retinopathy on the basis of biological samples which are relatively easy to obtain, preserve and process.

To finish, we would like to thank once more the authors of the letter to the editor for their kind contribution.

REFERENCES


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Cloquet’s canal (II)∗
Canal de Cloquet (II)

Dear Editor:

The presence of embryonal remains of ocular vascular development is infrequent although it can give rise to doubts in diagnostic procedures because said remains could generate opacity, or in the presence of some diseases such as optic neuropathy, papilledema or conditions derived from potential complications such as hemovitreous or retina detachment.¹ ² ³

During embryo development, the embryonal hyaloid artery (EHA)—a branch of the primitive dorsal ophthalmic artery—allows the vascularization of the ocular globe. Said EHA progressively regresses after the 10th week of gestation and disappears entirely at birth.¹ However, some patients can exhibit remains of this artery and related signs.

Incomplete regression of the fetal vascular system is known as persistence of primary hyperplastic vitreous, although at present “fetal vasculature persistence” (FVP) is preferred. This is an infrequent congenital anomaly of unknown cause, which is unilateral in 90% of cases and can be anatomically classified depending on the persistence of the anterior, intermediate or posterior section of said fetal vasculature. This incomplete reabsorption can express as vestiges of the EHA—adhered to the posterior lens capsule or in the papilla—or as a fibrovascular membrane which could alter intraocular and retinal development as well as ciliary processes with severe complications and visual compromise. Structures such as Cloquet’s canal² or Stilling’s duct,² the Mitten-dorf dot³ or Bergmeister’s papilla⁴ are different structures that can be found in this range of intraocular embryonal vascular development. The severest forms express with leucocoria and microphthalmos, requiring differential diagnostic with retinoblastoma, retrolental fibroplasia or Coats disease, among other processes.

The case described herein is a 45-year-old patient who visited the ophthalmology practice for a routine checkup, without referring diminished vision or any other visual or ocular symptom. The patient did not refer any personal or familial history of interest or any known allergy to drugs. Examination revealed a visual acuity of one in both eyes (BE), with normal biomicroscopy and intraocular pressure in BE. The right

ocular fundus was normal while the left eye exhibited a whitish, roundish pre-papillary structure projecting from the papilla toward the vitreous (Fig. 1). Fluorescein angiography and mode B echography were normal. The patient was diagnosed with pre-papillary persistence of Cloquet’s canal without blood flow and remains at present without symptoms and in regular follow-up.

Although the persistence of PVF remains as in the present case does not usually exhibits clinical relevance, there are severe forms which can develop and complicate with recurring hemothrectous, retina detachment or glaucoma, severely compromising the visual function. For diagnostic purposes, in addition to ultrasound, a color eco-Doppler must be carried out to assess the flow of residual vessels, as well as imaging tests to discard calcification (computerized tomography) or the extension of lesions (nuclear resonance). Treatment should be individualized based on the magnitude of the PVF and its complications.

The case described could give rise to diagnostic doubts, and differential diagnostic should be carried out with processes such as optic neuritis, papillitis, myelin fibers, pseudopapilelema or even papilla tumors. Accordingly, the purpose of this letter to the editor is to remind readers of said embryonary remains of ocular vascular development in order to avoid diagnostic errors.

REFERENCES