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CLINICAL CASE

Atypical presentation of central serous choroidopathy. Case report[☆]



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Sergio Eustolio Hernández-Da Mota*

Servicio de Retina, Clínica David Unidad Oftalmológica, Morelia, Michoacán, Mexico

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KEYWORDS

Central serous
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Abstract

Background: Central serous choroidopathy is a macular disease, usually with a self-limited and benign course, and predominantly affects male patients between 20 and 45 years old.

Clinical case: A 68 year-old female patient complained of decreased visual acuity of her right eye of approximately 3 weeks of onset. Best corrected visual acuity in her right eye was 20/100. Fundus examination revealed a macular serous detachment involving its centre, as well as the presence of multiple calcified drusen. Fluorescein angiography showed late parafoveal leakage in a "smokestack" pattern in the right macular area. Optical coherence tomography showed a dome-shape macular detachment, also in the right eye. The patient was observed every 2 weeks and spontaneous resolution of the macular detachment was seen a month later. Based on these clinical features, a diagnosis was made of central serous choroidopathy of atypical presentation.

Conclusions: Atypical presentation cases of serous central choroidopathy might be seen occasionally. Hence, it is an important differential diagnosis of age related macular degeneration in patients older than 60 years.

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* Correspondence address: Clínica David Unidad Oftalmológica, Blvd. García de León 598-2, Col. Nueva Chapultepec, C.P. 58280. Morelia, Michoacán, Mexico. Tel.: +52 443 3144 362; fax: +52 443 3144 362.

E-mail address: tolodamota@yahoo.com.mx

PALABRAS CLAVE

Coroidopatía serosa central;
Presentación atípica;
Maculopatía relacionada con la edad

Presentación atípica de coroidopatía serosa central. Reporte de caso

Resumen

Antecedentes: La coroidopatía serosa es una afección macular, de curso autolimitado y, por lo general, benigno, que afecta predominantemente a varones de entre 20 y 45 años de edad.

Caso clínico: Mujer de 68 años de edad, con baja de agudeza visual de aproximadamente 3 semanas de evolución del ojo derecho. Su capacidad visual en el ojo derecho era de 20/100. En el segmento posterior se apreció una imagen de desprendimiento seroso circular en mácula del ojo derecho, abarcando su centro. Se encontró presencia de múltiples drusas de aspecto calcificado. En la angiografía fluoresceína se encontró fuga parafoveal con patrón «en humo de chimenea» en fases tardías del estudio en área macular derecha, mientras que la imagen por tomografía de coherencia óptica mostró despegamiento en domo de retina neurosensorial del ojo derecho a nivel macular. Se optó por mantener a la paciente en vigilancia cada 2 semanas, observándose la remisión espontánea del desprendimiento de retina seroso un mes después. Con base en los datos anteriores se integró el diagnóstico de coroidopatía serosa central del ojo derecho de presentación atípica.

Conclusiones: Puede haber casos atípicos en cuanto a la presentación de la coroidopatía serosa central, estando dentro de los diagnósticos diferenciales de la enfermedad macular, sobre todo en maculopatía relacionada con la edad en pacientes de ambos sexos, mayores de 60 años de edad.

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Background

Central serous choroidopathy is generally a unilateral condition, which predominantly affects males between the ages of thirty and fifty, and in the majority of cases has a self-limited and benign evolution with regards to visual function. It is characterised by the presence of an abrupt, moderate loss of vision, accompanied on occasions by a relative, central, metamorphopsia, micropsia scotoma. The presence of a circular circumscriptive detachment of the neurosensory retina may be observed at the posterior pole, with no signs of exudation.¹

There are however isolated cases which stray away from this clinical behaviour pattern in both presentation and course, i.e. the condition may present in patients outside this age range, in females and may significantly compromise the visual acuity of the patient with a recurrent and chronic course.²⁻⁴ We report a case of atypical presentation.

Clinical case

A female patient aged 68 who presented with a decreased visual acuity of her right eye of approximately 3 weeks of onset. She became aware of this complaint by coincidence. The patient stated there was no history of any significance nor was she taking any drugs at that time. Physical examination revealed visual acuity in her right eye of 20/100, whilst in her left eye it was 20/20. The Amsler test, which consists in giving the patient a quadrigular drawing to assess if the patient sees distortion in the lines, tested positive in the right eye.



Figure 1 Clinical image of posterior pole of the right eye.

On examination of the anterior segment an incipient nuclear sclerosis was found in the lens of both eyes. In the posterior segment the image of a circular serous detachment was seen in the macula of the right eye, involving its centre. The presence of multiple calcified drusen was found, predominantly in the vascular arch pathways (Fig. 1).

Fluorescein angiography showed late parafoveal leakage in a "smokestack" pattern in the right macular area (Fig. 2), whilst the optical coherence tomography showed a dome-shape macular detachment, in the right eye neurosensorial

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