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The acute choroidal neovascular membrane in a 22-year-old patient which was initially assessed with central serous retinopathy secondary to antidepressant medications

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Case: This is a case of a 22-year-old female from the Philippines with a chief complaint of blurring of vision who developed Choroidal Neovascular Membrane with Central Retinopathy. The patient had a history of anti psychotropic oral medications used for the 1-year duration(Escitalopram, Quetiapine, Clonazepam, and Alprazolam). She was diagnosed with Major Depressive Disorder 1 year prior and presented on the day of consult with the sudden blurring of vision of the left eye. The best-corrected vision was 20/20 on the right eye, and 20/70 on the left eye. Fundus exam revealed a surface elevation in the foveal area. Fluorescein Angiography and Ocular Coherence Tomography read as Central Serous Retinopathy. However, further examination after 15 days on OCT revealed a choroidal neovascular membrane developing. Aflibercept injection 0.4ml was injected once a month for 3 doses. The patient improved to 20/30 on the affected eye thereafter.

Discussion: Central Serous Chorioretinopathy is characterized by a sudden unilateral blurring of vision. Histologically, neurosensory detachments and/or Retinal Pigment detachments can be seen mostly confined in the macula and is said to have occurred because of leakage of fluid to the subretinal spaces. Management includes careful observation in most cases. However, there is no protocol in the management of atypical CSR secondary to antidepressive medication overdose.

Conclusion: We propose that because membranes are irreversible, patients who develop an atypical case of Central Serous Chorioretinopathy due to antipsychotic drugs need a protocol for monitoring, and if needed, Anti VEGF treatment 0.4ml every month was effective in this case.

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