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Case Report

Association of neurosensory detachment with choroidal folds in a hypermetrope: An unusual presentation



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Introduction

Choroidal folds are seen at the posterior pole of the eye in the form of lines or striae. Choroidal folds were first described by Nettleship, as “peculiar lines in choroid”¹ in expanding Orbital tumors. Norton was the first to label them as choroidal folds.² Choroidal folds appear clinically as yellow dark bands corresponding to the crests and troughs of folds.³

Case report

A 27-year-old female patient presented for her routine checkup. She gave history of spectacle use since early

childhood with progressive increase in her hyperopia with age. However, her refractive status was stable since the last 6 years. She had no history suggestive of raised intracranial hypertension, scleritis, and cerebral or orbital malignancy.

Clinical findings

Patient's unaided vision for both eyes was 6/60, which improved to 6/6, with a spherical correction of +4 diopter spherical in both eyes. Her ductions and versions were full, free, and painless, with no proptosis. Anterior segment was within normal limits with normal pupillary reactions and intraocular pressure was noted to be 16 and 18 mm of Hg in Right eye (RE) and Left eye (LE), respectively. On routine fundus

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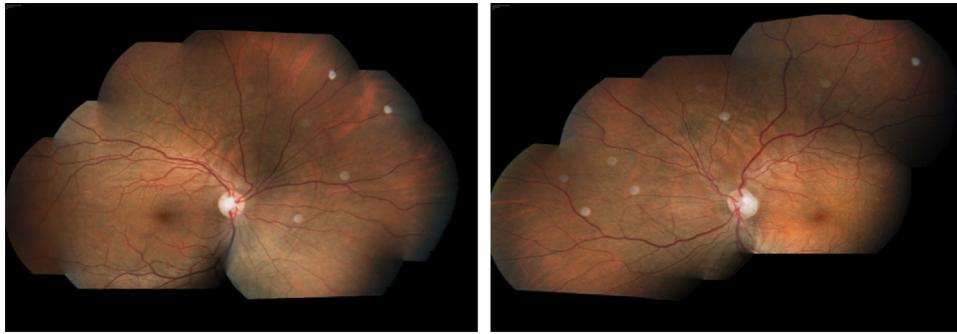


Fig. 1 – RE and LE color fundus photo showing choroidal folds in the area of superior arcade as seen by the undulations in the form of alternate light and dark streaks.

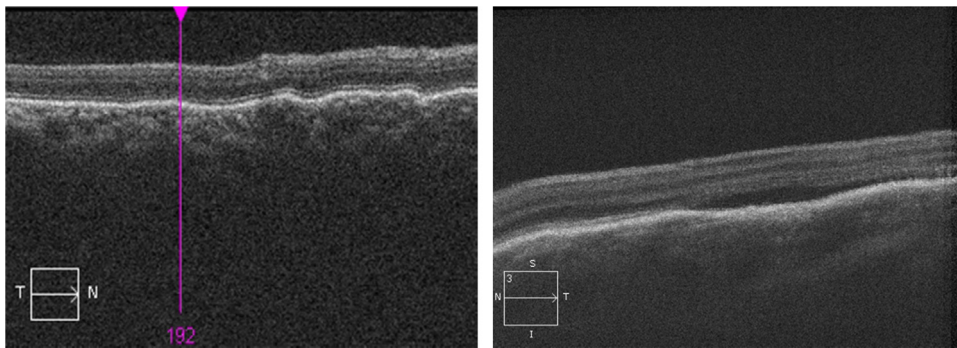


Fig. 2 – OCT macula RE showing chorioretinal folds with undulations of choroid, Bruch's membrane, retinal pigment epithelium, and overlying retina. The retina is seen to be of uniform thickness and thus suggestive of chorioretinal folds. OCT macula LE shows similar choroidal folds with neurosensory detachment.

examination, she was found to have choroidal folds in RE and choroidal folds with yellowish intraretinal exudates near superotemporal arcade in the LE, as shown in Fig. 1. Optic discs were within normal limits, with the rest of the fundus being unremarkable. Amsler's grid examination was within normal limit. She was evaluated further and underwent Axial scan (A-scan) wherein the axial length was found to be 20.21 and 20.16 mm, respectively, with no posterior scleral thickening seen on B-scan.

Optical coherence tomography (OCT) was done, as shown in Fig. 2; RE was showing choroidal folds and LE was showing choroidal folds with neurosensory detachment (NSD).

Autofluorescence images were taken showing choroidal folds as alternate light and dark bands with area of hyperfluorescence and intraretinal exudates in LE, as seen in Fig. 3.

Fundus fluorescein angiography (FFA) in Fig. 4 shows alternate dark and light bands suggestive of choroidal folds

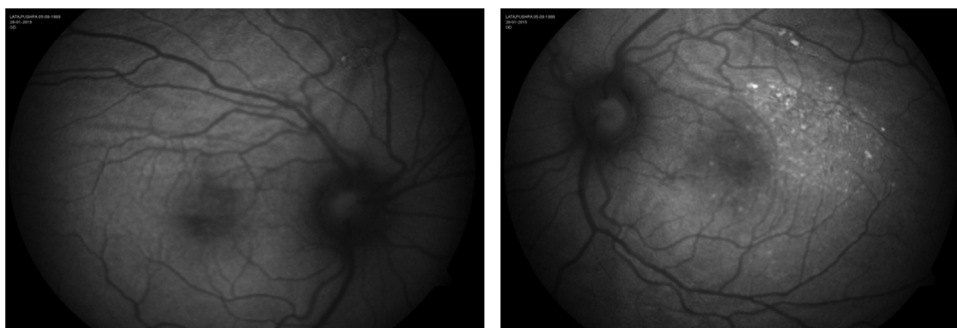


Fig. 3 – Autofluorescence RE showing alternate light and dark bands around superior arcade. LE shows similar findings along with pinpoint hyperautofluorescence superotemporal to fovea corresponding to the area of neurosensory detachment suggestive of accumulation of subretinal fluid.

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