IMAGES IN MEDICINE.....

Ocular complications in acquired partial lipodystrophy

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A 42-year-old woman with a known diagnosis of acquired partial lipodystrophy (PLD) presented to the ophthalmic clinic with blurring and distortion of vision in the left eye. On general inspection, she had classic lipoatrophy in the cephalothoracic distribution. Ophthalmic examination showed right vision 6/5 and left 6/18. She had marked bilateral drusen and retinal pigment epithelial atrophy of the posterior poles (fig 1). The left macula also showed a disciform reaction accounting for her visual distortion.

Two months later she developed further reduction of left vision to hand motions owing to a dense vitreous haemorrhage. Spontaneous clearance of the vitreous haemorrhage over time disclosed extensive subretinal fibrosis at the left macula (fig 2). The final visual acuity remained hand motions.

To date, no clinical or laboratory evidence of renal dysfunction has ever been shown. A renal biopsy was never performed, as renal function and urinalysis were always normal. C3 nephritic factor was absent with normal lipid profile and glycaemic control.

PLD, also known as Barraquer–Simons syndrome, is one of the rare forms of lipodystrophy, which has also been associated with mesangiocapillary glomerulonephritis type II.¹ Ocular complications of PLD have been described in case reports;² however, most reported cases had associated renal involvement.³

Only two previously reported cases of similar retinal changes in patients with PLD in the absence of renal dysfunction have been published.^{2,4}

Despite such striking fundal appearances, vision is rarely affected. However, this case clearly shows that devastating visual loss can occur.

Figure 1 Right fundal photograph showing drusen and retinal pigment epithelial atrophy at the posterior pole.

Figure 2 Left fundal photograph with extensive subretinal fibrosis.

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