Solar retinopathy: the yellow dot and the rising sun
Abhishek Sheemar, Brijesh Takkar, Shreyas Temkar, Pradeep Venkatesh

DESCRIPTION
A 62-year-old Indian male presented with complaints of minimally blurred vision in both eyes since 3–4 months. He was a known case of essential hypertension. On ocular examination, best corrected visual acuity was 20/40 in both eyes with a +4D spherical correction. Anterior segment evaluation revealed immature senile cataract with normal intraocular pressures. On fundus examination, a discrete yellow dot was noted at the fovea of both eyes (right > left), along with features of early hypertensive retinopathy (figure 1). He was diagnosed to have outer lamellar macular hole in both eyes. Spectral-domain optical coherence tomography (OCT) revealed hyporeflective space in outer retina at the foveal centre of both eyes (right > left) (figure 2). A diagnosis of solar retinopathy was considered and on leading questions, he gave a history of performing religious rituals involving direct gazing into the rising sun soon after dawn for 5–10 min daily. He had been doing this for the past 30–35 years.

Solar retinopathy is a photic retinopathy occurring after direct exposure to sunlight. It is typically associated with viewing of the solar eclipse and religious sun gazing, and is also described following sunbathing, telescopic solar viewing, psychiatric disorders and psychotropic drugs.1 Presentation occurs within a few hours of exposure with impairment of the central visual function. Quantitative visual acuity can be variable depending on the severity of damage. OCT features of the outer retina, as seen in our patient, are very crucial for the diagnostic suspicion as clinical findings are generally subtle and may be easily missed.2

The visual prognosis of solar retinopathy is usually favourable, probably due to the resistance of foveal cones to photochemical damage, and in most cases the visual loss is at least partly reversible.3 As it is an easily avoidable condition, prevention is of utmost importance. Therefore, awareness and sensitisation of people to this condition is required. Since the pathogenesis involves chemical reactions, the direct, prolonged and chronic exposure to sunlight made our patient vulnerable to the disease.

Contributors AS, BT and ST performed imaging and workup of the patient. AS and BT wrote the manuscript, PV critically revised it. PV holds the overall responsibility of the paper.

Competing interests None declared.

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