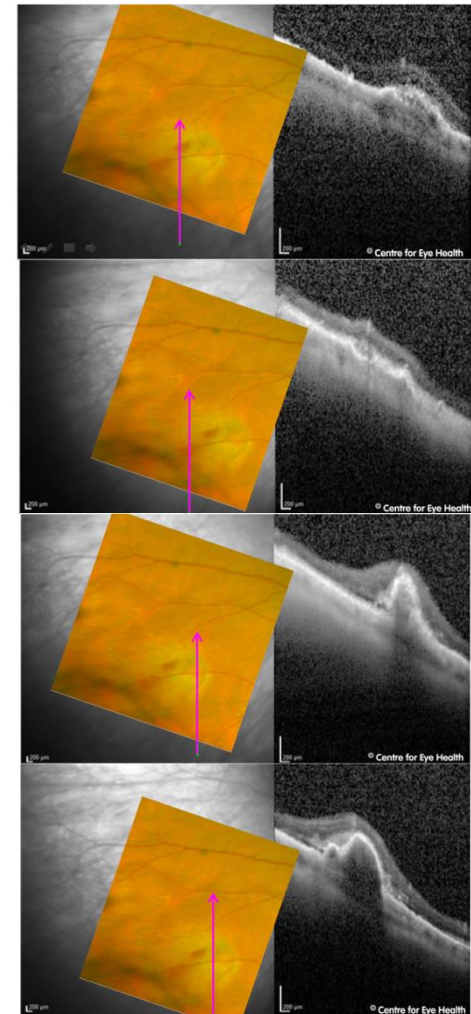
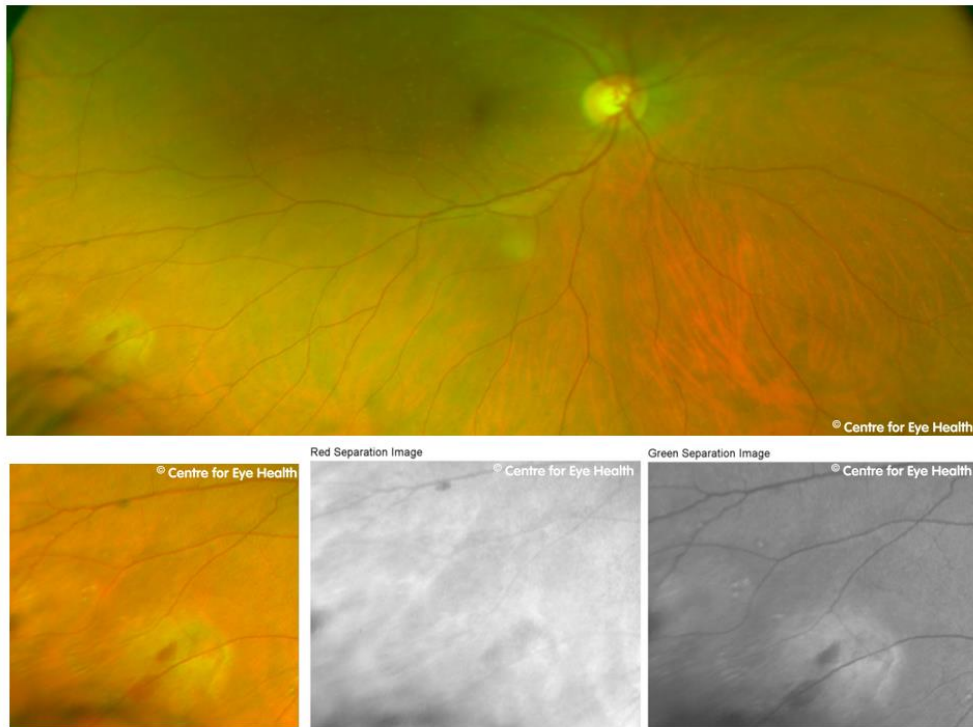




## CFEH Facebook Case #29

A 61 year old female presented for a peripheral retinal examination. Below are the Optomap images of the infero-temporal quadrant of the right eye, and OCT images taken through the lesions noted in this area. Pinhole VA was 6/7.5- in each eye. What is the most likely cause of the lesion?



Proudly brought to you by

**LEARNING FOR VISION**



Centre for Eye Health



Optometry  
NEW SOUTH WALES  
AUSTRALIAN CAPITAL TERRITORY



## ANSWER

The lesions are most likely peripheral choroidal neovascularization (CNV) – there are 2 associated haemorrhages and a fibrous component to the choroidal lesion, suggesting this diagnosis.

This type of choroidal neovascularization results in an increased risk of macular CNV as well as sub-retinal haemorrhages and can be associated with polypoidal choroidal vasculopathy (PCV).

The incidence of PCV is high in African Americans, moderately high in Asians, and relatively low in Caucasians. It is a chronic vascular abnormality of choroidal blood vessels with persistent serous leakage and recurrent bleeding. The usual age of onset is between 60 and 70 years. It is characterised by branching choroidal vessels with aneurysmal dilations, which appear as red/orange structures in the macular and/or peripapillary areas. These lesions can be seen in some eyes during fundoscopy, but are more easily visualised with fluorescein angiography (FA) and indocyanine green angiography (ICGA). PCV lesions in the peripheral fundus such as in this case have also been reported but are less common

Although the lesion in this case is unlikely to require treatment, referral to a retinal specialist is still necessary.