

- tice of ophthalmology: clinical practice. W. B. Saunders, 1994: 973-977.
12. Jampol LM, Sieving PA, Pugh D et al. Multiple evanescent white dot syndrome. Arch Ophthalmol 1984; 102:671-674.
  13. Krill AE, Deutman AF. Acute retinal pigment epitheliitis. Am J Ophthalmol 1972; 74:193-205.
  14. Gass JDM. Acute posterior multifocal placoid pigment epitheliopathy. Arch Ophthalmol 1968; 80:177-185.

## THE SUBRETINAL FIBROSIS AND UVEITIS SYNDROME --- A CASE REPORT

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A 20 year-old Chinese female had suffered from progressive visual loss in both eyes since age of 13. There were numerous inflammatory cells in the vitreous and multiple discrete yellowish-white lesions in the fundus. The fibrotic lesions appeared to be either solitary or confluent at the level of the retinal pigment epithelium or deep retina and spread over the mid-periphery of the fundus. Optic disc edema and cystoid macular edema were noted, but subretinal

neovascularization was not found. Early phase fluorescein angiogram showed multiple discrete areas of hyperfluorescence and late phase showed staining over the lesions and optic discs. The clinical pictures of our case conformed to the subretinal fibrosis and uveitis syndrome, which was first proposed by Palestine and Nussenblatt in 1984. The differential diagnosis, probable etiology and treatment of this distinct disease entity were discussed.

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