SESSION: Challenging Cases of Medical Retina
DATE: September 1, 2023
HALL: HALL 1
TIME: 17.00-17.25
Moderators: Bora Eldem, Sibel Kadayıfçılar

Different Clinical Entity Findings of Patients with Polypoidal Choroidal Vasculopathy

Yasin Sakir Goker
Goker Eye and Retina Center, Ankara, Turkey

Purpose: To present the different clinical entity findings of patients with polypoidal choroidal vasculopathy (PCV) disease.
Cases: Case 1: A 53-year-old female patient applied to our outpatient clinic for routine eyeglass examination. BCVA is 20/20 and biomicroscopic evaluation is unremarkable. On fundus examination she has pigment epithelial detachment (PED), double layer sign of PED with no subretinal fluid on spectral domain oct (SD-OCT). OCTA showed branching vascular network in choriocapillaries segmentation but not reached outer retina. The patient was followed monthly with OCTA. At 6th month examination subretinal fluid was developed and a loading dose of anti-vegf therapy was started. Case 2. A 62-year-old male patient admitted to our clinic with a complaint of low vision in the right eye for three months. BCVA is 20/1250 and 20/25 respectively. Fundus examination revealed massive dehemoglobinized subretinal hemorrhage on the right eye and PEDs on the left eye. SD-OCT showed double layer sign with subretinal fluid on the left eye. Polyps were observed in the OCTA and FFA on left eye. A loading dose of anti-vegf therapy was started for both eyes. At 3rd month examination BCVA was 20/640 and 20/20 respectively. One week later the patient presented with massive subretinal hemorrhage in the left eye. Case 3-4. A 65-year-old female one-eyed patient with a macular scar in her left eye and A 67-year-old female one-eyed patient with a macular scar in her right eye were being followed in the retina clinic. Both of the patients developed double layer sign on SD-OCT and OCTA demonstrated PCV in both eyes. The patients were followed 5-7 years. Case 5-6. Patients with high and steep PEDs with double-layer sign with subretinal fluid on SD-

OCT were demonstrated. OCTA showed polips in choriocapillaris segmentation. Conclusion: Combination of SD-OCT and OCTA can be used to screen PCV.

Early detection and treatment of sympathetic ophthalmia

Janin Lou Camangeg Billano, Maria Angelica Villano Torres, Perfecto Elpidio Octavio Roy Cagampang Iii
Department of Ophthalmology, Southern Philippines Medical Center, Davao City, Philippines

Sympathetic ophthalmia is a sight-threatening, bilateral granulomatous panuveitis following unilateral trauma or ocular surgery. The epidemiology, management, and prognosis of this disease are poorly described in literature because of its rarity. The purpose of this report is to present the clinical manifestations and subsequent treatment following early recognition of sympathetic ophthalmia. We report a case of a 34-year-old female who developed sympathetic ophthalmia on the right eye, three weeks after a penetrating eye trauma on the left, to which she underwent evisceration. The patient presented with a 2-day history of eye pain, photophobia and blurring of vision on the only seeing eye. Fundus examination revealed serous retinal detachments on the posterior pole as corroborated by ocular coherence tomography and fluorescein angiography. High dose oral and topical corticosteroids were immediately initiated and patient was monitored for progression of the disease. After two months of oral corticosteroids (2mg/kg/day), visual acuity improved from Counting Fingers at 3 feet to 20/20 (-0.5 sph). Our case showed that current medical management with systemic corticosteroids present effective treatment of this potentially devastating disease. Early detection of sympathetic ophthalmia is paramount to achieve favorable visual outcome.

Case Report of Post-typhoid Neuroretinitis: A Rare Cause of Visual Morbidity

Charmaine Grace Malabanan Cabebe, Redentor Caesar G Gonzales, Perfecto Elpidio Octavio Roy Cagampang III
Department of Ophthalmology, Southern Philippines Medical Center, Davao City, Philippines

Post-typhoid fever neuroretinitis is a rare presentation, which is not well recognized and established. A 55-year-old female, previously admitted for typhoid fever, presented with a sudden onset, painless blurring of vision of the left eye. Visual acuity was 20/20 OD and counting fingers at 3 feet OS. Grade 1 relative afferent pupillary defect with dyschromatopsia was noted on the left eye. Fundus examination of the left eye revealed disc edema and a macular star exudate. Areas of retinitis at the peripapillary area and distal third of the supero-temporal arcade were noted. Patient was given prednisolone (1mg/kg/day) and was gradually tapered for 8 weeks with regular monitoring. At 6 months follow-up, vision of the left eye improved to 20/40. Fundus exam revealed moderate resolution of disc edema with residual exudates at the macula, and retinitis at the distal third of the supero-temporal arcade. Post-typhoid neuroretinitis presents as a significant cause of visual impairment. Due to its rarity, immediate diagnosis and treatment are frequently delayed. A high index of suspicion is prudent for prompt intervention and better visual outcome.

Atypical central serous chorioretinopathy in adolescents using oral contraceptives

Sevval Efe, Hakan Koc
Ophthalmology Department, Giresun University, Giresun,Turkey

A 17-year-old female patient came to our clinic complaining that for three days she had been seeing a yellow halo in front of her right eye.
She did not have any history of systemic or ophthalmic diseases. She recently started using oral contraceptive pill (OCP) for her ovarian cyst. She was using 2 mg siproteron asetat ve 0,035 mg etinilestradiol oral tablet once a day for one month. Other than that she was not taking any other medications.
Initial best-corrected visual acuity was 5 metres counting fingers in the right eye and 1.0 in the left eye. Anterior segment examination was normal in both eyes. Fundus examination of the right eye revealed a normal coloration of the optic nerve and retinal elevation at the fovea. And some subretinal fluid images in some other locations in the posterior pole in the right eye. Fundus examination of the left eye was normal.
Right eye OCT showed an accumulation of subretinal fluid at the fovea and other multiple subretinal fluid spots. FA showed active points of leakage at the fovea and other multiple locations which are near to the inferior temporal arcade in the right eye. There were extra-macular leaking sides. Left eye OCT and FA findings was normal.
Based on these findings the patient was diagnosed with atypical central serous choroiretinopathy (CSC). We decided to stop OCP intake immediately and observe the patient. Two weeks later her initial best-corrected visual acuity was 1.0 in the right eye. And subretinal fluids in the OCT were decreased.
Atypical CSC has been described in women with a history of taking corticosteroids and multiple spots of subretinal fluid.
Discontinuation of the oral contraceptive pill (OCP) in atypical CSC helped in obliteration of RPE leaks and retinal reattachment in the eye, and improvements in VA was observed.