

CFEH Facebook Case #13

A 41 year old Asian male first presented to the Centre 5 years ago, and was referred back for review. Both his baseline and current images are pictured below for the left eye (with the exception of the fundus autofluorescence which was not available at the initial visit).

He has long-standing Amsler grid distortions in the left eye which had increased slightly. His medical and ocular histories were unremarkable.

What is your diagnosis? What has caused the current changes?

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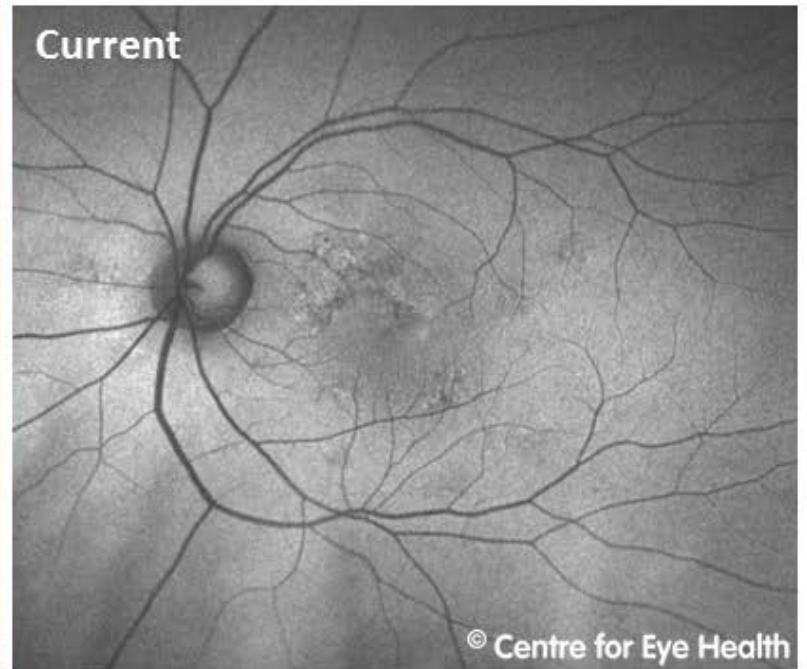
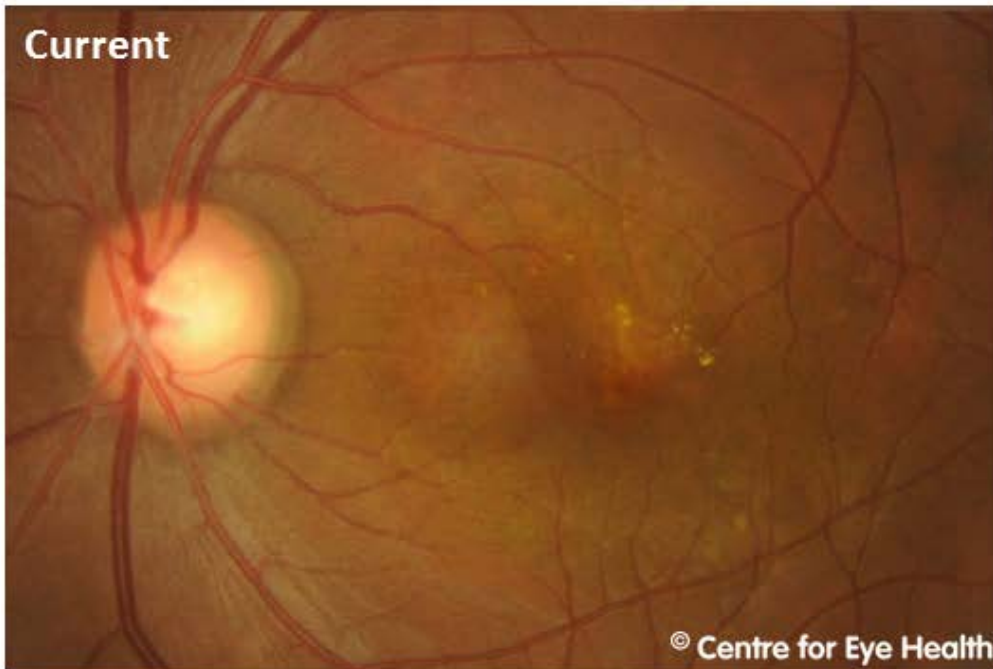
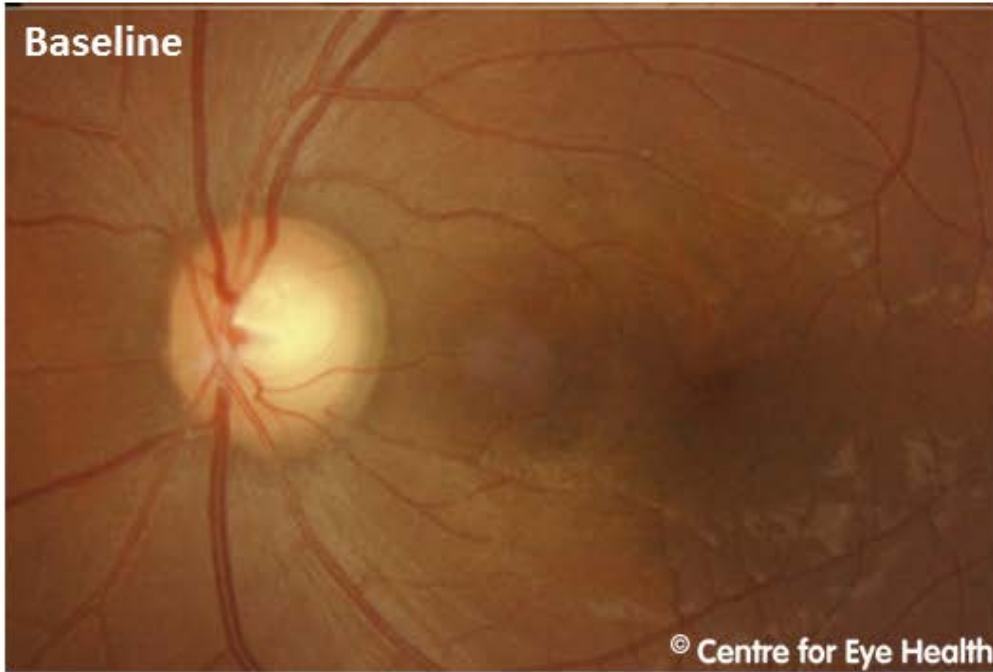
Centre for Eye Health



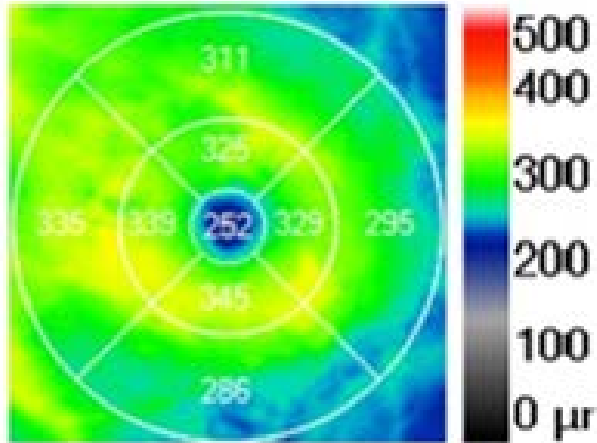
Optometry

NEW SOUTH WALES

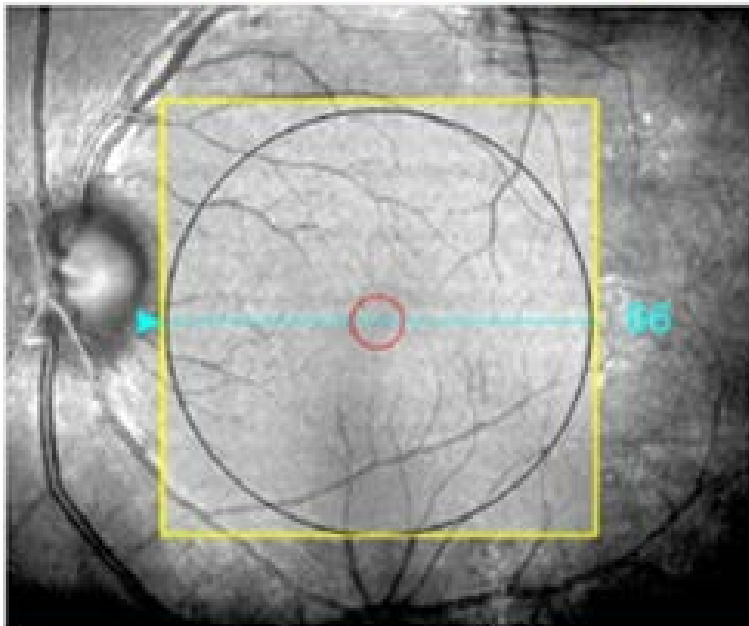
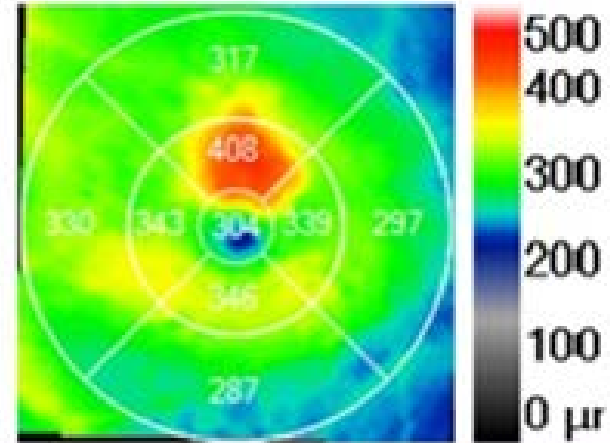
AUSTRALIAN CAPITAL TERRITORY



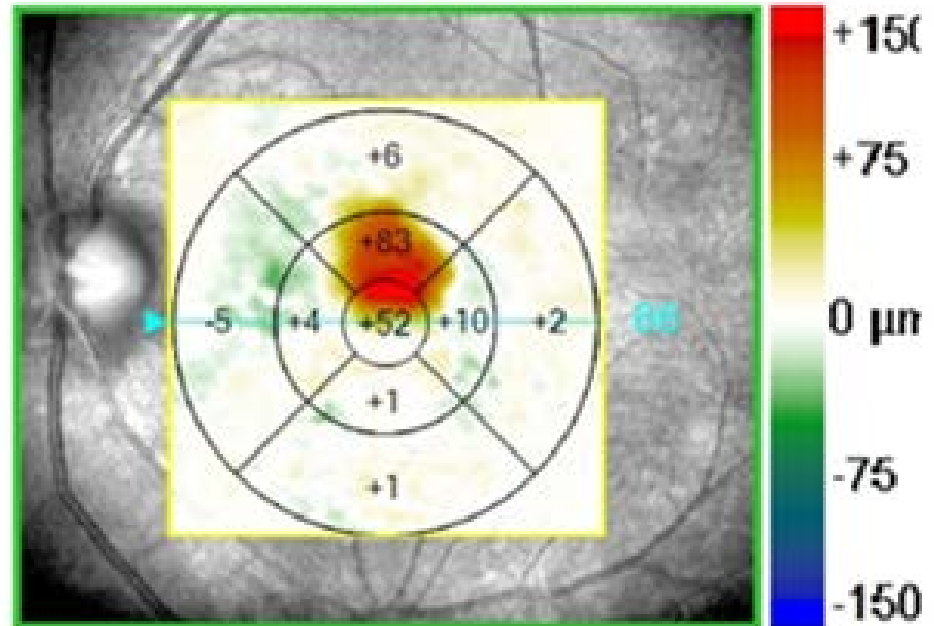
Baseline macular thickness



Macular Thickness change analysis



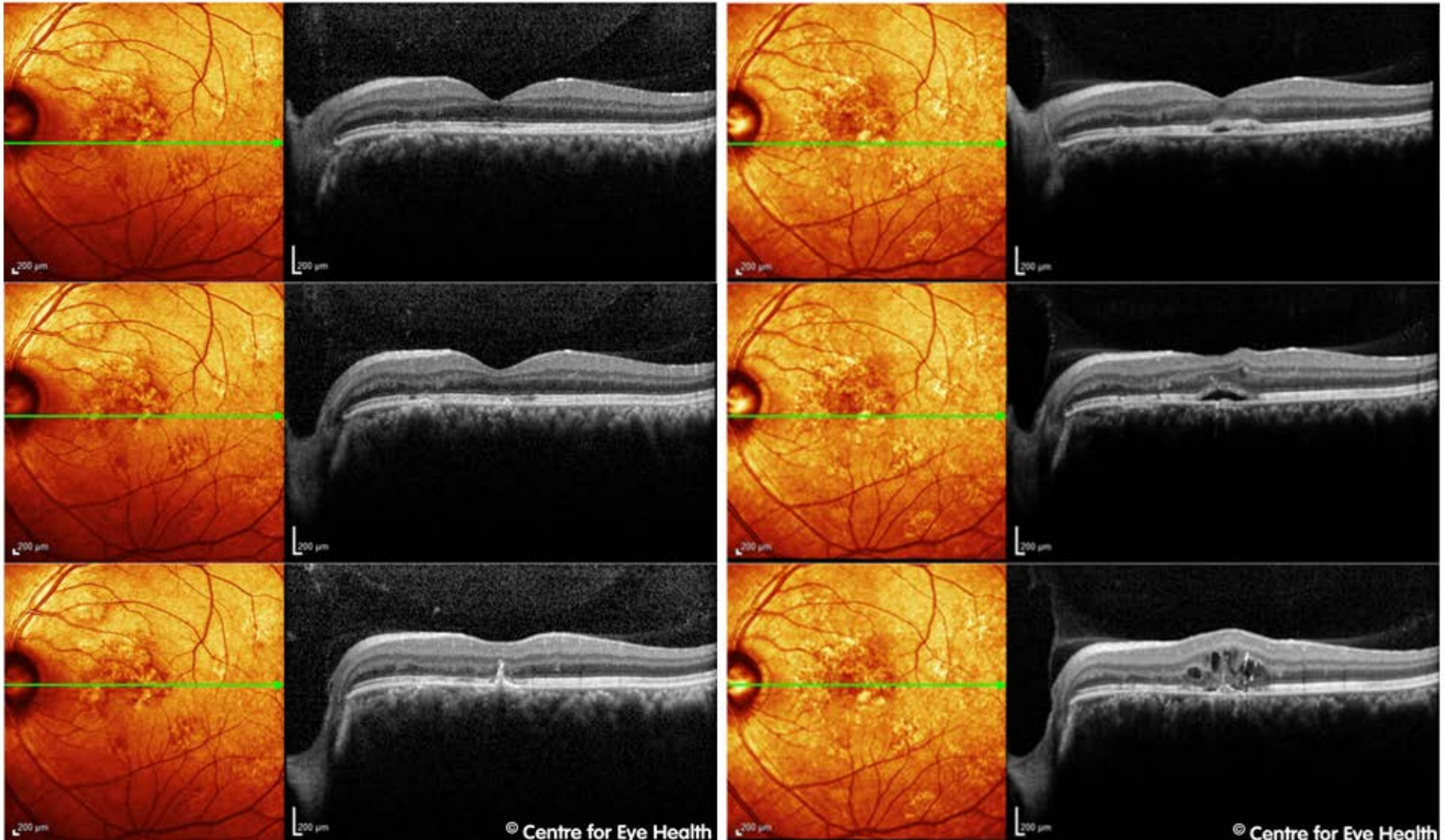
Overlay: OCT Fundus Transparency: 0 %



Overlay: ILM-RPE Difference Transparency: 0 %

Baseline OCT Line Scans and SLO image

Current OCT Line Scans and SLO image



ANSWER

Choroidal neovascularization (CNV) associated with chronic Central Serous Chorioretinopathy (CSCR)

Retinal photography and more notably the OCT Scanning Laser Ophthalmoscope image from the initial visit, showed scattered RPE disruptions in the left eye. Baseline OCT line scans showed corresponding RPE and photoreceptor layer (ONL and EZ) disruption with migration of the RPE. This clinical appearance, combined with the patient profile and subsequent autofluorescence image, is consistent with CSCR which falls into the spectrum of pachychoroid spectrum disease (for more information on this, [click here.](#))

The current images showed exudates, subretinal fluid and intraretinal cystic spaces with a significant increase in superior macular thickness compared to baseline. Fluorescein angiography or possibly OCT Angiography would confirm the diagnosis, however these findings are consistent with CNV formation.

CSCR is the second most common cause of CNV following AMD. Visual function loss can also occur if serous detachment of the photoreceptors persists for over 3 months. As a result, while most cases of CSCR are self-limiting, chronic or recurrent cases warrant referral to a retinal ophthalmologist