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Short communication

Focal choroidal excavation associated with idiopathic choroidal neovascularization[☆]

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ABSTRACT

Case report: The case is presented of a 45 year-old man with a focal choroidal excavation associated with choroidal neovascularisation not included in the area of excavation. Clinical features were analyzed using retinography, fluorescein angiography, optical coherence tomography, and optical coherence tomography angiography. The patient was treated with 3 intravitreal injections of bevacizumab, with a good response.

Discussion: Focal choroidal excavation can be associated with choroidal neovascularization not included in the area of excavation. Multimodal imaging provides a complete description of clinical features, before and after treatment.

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Excavación focal coroidea asociada a membrana neovascular coroidea idiopática

RESUMEN

Caso clínico: Presentamos el caso de un varón de 45 años con excavación coroidea asociada a una membrana neovascular coroidea no incluida en el área de la excavación. Se describen las características clínicas mediante retinografía, angiografía fluoresceína, tomografía de coherencia óptica y angiotomografía. El paciente fue tratado con 3 inyecciones de bevacizumab, consiguiéndose la inactivación de la membrana.

Palabras clave:

Excavación focal coroidea

Neovascularización coroidea

Tomografía de coherencia óptica

Angiotomografía

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Discusión: La excavación focal coroidea puede aparecer asociada a una membrana neovascular situada por fuera de los límites de la excavación. El estudio mediante diversas modalidades de imagen nos permite una completa descripción de sus características, antes y después del tratamiento.

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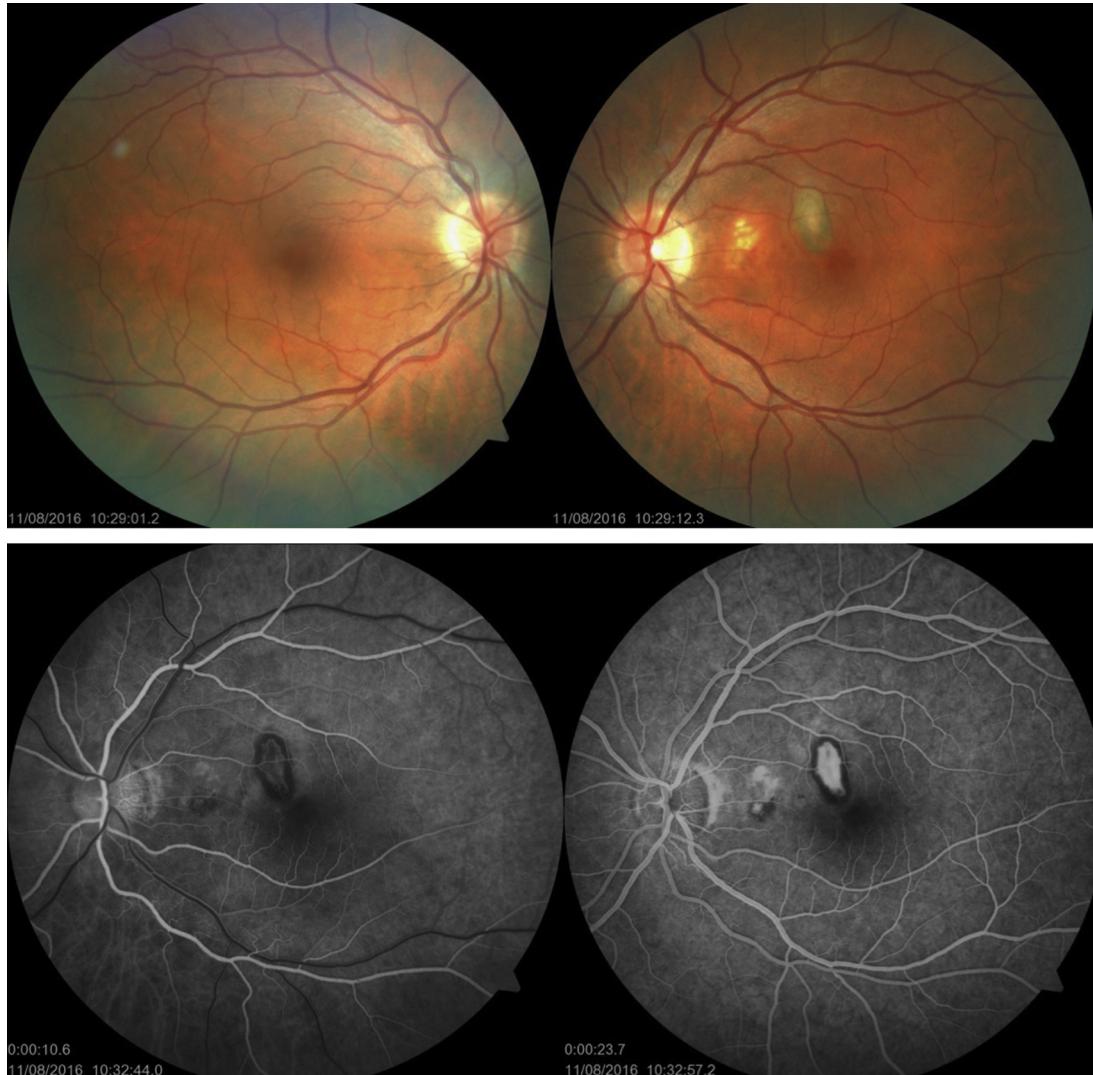


Fig. 1 – Retinographies of both eyes and LE FAG showing the choroidal focal excavation located between the optic disc and the macula. The nasal and superior area of the LE macula shows slightly pigmented lesion corresponding to CNV.

Introduction

Focal choroidal excavation (FCE) comprises a focal indentation of the retina pigment epithelium and the inner choroids detected with optical coherence tomography (OCT).¹ It appears as a choroidal excavation area and is characterized by the absence of posterior staphyloma, scleral ectasia, history of previous traumatism, posterior uveitis or infectious of vascular retinal or choroidal diseases.²

Clinically, FCE expresses as a small lesion characterized by focal pigment changes in fundus examination which may go unnoticed,³ for which reason OCT is important for diagnostic. The cause of FCE is unknown and it is debated whether its origin is congenital or acquired. It has been described associated to vascular alterations of the choroids such as central serous chorioretinopathy, choroidal neovascularization (CNV) and polypoid choroidal vasculopathy.⁴ It has also been described in patients with multifocal choroiditis and inner choroiditis punctata, entities involving alterations of the choroids.⁵

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