

Teaching NeuroImages: A diffuse infiltrating retinoblastoma

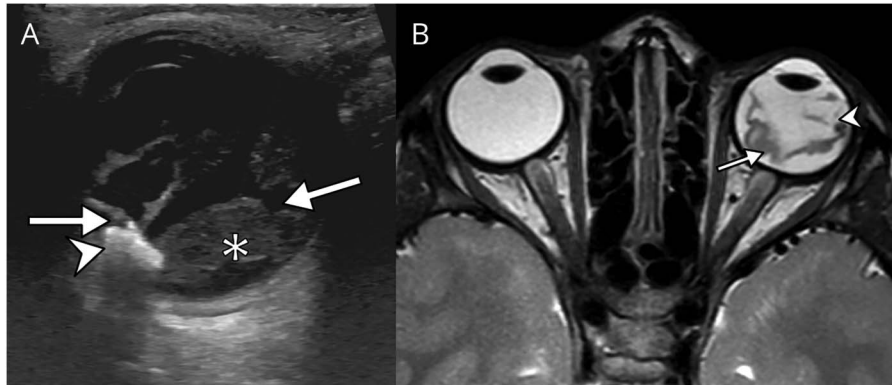
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Figure 1 Imaging



(A) Ultrasonography and (B) axial T2-weighted MRI show a total retinal detachment (arrows) with a coarse nodular calcification on a thickened retinal fold (arrowhead) and a subretinal hemorrhage (asterisk).

A 4-year-old girl was referred for a painless heterochromia iridis and a loss of visual acuity. Funduscopic examination revealed a total retinal detachment (RD) associated with a vitreous hemorrhage.

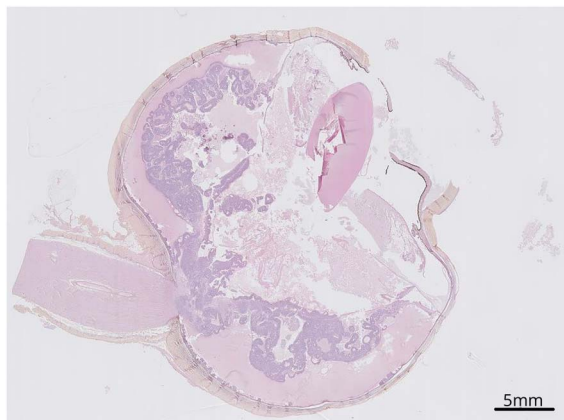
Ultrasonography and an ocular MRI showed a total RD with a calcification on the temporal retinal fold (figure 1), suggestive of a diffuse infiltrating retinoblastoma.

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Figure 2 Histology



Histology shows a diffuse infiltrating retinoblastoma.

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An enucleation was performed and pathologic examination confirmed the diagnosis of a differentiated diffuse infiltrating retinoblastoma (figure 2). This entity is rare but must be suspected in case of a calcified retinal detachment in a young child.^{1,2}

Author contributions

A. Lecler and C. Friang: study concept and design; acquisition, analysis, and interpretation of data. P. Freneaux and G. Caputo: acquisition of data.

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Disclosure

The authors report no disclosures relevant to the manuscript. Go to Neurology.org/N for full disclosures.

References

1. Brisse HJ, Lumbroso L, Fréneaux PC, et al. Sonographic, CT, and MR imaging findings in diffuse infiltrative retinoblastoma: report of two cases with histologic comparison. *AJNR Am J Neuroradiol* 2001;22:499–504.
2. Shields CL, Ghassemi F, Tuncer S, Thangappan A, Shields JA. Clinical spectrum of diffuse infiltrating retinoblastoma in 34 consecutive eyes. *Ophthalmology* 2008;115:2253–2258.

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