



A case of Posterior Uveal Bleeding

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MRCSEd

Present history:

- A 74 year old female patient presented to our clinic with a stable gray spot and visual distortion OD for the previous several months.
- She had stable chronic floaters but no flashes of light, eye pain, or other ocular symptoms.

Past history:

- Old rupture globe repair OS
- Hypertensive
- No other systemic disease.
- No drug history or any know drug allergies.

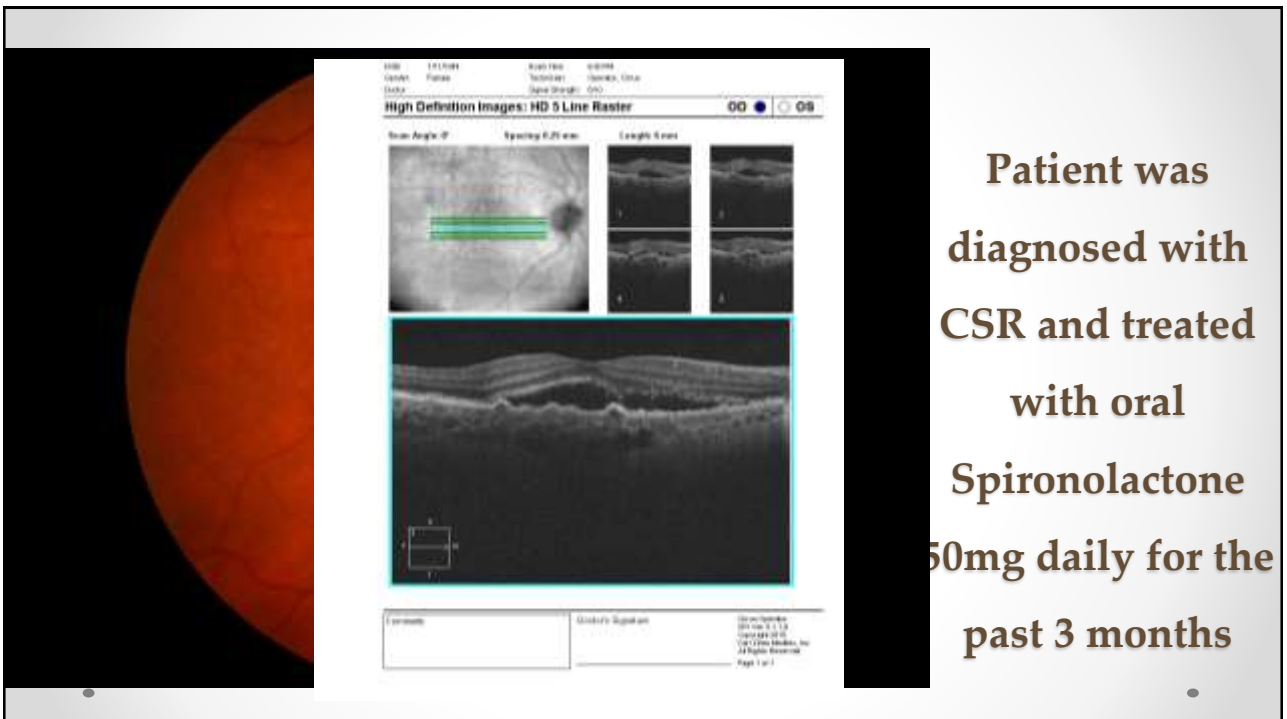
Examination:

	OD	OS
BCVA	0.3	CF 1/60
Pupil	Reactive	
EOM	Freely Mobile	
IOP	12	12
Cornea	Clear	Central scar
Anterior chamber	AC deep and quiet	
Lens	Nuclear sclerosis	

Fundus examination

Posterior vitreous detachment, normal disc, shallow multifocal pigment epithelial detachments (PEDs) between the nerve and fovea with adjacent subretinal fluid (SRF), scattered pigmentary deposits at the fovea

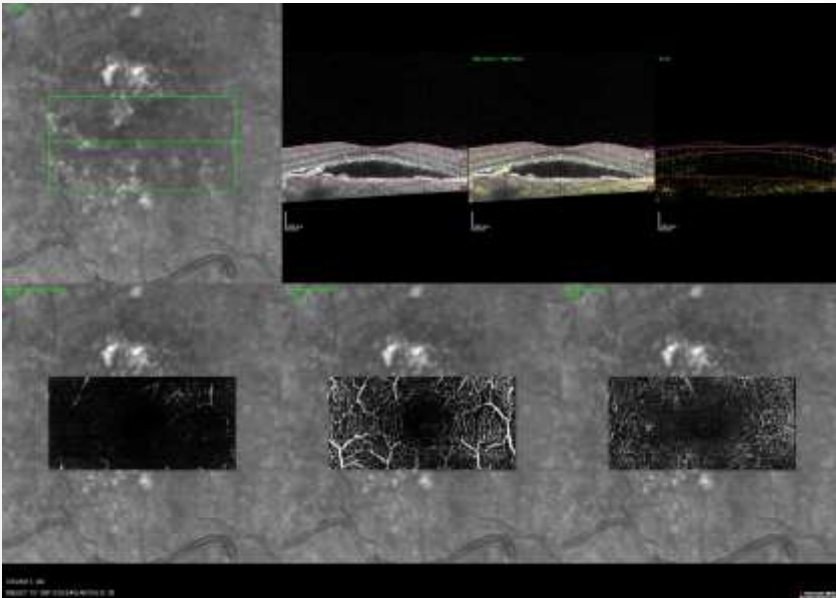
Retina in place by ultrasound

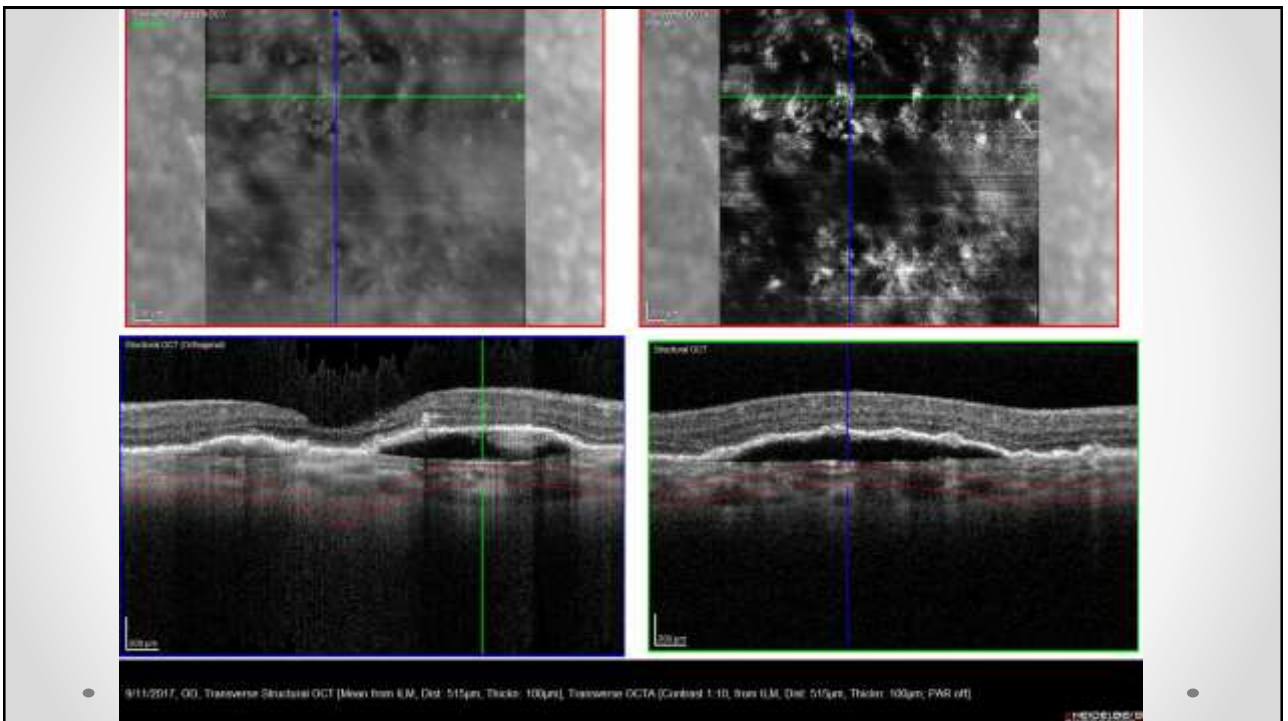
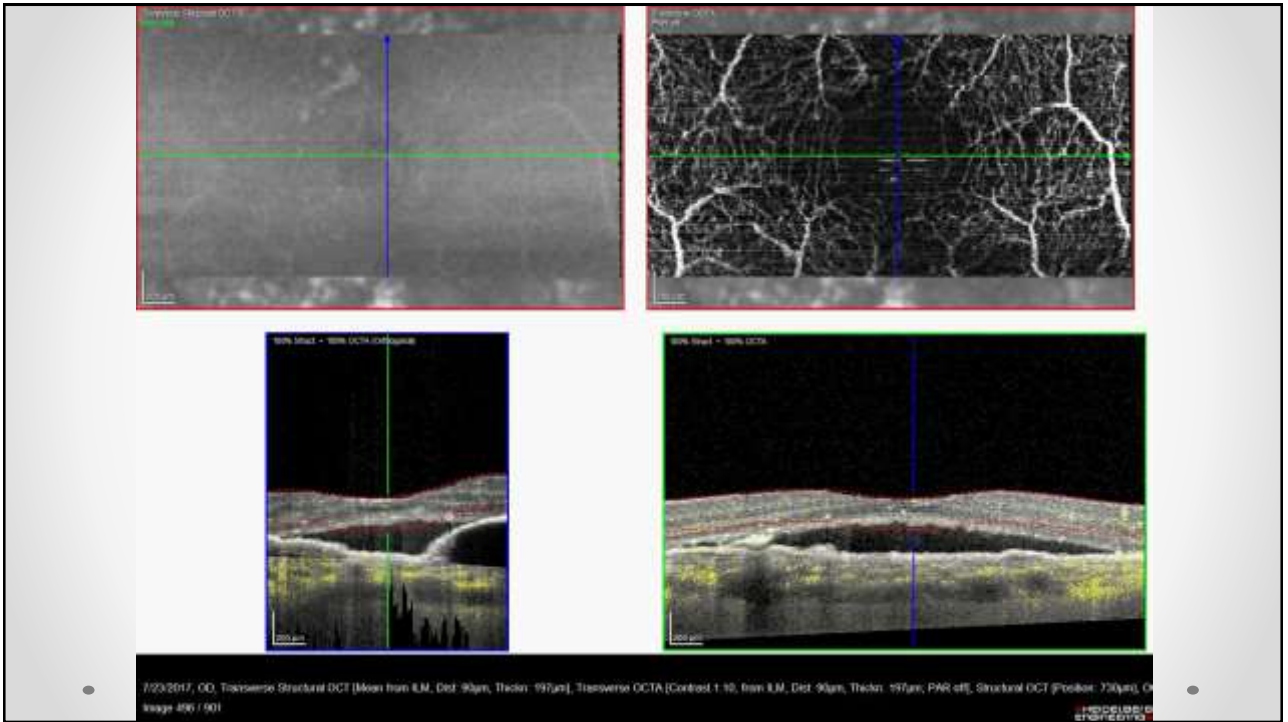


**But is this really
CSCR?**

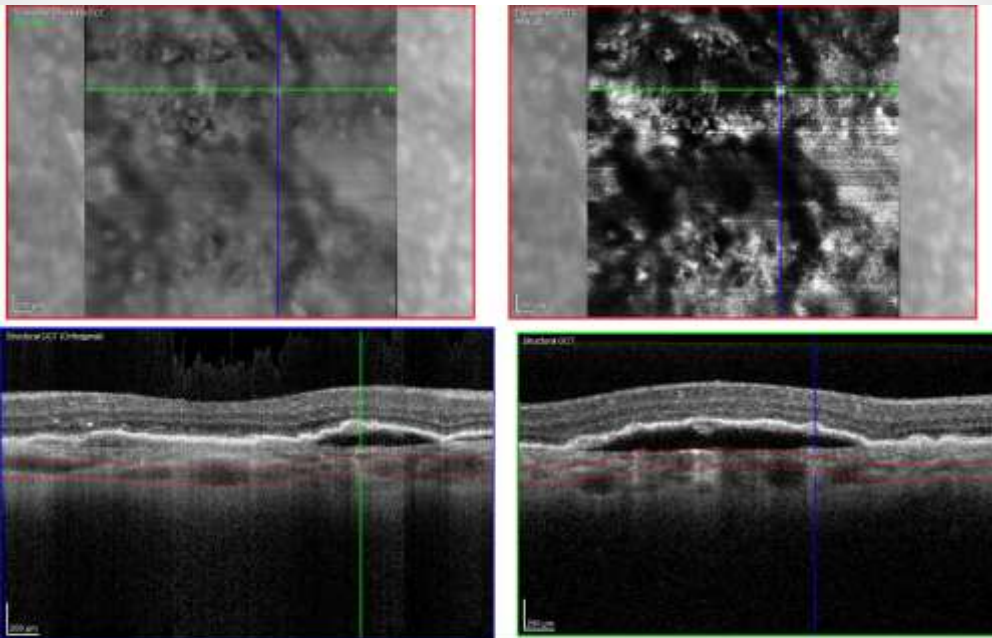
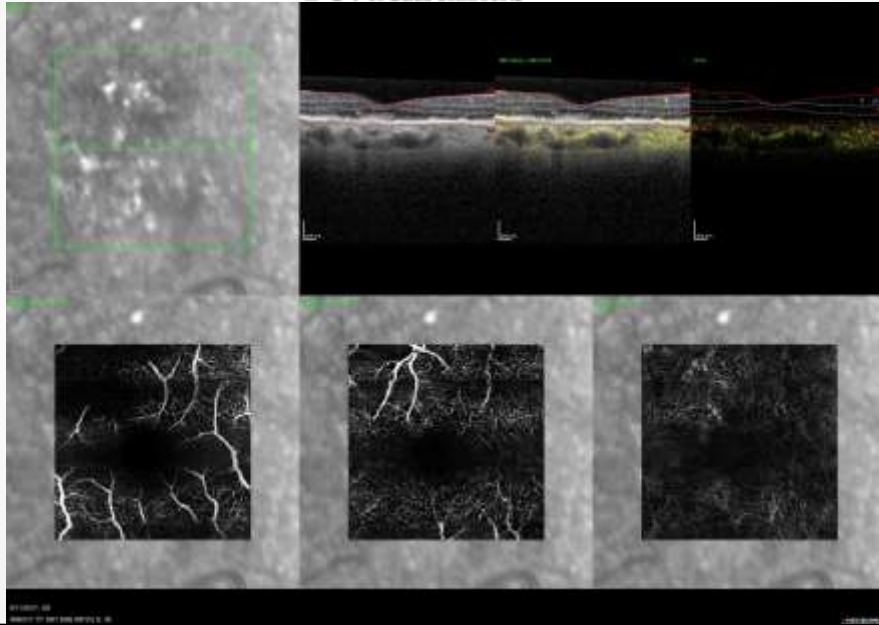


Oct-Angiography





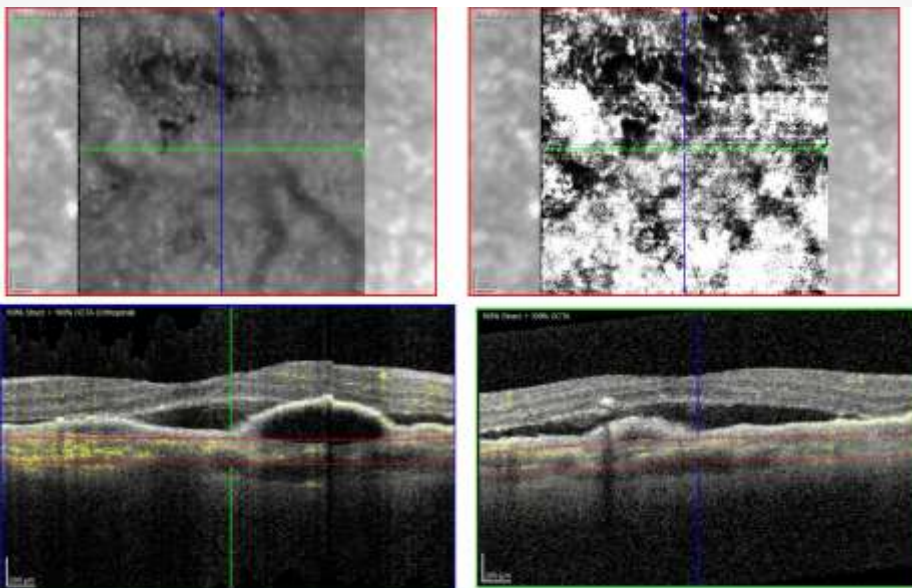
After One month of intravitreal Bevacizumab



9/11/2017_00, Transverse Structural OCT (Mean from ILM, Disc: 485µm, Thicker: 100µm), Transverse OCTA (Contrast: 1.10, from ILM, Disc: 485µm, Thicker: 100µm, PAH off)

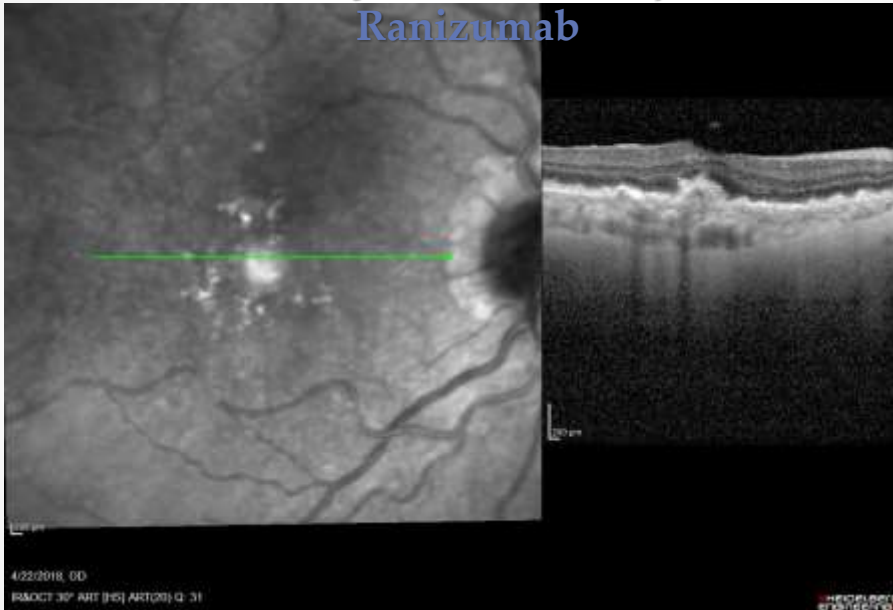
HEIDELBERG

After one more month without injection

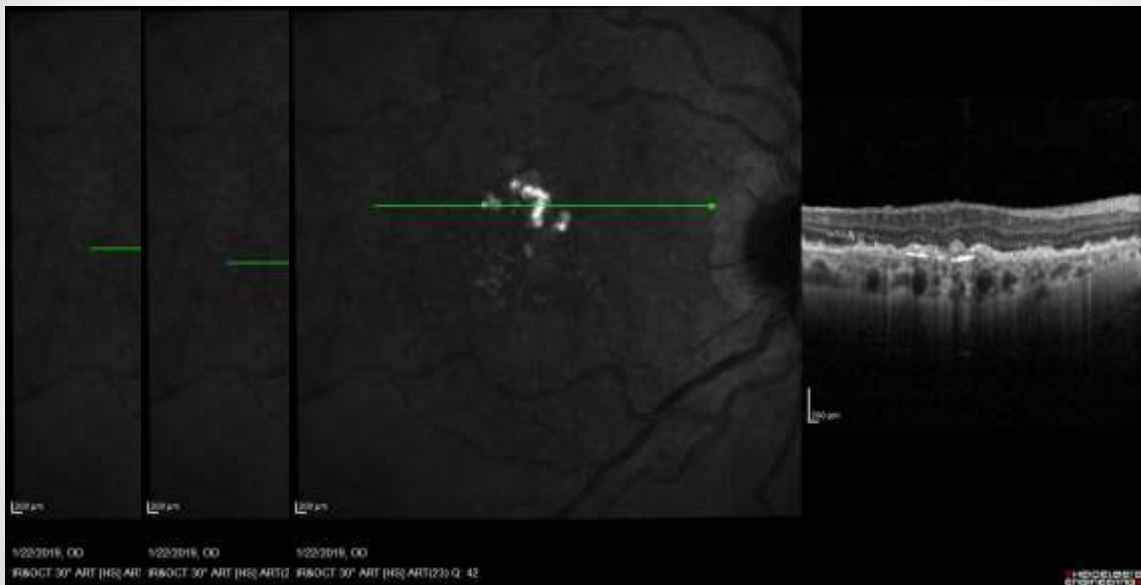


10/18/2017_00, Transverse Structural OCT (Mask from IM, Dial: 130µm, Thicke: 60µm), Transverse OCTA (Dial: 1.4, from IM, Dial: 130µm, Thicke: 10µm, PAR: 0)

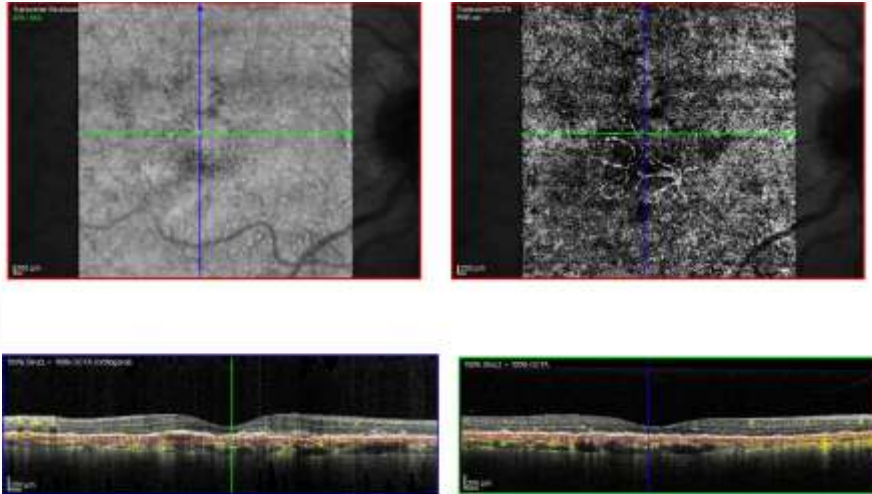
Three Monthly intravitreal injections of Ranizumab



7 months follow up



Branching vascular network



122-2019, 00, Transverse Structural OCT (Max Eye IM, Oct 14µm, Tracker 52µm), Transverse OCTA (Cohort 14, Max Eye, Oct 14µm, Tracker 52µm, PWT 60)

Clinical science

Optical coherence tomography angiography characteristics of polypoidal choroidal vasculopathy

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ABSTRACT

Purpose To analyse the morphological characteristics of polypoidal choroidal vasculopathy (PCV) on optical coherence tomography angiography (OCT-A).

Methods Prospective study with consecutive patients affected with PCV were included. All patients underwent a complete ophthalmological examination including fundus photography, fluorescein angiography, indocyanine green angiography, spectral-domain OCT and OCT-A.

Results Twelve eyes of 12 patients (mean age 72.6 ±10.5 years; 4 men and 8 women) were included for analysis. In all eyes (12/12) the segmentation of the choriocapillaris layer on OCT-A revealed the branching vascular network (BVN) as a hyperflow lesion. OCT-A segmentation of the choriocapillaris layer in correspondence of the polypoidal lesion showed in 3/12 eyes (25%) a hyperflow round structure, surrounded by a hypoflow halo, and in 9/12 eyes (75%) a branching

microvasculature by detecting intravascular blood flow, using a split-spectrum amplitude-decorrelation angiography (SSADA) algorithm, without any dye injection. It allows visualising the dynamic motion of erythrocytes using sequential OCT cross-sectional scans and a detailed assessment of the retina, as well as of the choroidal circulation.

In this study, our purpose was to describe imaging features of PCV and adjacent structures using OCT-A.

METHODS

In this prospective study, consecutive patients presenting at Créteil University Eye Clinic with PCV were included, from November 2014 to April 2015. This study was driven in accordance with the Declaration of Helsinki, current French legislation and with approval of our local ethics committee.

For all patients, PCV was diagnosed by ICGA

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Polypoidal Choroidal Vasculopathy (PCV)

- First described in 1982 by Yannuzzi
- Affects Males; 50 to 65 years.
- Commonly misdiagnosed as AMD or CSR.
- Has a better prognosis.
- OCT-A is a non-invasive imaging modality allowing the visualization of different structures in PCV.

