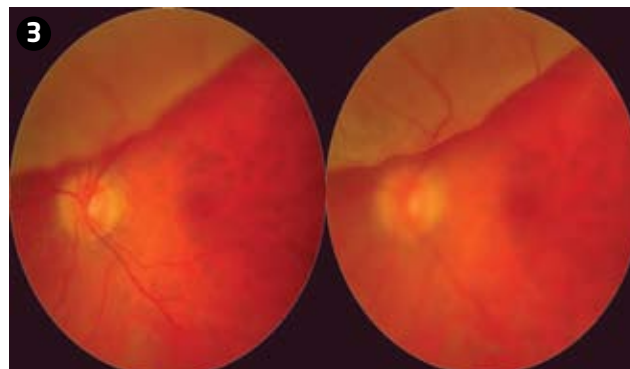
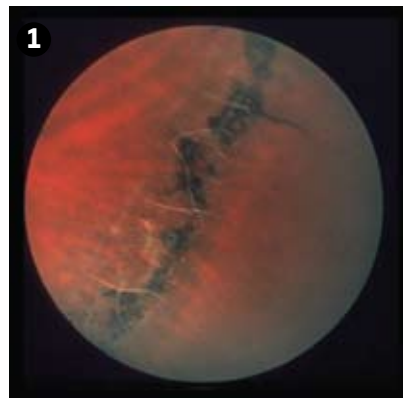


Bill Harvey discusses last week's condition (08.10.10)

Figure 1 is clearly showing a stretch of lattice degeneration in the peripheral retina. It was taken on a young myope in her 20s. It is significant because it is considered a predisposing condition to retinal detachment and the condition is found to be present in up to 40 per cent of patients with a rhegmatogenous detachment (Figures 2 and 3). However, it is important to remember also that the condition is very common indeed, estimated to be found in anything up to 10 per cent of the population. Bearing this in mind, it is obviously impractical to refer 10 per cent of our patients.

A number of years ago I had a pre-reg upon whom I was practising slit lamp BIO. She was a moderate myope in her mid-20s and I had dilated her. Lo and behold, there was some lattice in the far infero-temporal periphery, showing the characteristic pigment scatter and several of the white criss-cross lines that give the condition its name. There were several points to remember from this finding.

Firstly, I have to be honest and admit that had she not been dilated I would have missed this. The fact that lattice is very common and has a predisposition for moderate myopia adds further weight to the argument to dilate myopes routinely. It typically occurs in the second decade and so it is not just the old myope that needs dilation. Those thinking of reviewing the eye examination funding would do well to



remember that a basic refraction and undilated direct ophthalmoscopy is far from adequate as an eye examination.

Secondly, I did refer her and the consultant did undertake prophylactic laser of the affected area. This was perhaps more the norm at that time (mid-1990s) but is still undertaken in those patients with extensive lattice, contralateral detachment, or when other systemic influences are present (such as Marfan's). In most cases however, routine observation with dilation and photography would be appropriate and the patient should obviously be made aware of what to do

if any symptoms indicative of retinal damage occur. The repeat observation is primarily to look for any evidence of holes or tears within the lesion.

Finally, pigment dispersion syndrome (PDS, Figure 4) is common in younger myopes, where the zonules have dislodged pigment from the posterior iris surface. There have been some suggestions that, as well as having myopia in common, there is some association between lattice and PDS. After anterior chamber assessment and IOP measurement on the PDS patient, it might be prudent to have a good look at their peripheral retina too. ●