Asteroid Hyalosis

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Clinical Image

Asteroid hyalosis (AH) is a degenerative vitreous disease. Benson, in 1894, was the first to describe and accurately differentiate AH from synthesis scintilla’s [1]. AH is a common clinical entity in which calcium-lipid complexes are suspended throughout the collagen fibrils of the vitreous [2]. It often presents unilaterally with more prevalence in men, and has been associated systemically with diabetic mellitus, arterial hypertension, and hypercholesterolemia [3].

A 92-year-old man, with type 2 diabetes mellitus was admitted to the ophthalmology department having complains of floaters in the left eye, which began 2 months prior. The patient underwent cataract surgery in his right eye 15 year ago and in his left eye 10 year ago. After refraction, his best-corrected visual acuity was 0.6 in both eyes. Slit-lamp examination of the left eye revealed multiple small white opacities of varying size, shape, and density within the vitreous that moved with eye movement (Figure 1). Fundus examination, after dilating the pupils did not show any abnormality (Figure 2) while the ophthalmoscopic examination of the right eye was normal.

Figure 1: Slit lamp examination of the left eye.

Figure 2: Fundus Examination of the left eye.

Slit-lamp examination of eyes with AH show many light-yellow mobile opacities, which look like shining stars or asteroids in the night sky [4]. The exact mechanism of formation of asteroid bodies is unknown, but it can be associated with diabetes mellitus, hypertension and hypercholesterolemia. The asteroid bodies exhibit structural and elemental similarity to hydroxyapatite [3]. AH rarely causes visual disturbances, and surgical removal is only rarely required [5]. Vitrectomy may occasionally be indicated, for both diagnostic and therapeutic purposes. Despite the impressive appearance, asteroid hyalosis is typically asymptomatic and requires no treatment.

References