Congenital hypertrophy of the retinal pigment epithelium usually occurs as a solitary lesion, although the lesions can occur in groups. They are black or gray-brown and in young patients are easily identified because of a depigmented “halo” that surrounds the lesion. The lesion is usually round, although it can be oval, and for the most part is flat. As the individual ages, the pigmentation atrophies; usually the black pigment loses its color, leaving a lesion that ultimately becomes round and centrally depigmented. There is often a “halo” of depigmentation around the lesion.

These lesions often occur in groups and have been described as appearing similar to “bear tracks.” There appears to be an association with Gardner syndrome (polyposis of the intestines and skeletal hamartomas), angioid streaks and Favre's syndrome.

Fluorescein angiography demonstrates hypofluorescence due to the hyperpigmentation. In regions where there is a depigmented lacuna within the lesion, a normal choriocapillary flush is observed. All electrophysiological testing is normal. A scotoma may be present on visual field examination. The lesion must be distinguished from a hemorrhage under the pigment epithelium, a choroidal nevus, or a choroidal melanoma.

Histologically, there is hypertrophy of the pigment cells with an increase in their melanin content. There may also be a thickening of Bruch's membrane.

**Selected Reading**


These lesions are round, are well delineated, and have a halo around them. As the patient ages, depigmented lacunae are frequently seen within the body of the lesion.

Although this lesion was once total black, as the patient has grown older the depigmented lacunae have continued to coalesce. A significant amount of pigment has been lost.

Congenital grouped pigmentation of the RPE. We commonly refer to these lesions as "bear tracks."