

It would appear that more careful study of the peripheral fundus with binocular indirect ophthalmoscopy is warranted in patients with angioid streaks, to assess the frequency of associated ophthalmoscopic findings as well as their clinical significance. The histological picture of scar tissue growing into dehiscences of Bruch's membrane accounts for the not infrequent distressing loss of central vision in some of these patients. The tendency to the involvement of blood vessels elsewhere explains the calcification of peripheral vessels noted in lateral roentgenograms of the legs in this disorder. For the same reason, a search for angioid streaks should be made in persons with repeated gastrointestinal tract haemorrhage despite repeatedly negative radiological studies. These points are helpful in diagnosing cases of the Groenblad-Strandberg syndrome when the fundus lesions may be more subtle than those in the patient here described.

Summary

The first reported fluorescein fundus photographs of angioid streaks are presented. Fluorescence appeared in the streaks in the arterial phase, increased in the venous phase, and tended to persist for a time even after the retinal vessels had cleared themselves of the dye. A fundus change seen in this patient somewhat resembled the cutaneous changes of pseudoxanthoma elasticum, and for this the term *peau d'orange* fundus is proposed.

Grateful acknowledgement is made to Dr. Lorenz Zimmerman for use of Fig. 11.

REFERENCES

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ADDENDUM

Since this article was submitted, our attention has been drawn by Dr. David Paton to a previous report of the mottled or *peau d'orange* fundus in association with angioid streaks. This paper by K. Shimizu is entitled "Mottled Fundus in Association with Pseudoxanthoma Elasticum" (*Jap. J. Ophthalm.* 5(1): 1-12, Jan. Mar. 1961); it is written in English and has excellent illustrations, and Fig. 3 is strikingly similar to Fig. 6 in the present paper. More attention should be devoted to the "salmon spots" also seen with angioid streaks.