CFEH facebook Cases

CFEH Facebook Case #9

A 50 year old Korean female was referred to CFEH for a glaucoma assessment. Her refraction was -5.75/-1.00x168 in the right eye and -4.00/-0.75x147 in the left with best corrected acuities of 6/6-2 in each eye. There was no significant family ocular or medical history.

A slit lamp examination and gonioscopy was unremarkable. IOPs were 13mmHg and 15mmHg with applanation tonometry and corneal thicknesses were 558µm (RE) and 556µm (LE).

Both eyes showed a similar appearance. Stereoscopic photos and OCT of the right optic are shown below (to view the stereoscopic images you will need a stereoscopic viewer or loose base out prism).

What is your diagnosis for this patient, what would be your optometric management?

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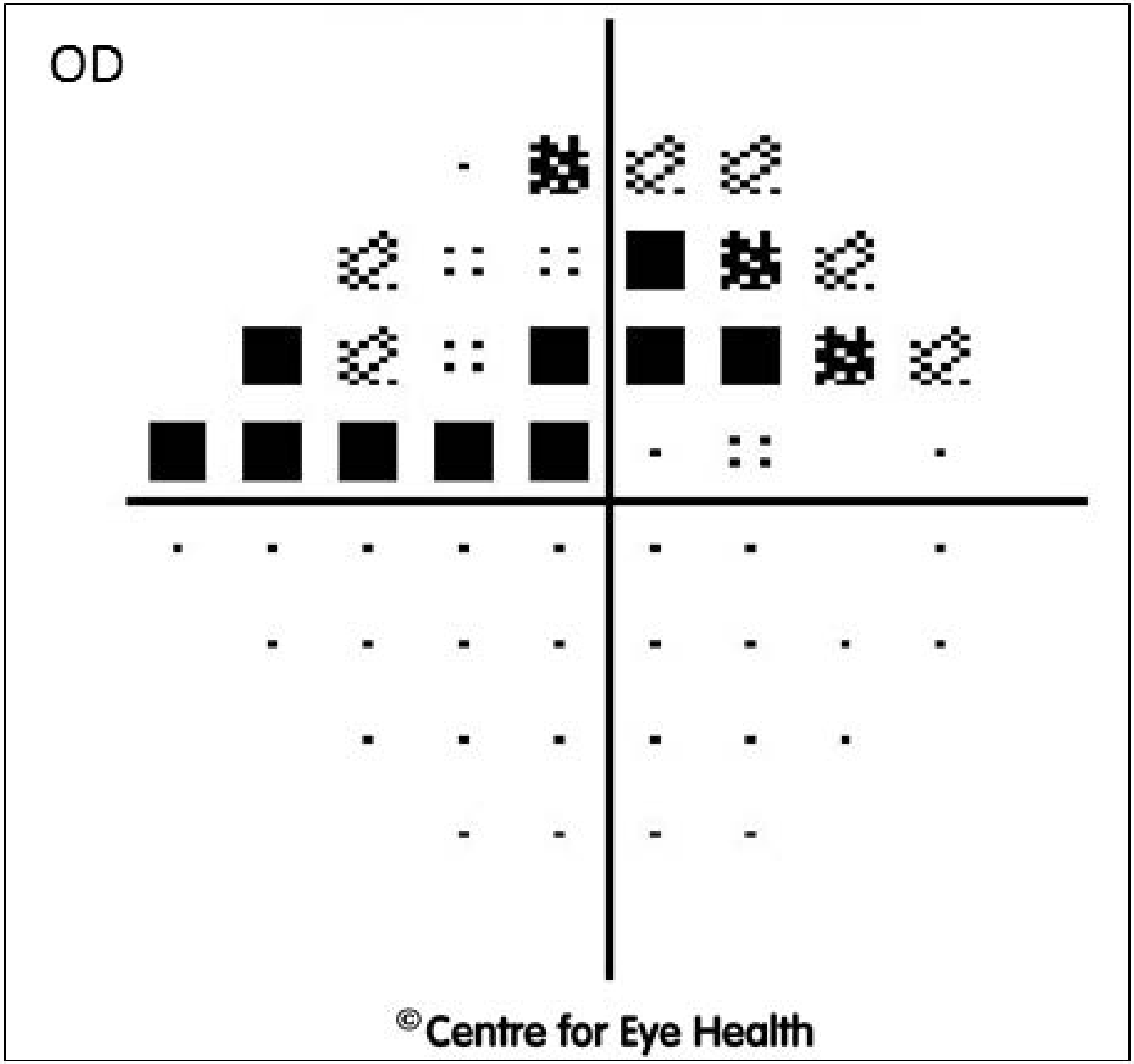

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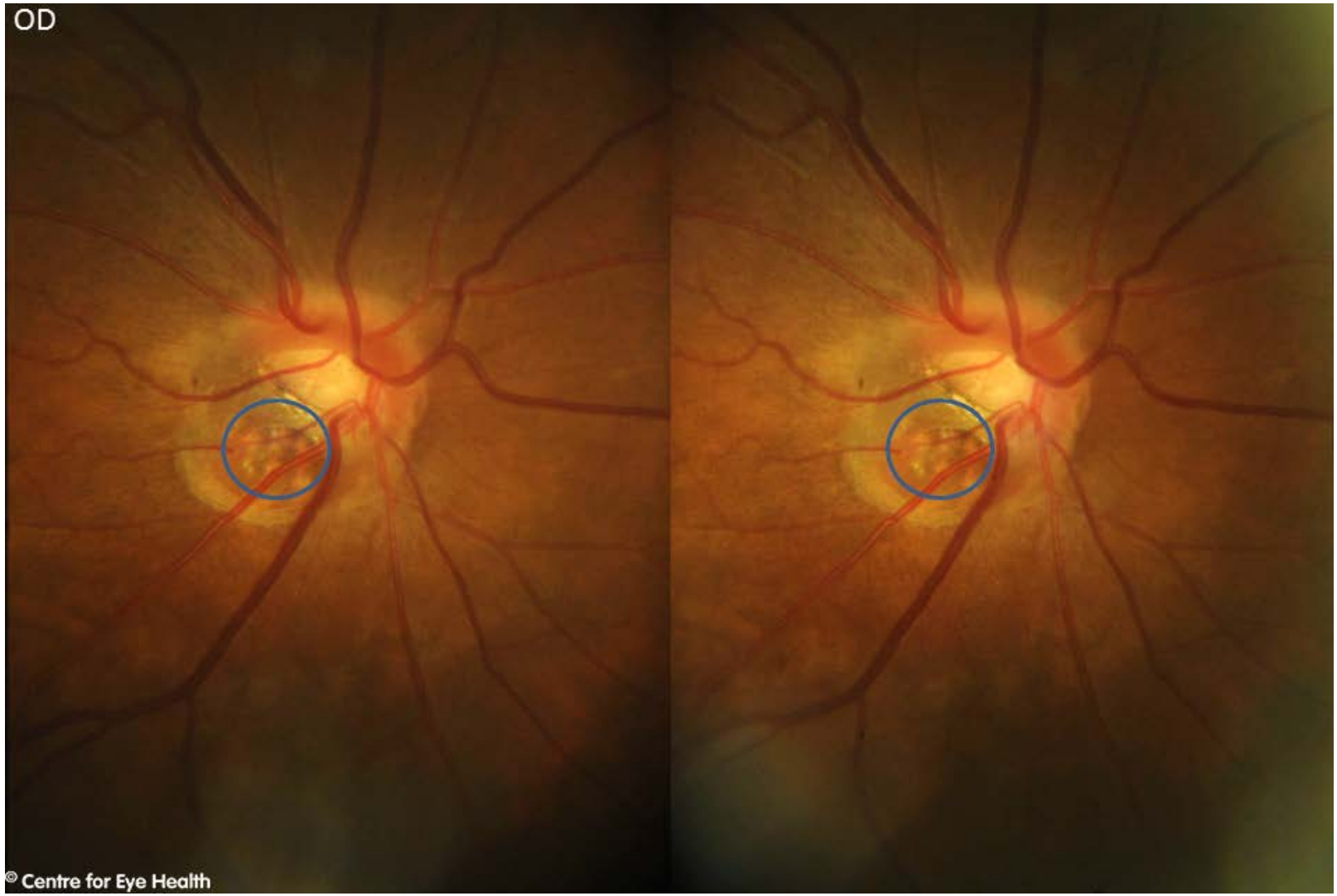
ANSWER

Small, congenitally tilted discs with parapapillary intrachoroidal cavitation (PICC) and a probable developing acquired juxta-papillary pit (indicated on the images below) with corresponding visual field loss.



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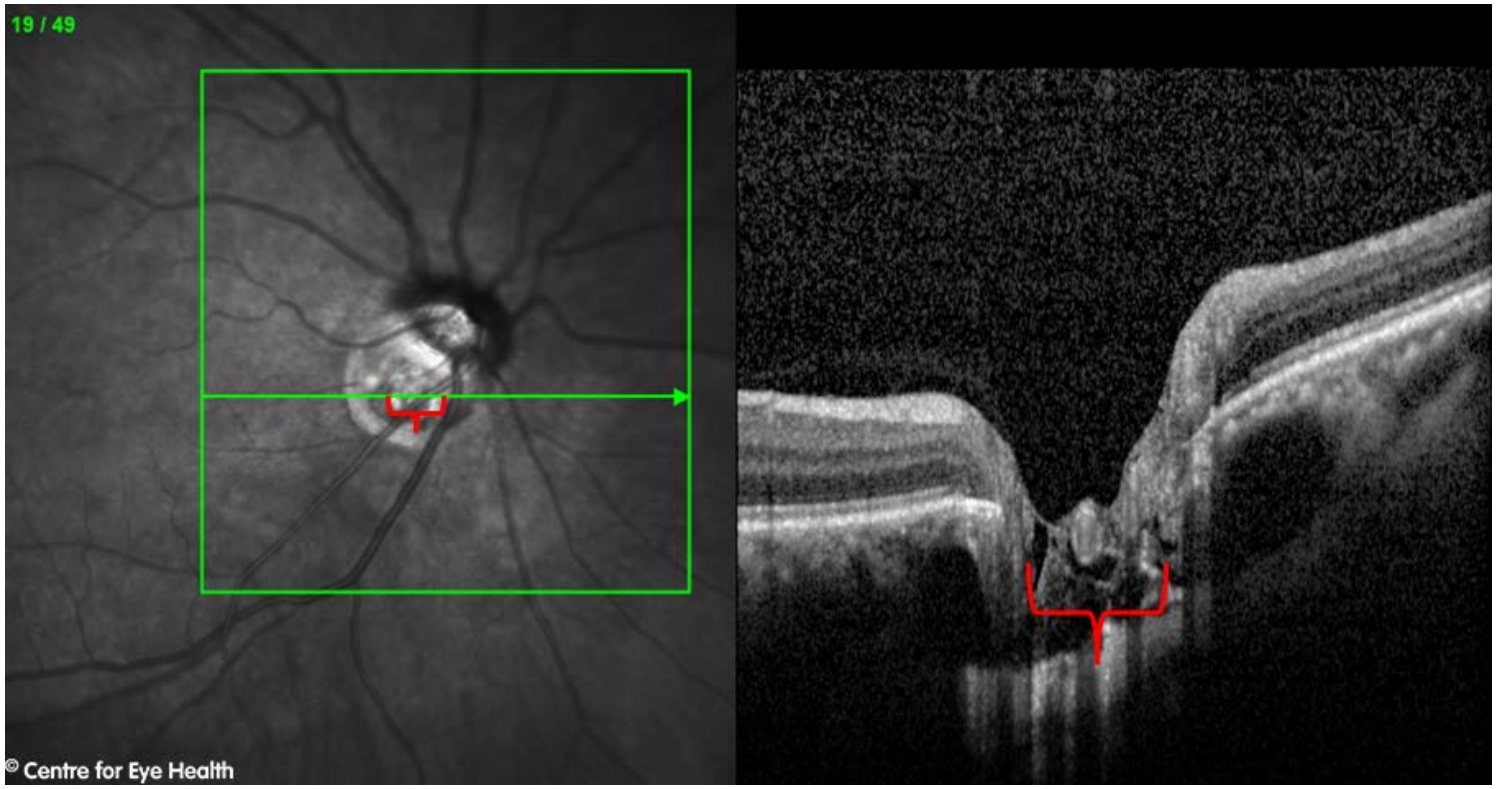
ANSWER



PICCs are a juxta-papillary or peripapillary detachment, characterised on OCT by a hypo-reflective space in the choroid that can have normal retina and RPE overlying it. They may be associated with glaucoma like visual field changes and can appear as a yellowish round lesion inferior to the optic nerve. Those that don't have this appearance only show the cavity posterior to the myopic conus.

As well as congenital tilted discs, PICCs can affect those with pathological myopia and are most commonly found inferior to the optic disc. The Beijing eye study (2013) found PICC was present in 16.9% of highly myopic eyes (refractive error greater than 6 dioptres or axial length greater than 26.5mm) and were typically associated with highly tilted optic discs and the presence of a posterior staphyloma.

71% of eyes with PICC have been found to have glaucomatous visual field defects.

In this case, it was difficult to determine whether there were co-existing glaucomatous changes. As a result, the Centre's ophthalmologist's recommendation was to review the patient in 6 months to check for any evidence of change or progression.