

## CFEH Facebook Case #14

A 55 year old myopic (-5.00DS) female was referred to the Centre for further imaging of her right macula. VA was 6/7.5 in this eye and 6/5 in the other (unaffected) eye. Fundus photographs (colour and red-free), Optomap autofluorescence and a Spectralis OCT line scan through the lesion.

What is your diagnosis?

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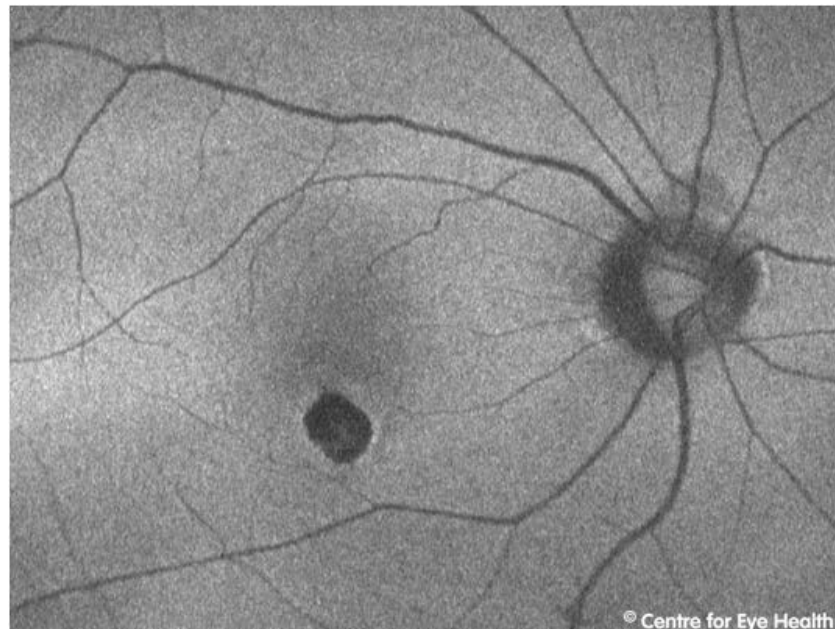
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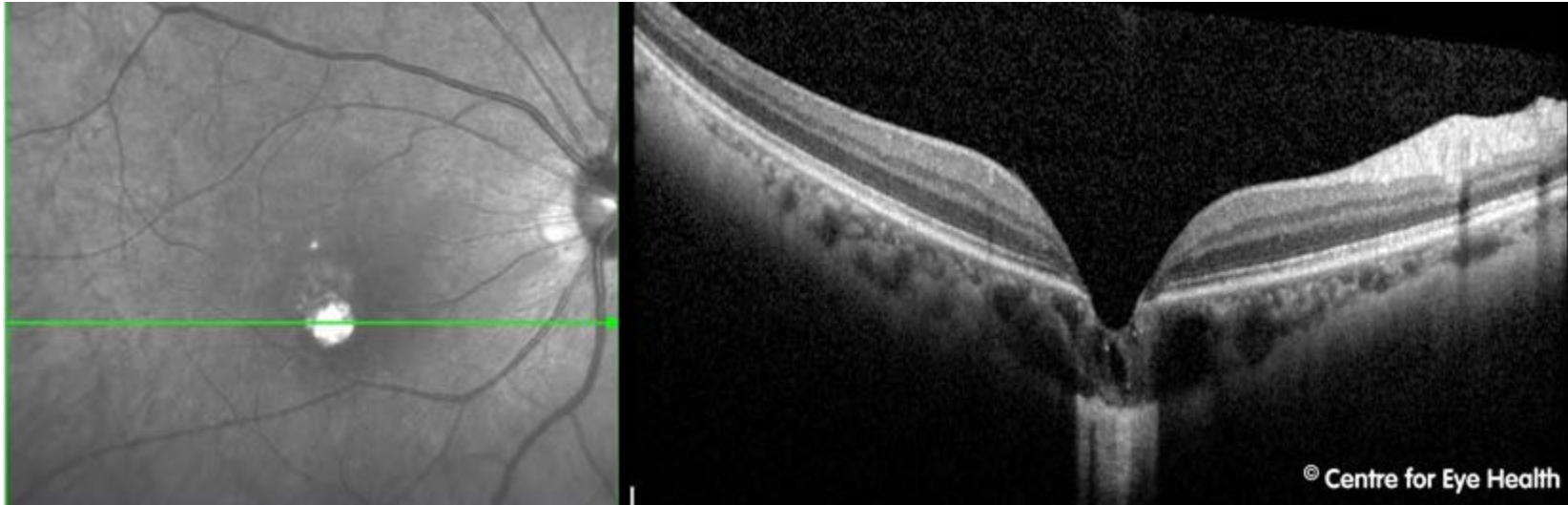


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# ANSWER

## **Intra-choroidal cavitation.**

The fundus images show a pale, well circumscribed circular lesion inferior to the fovea with irregular pigmentation, a circumscribed area of hypo auto-fluorescence and an associated wedge defect. There was a corresponding superior para-central field defect. Spectralis OCT through the lesion shows loss of the neurosensory retina and retinal pigment epithelium (RPE) overlying a posteriorly bowed sclera and cavities within the choroid..

Intra-choroidal cavitation has been described as a focal loss of the outer retina and RPE, with the remaining inner retina making direct contact with the sclera resulting in a "pseudo-fovea" appearance. Fluorescein angiography shows mild hyper-fluorescence in the early phases and mild hyper-fluorescence in late phases.

Early studies have found intra-choroidal cavitations to be more common in older subjects and those with longer axial lengths. They occur most frequently in the lower temporal quadrant and have a significant association with retinoschisis. The sclera is bowed posteriorly in just over 50% of cases. Further studies are required to investigate these associations and long term sequelae.