

OPEN

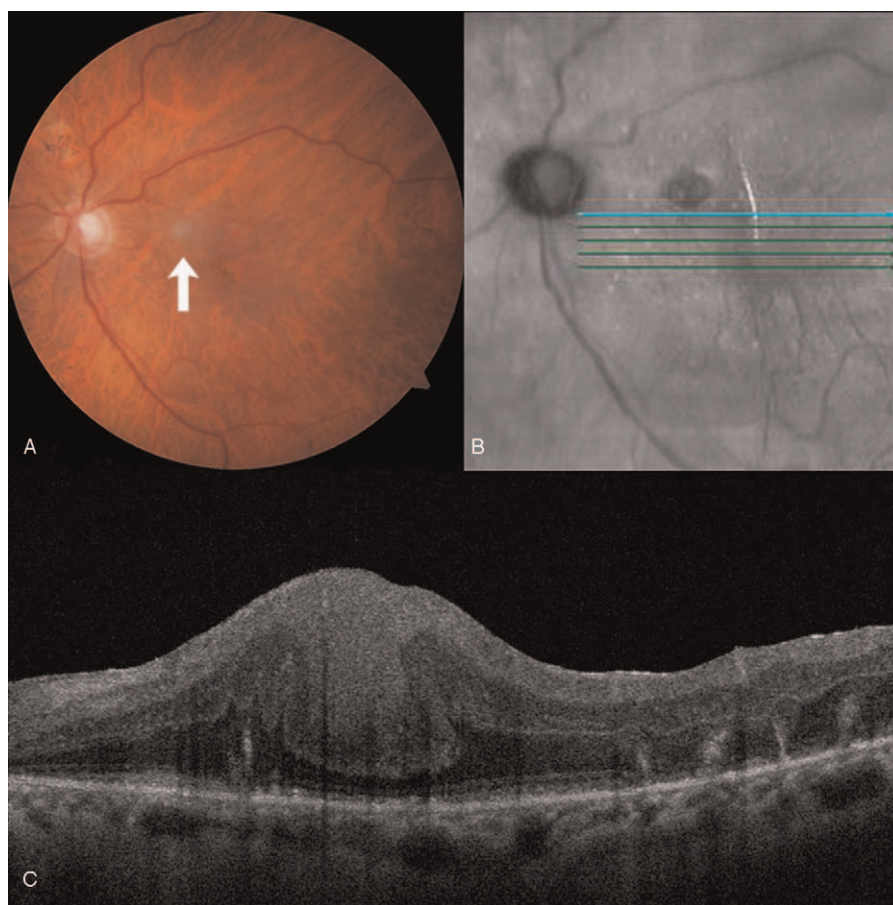
## The Omega Sign Is Not Distinct to Combined Hamartoma of the Retina and Retinal Pigment Epithelium

Qingyun Wen, BSc\*†, Andrew W. Kam, BMed, MD\*‡, and Adrian T. Fung, MMed, FRANZCO\*‡§¶

(Asia Pac J Ophthalmol (Phila) 2021;10:499–500)

**A** 77-year-old Caucasian male presented 3 months after left vitrectomy, silicone oil removal and epiretinal membrane (ERM) peel, following vitrectomy for a macula-off rhegmatogenous retinal detachment 8 months before. Best-corrected visual acuity was 6/6-3 in the right eye and 6/24 in the left. The retina was

reattached, but there was a retinal fold superonasal to the fovea (Fig. 1A, arrow). Optical coherence tomography (OCT) revealed an omega-shaped disorganization of the inner retinal layers limited by the outer plexiform layer (Fig. 1B, C), similar to the “Omega sign” previously thought to be exclusive to combined hamartoma of the retina and retinal pigment epithelium (CHRRPE) as a distinguishing feature from ERM.<sup>1,2</sup> It has been suggested that in CHRRPE,



**FIGURE 1.** A, Colour fundus photograph of left eye shows a retinal fold superonasal to the fovea (white arrow). B and C, Spectral domain optical coherence tomography raster (CIRRUS™ 5000 HD-OCT, Carl Zeiss Meditec AG, Jena, Germany) superonasal to the fovea shows a retinal fold with “Omega sign” configuration.

Submitted February 14, 2021; accepted March 7, 2021.

From the \*Department of Ophthalmology, Westmead Hospital, Westmead, New South Wales, Australia; †Northern Clinical School, Faculty of Medicine and Health, The University of Sydney, Sydney, New South Wales, Australia; ‡Westmead and Central Clinical Schools, Specialty of Clinical Ophthalmology and Eye Health, Faculty of Medicine and Health, The University of Sydney, Sydney, New South Wales, Australia; §The Westmead Institute for Medical Research, Westmead Hospital, Westmead, New South Wales, Australia; and ¶Department of Ophthalmology, Faculty of Medicine, Health and Human Sciences, Macquarie University, New South Wales, Australia.

The authors have no funding or conflicts of interest to declare.

Address correspondence and reprint requests to: Adrian T. Fung, Department of Ophthalmology, Westmead Hospital, Corner of Hawkesbury and Darcy Roads, New South Wales 2145, Australia. E-mail: adrian.fung@sydney.edu.au.

Copyright © 2021 Asia-Pacific Academy of Ophthalmology. Published by Wolters Kluwer Health, Inc. on behalf of the Asia-Pacific Academy of Ophthalmology. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial-No Derivatives License 4.0 (CCBY-NC-ND), where it is permissible to download and share the work provided it is properly cited. The work cannot be changed in any way or used commercially without permission from the journal.

ISSN: 2162-0989

DOI: 10.1097/APO.0000000000000393

this retinal configuration is caused by an outward push of the outer plexiform layer (perpendicular to the retina) by the retinal hamartoma and inward contraction (parallel to the retina) of epiretinal glial tissue.<sup>2</sup> In our patient, redundant retina when re-attaching the retinal detachment and contractile forces from the peeled ERM may have resulted in this peculiar OCT appearance. This report suggests that the Omega sign is not unique to CHRRPE and may occur after retinal detachment and ERM development.

## REFERENCES

1. Gupta R, Fung AT, Lupidi M, et al. Peripapillary versus macular combined hamartoma of the retina and retinal pigment epithelium: imaging characteristics. *Am J Ophthalmol*. 2019;200:263–269.
2. Kumar V, Chawla R, Tripathy K. Omega sign: a distinct optical coherence tomography finding in macular combined hamartoma of retina and retinal pigment epithelium. *Ophthalmic Surg Lasers Imaging Retina*. 2017;48:122–125.