Butterfly-shaped pattern dystrophy is a rare **inherited retinal disorder** that falls under the category of **pattern dystrophies of the retinal pigment epithelium (RPE)**. This condition is characterised by a **butterfly-shaped pigmentation pattern** in the macula, visible during fundus examination.

Key Features:

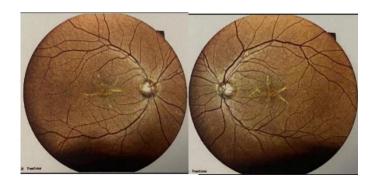
1. Appearance:

- Pigment deposits in the macula form a bilateral butterfly or bowtie-like shape.
- These deposits are due to the abnormal accumulation of lipofuscin or other metabolic by-products in the retinal pigment epithelium.



- Typically caused by mutations in the PRPH2 (peripherin-2) gene, which plays a role in maintaining photoreceptor disc structure.
- o Inherited in an autosomal dominant pattern, meaning one copy of the mutated gene can lead to the condition.

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3. Symptoms:

- o Many patients remain **asymptomatic** in the early stages.
- o Later stages may involve:
 - Mild vision loss.
 - **Metamorphopsia** (distorted vision).
 - Difficulty with night vision or central vision as the condition progresses.

4. Natural History:

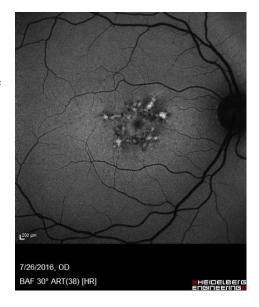
- Progression is generally **slow**, and severe vision loss is uncommon.
- In some cases, choroidal neovascularisation (CNV) may develop, potentially leading to more significant vision changes.

5. Diagnosis:

- **Fundus examination:** Reveals butterfly-shaped pigment abnormalities in the macula.
- Optical coherence tomography (OCT): May show disruption of the outer retinal layers and RPE.
- Fundus autofluorescence (FAF): Highlights the areas of lipofuscin accumulation.
- Genetic testing: Confirms PRPH2 or related mutations.

6. Differential Diagnosis:

o Adult-onset vitelliform macular dystrophy.





- Age-related macular degeneration (AMD).
- o Other pattern dystrophies.

7. Management:

- o No specific treatment is available for butterfly-shaped pattern dystrophy.
- o **Monitoring**: Regular follow-up is needed to detect complications like CNV early.
- o Low vision aids may help in advanced cases.
- o In CNV cases, anti-VEGF injections (like in AMD) may be used.

Prognosis:

• The condition generally has a **good visual prognosis**, but regular monitoring is essential to manage potential complications.

Table 1. Five Types of Autosomal Dominant Pattern Dystrophies and Typical Characteristics

Dystrophy	Typical Age of Onset	Typical VA	Retinal Presentation
Adult-Onset Vitelliform Dystrophy	4th-6th decades	20/30- 20/60	Bilateral, circular, 1/3-1DD
Butterfly-Shaped	2nd-5th	20/20-	Bilateral, triradiate
Pigment Dystrophy	decades	20/25	hyperpigmentation
Reticular Dystrophy	5th decade	20/30- 20/70	Bilateral, fishnet/ chicken wire hyperpigmentation pattern, 4-5DD
Multifocal Pattern	4th-6th	20/20-	Bilateral, multiple yellow fleck-like
Dystrophy	decades	20/40	lesions
Fundus Pulverulentus	4th-5th decades	20/20- 20/40	Bilateral, coarse macular pigment mottling

Good article: https://www.reviewofoptometry.com/article/pattern-recognition-how-to-identify-and-confirm-multifocal-pattern-dystrophy