

The Foveal Splitter

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DESCRIPTION

A 20-year-old gentleman presented with complaints of defective vision in the right eye (OD), with best corrected visual acuity of 20/60. His anterior segment was normal. Fundus examination revealed circumpapillaryangioid streaks radiating from the optic disc with one passing subfoveally along with a presence of a Choroidal neovascular membrane (CNVM) (Figure 1A). Ocular coherence tomography (OCT) confirmed the presence of a type II CNVM under the fovea (Figure 1B). Ocular coherence tomography angiography (OCTA) reveals the subfovealneovascular network at the level of the deep capillary

plexus originating from below the RPE (Figures 1C and 1D). This case highlights the uniqueness of the angioid streak splitting through the fovea and the role of OCTA as a non-invasive alternative to dye based angiography for diagnosis of CNVM secondary to angioid streaks. Up to 50% of angioid streaks are idiopathic, with the rest having an association with systemic disease [1]. The incidence of CNVM is 72%-86% in various studies [2,3]. Our patient underwent Intravitreal Injection of Ranibizumab in OD and was referred to a physician for systemic examination and haematological workup.

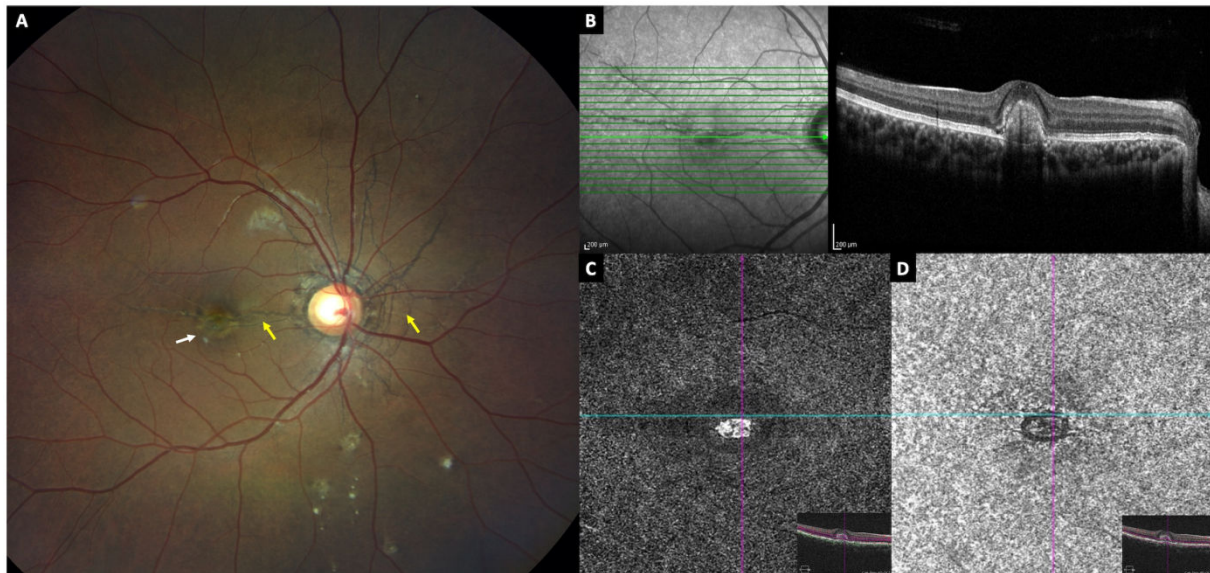


Figure 1: Multicolour imaging of OD showing the presence of circumpapillaryangioid streaks with a solitary streak splitting the fovea along with the presence of a CNVM (A) OCT of OD showing a type 2 CNVM subfoveally (B) Corresponding OCTA showing the neovascular network at the level of the deep capillary plexus (C) originating from below the RPE (D).

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