BILATERAL CENTRAL SEROUS CHORIORETINOPATHY WITH SUBRETINAL EXUDATION

CORIORRETINOPATÍA SEROSA CENTRAL CON EXUDADOS SUBRETINIANOS BILATERALES

NORMAND-DE-LA-SOTILLA E¹, CAMACHO-SAMPELAYO JM¹, ROMERO-GUERRERO F¹, MUIÑOS-MURO S²

ABSTRACT

Clinical case: A 37-year-old man was referred because of a bilateral loss of visual acuity and metamorphopsia. On examination there was yellowish exudation bilaterally associated with serous retinal detachments, corresponding to hyperfluorescence spots in the early stage of fluorescein angiography. Photocoagulation of the leakage spots was performed in both eyes. Six months later he had recovered his visual acuity and the lesions had remitted.

Discussion: The clinical findings, ancillary tests and subsequent clinical course allowed a diagnosis of Best's disease to be ruled out. The presence of sub-retinal yellowish exudation in the posterior pole does not necessarily rule out the diagnosis of central serous chorioretinopathy (Arch Soc Esp Oftalmol 2006; 81: 595-598).

Key words: Central serous chorioretinopathy, fluorescein angiography, optical coherence tomography.

INTRODUCTION

Central serous chorioretinopathy (CSC) is an idiopathic chorioretinal alteration characterized by a serous detachment of the neurosensory retina in the macular region. This serous detachment can be associated with alterations of the pigmentary epithelium (lifting of the pigmentary epithelium, pigment...
dispersions) and exudation or subretinal deposits. CSC can express itself uni- or bilaterally and exhibit recurrence.

**CASE REPORT**

A 37-year old hypermetrope man with visual problems for 9 years went to the practice due to bilateral visual acuity (VA) reduction and metamorphopsia in both eyes (BE) after a stressful period. Using his eyeglasses (+4.25 diopters in BE), VA is of 0.5 in right eye (RE) and 0.3 in left eye (LE). The latter increases to 0.85 with a correction of +7.00 diopters. Exploration revealed bilateral subretinal exudates with neurosensory raising (NSR) of the macular area (fig. 1). Fluorescein angiography (FAG) showed hyperfluorescent spots in posterior pole in early stages which increased in intensity and size in intermediate stages, associated to a detachment of the pigmentary epithelium (DPE) (fig. 2). The Optical Coherence Tomography showed the NSR and DPE in greater detail (fig. 3).

After one month, the right eye VA decreased to 0.3. Therefore, photocoagulation was applied with argon laser on the RE point of leak. After two months, the RE lesion has been reabsorbed, but the LE lesion persisted. At this time it was decided to perform a FCG in the LE. After six months only a pigment point could be observed due to the healing of the laser in BE (fig. 4) and the VA with correction (+4.50 diopters in RE, +5.00 diopters in LE)

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**Fig. 1:** Initial condition of the patient: bilateral subretinal exudate in posterior pole with associated neurosensory raising.

**Fig. 2:** Hyperfluorescent points were observed in early angiogram stages.
was of 0.8 en BE. During 2.5 years of follow-up there was no recurrence.

**DISCUSSION**

A number of authors have described cases of unilateral central serous chorioretinopathy (CSC) with vitelliform lesion CSC can also include whitish subretinal matter and lipidic exudation (3, 4) similar to those shown in this case report.

Adult vitelliform foveomacular dystrophy, also known as Best’s disease, in a dominant autosomic inheritance entity exhibiting several stages in ophthalmological examination. The FAG in this case reveals an obstruction of choroidal fluorescence due to vitelliform lesions. Even though it was not considered necessary to perform electro-oculogram in this patient, clinical exploration together with the angiographic findings and the evolution of the condition allowed us to dismiss a diagnostic of Best’s disease. Accordingly, the presence of subretinal exudate or vitelliform lesions in the posterior pole should not lead us to dismiss (at least initially) a diagnostic of CSC.

At present, there is no evidence that FCG will improve the final VA in eyes affected by CSC. However, it does shorten the time of evolution.

**REFERENCES**


