

40e-6 osteoma, astrocytoma (e.g., tuberous sclerosis), neurilemmoma, and leiomyoma.

PIGMENTED LESIONS

The differential diagnosis of flat pigmented lesions of the fundus is summarized in [Table 40e-4](#). The appearance of chorioretinal scarring from old *Toxoplasma* chorioretinitis is shown in [Fig. 40e-12](#).

TABLE 40e-4 DIFFERENTIAL DIAGNOSIS OF FLAT PIGMENTED LESIONS OF THE FUNDUS

Bone spicule pigmentation

- Retinitis pigmentosa and its variants
- Pigmentary retinopathy in systemic diseases: Usher's syndrome, abetalipoproteinemia, Refsum's disease, Kearns-Sayre syndrome, Alström's syndrome, Cockayne's syndrome, Friedreich's ataxia, mucopolysaccharidoses, paraneoplastic syndrome
- Infections: congenital rubella (salt and pepper retinopathy), congenital syphilis
- Resolved choroidal/retinal detachment
- Age-related reticular pigmentary degeneration

Patchy pigmented lesions

- Chorioretinal scars
 - Infections: *Toxoplasma gondii*, *Toxocara canis*, syphilis, cytomegalovirus, herpes zoster and herpes simplex viruses, west Nile virus, histoplasmosis, parasitic infection
 - Choroiditis: sarcoidosis, sympathetic ophthalmia, Vogt-Koyanagi-Harada syndrome
 - Choroidal infarct: severe hypertension, sickle cell hemoglobinopathies
 - Trauma, cryotherapy, laser photocoagulation scars
 - Age-related macular degeneration
- Drugs: chloroquine/hydroxychloroquine, thioridazine, chlorpromazine, desferrioxamine
- Choroidal nevus
- Congenital hypertrophy of the retinal pigment epithelium

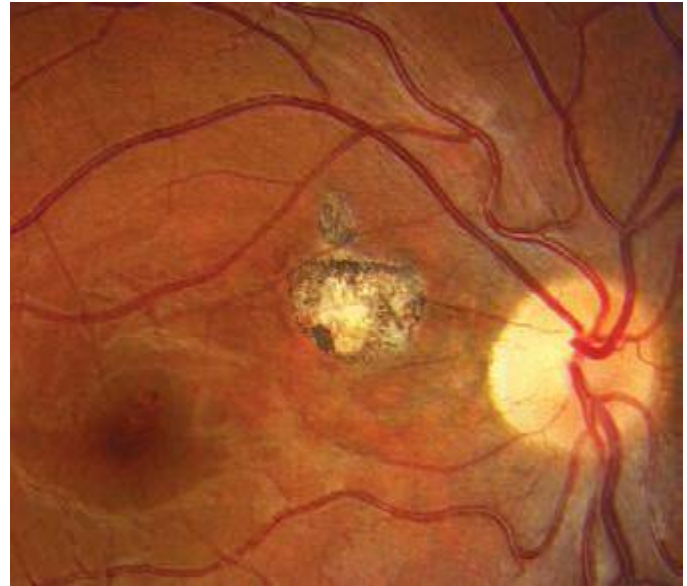


FIGURE 40e-12 Chorioretinal scarring due to old *Toxoplasma* chorioretinitis. The lesion is flat and pigmented. Areas of hypopigmentation are also present.