SIMULTANEOUS SINGLE DEXAMETHASONE IMPLANT AND RANIBIZUMAB INJECTION IN A CASE WITH ACTIVE SERPIGINOUS CHOROIDITIS AND CHOROIDAL NEOVASCULAR MEMBRANE

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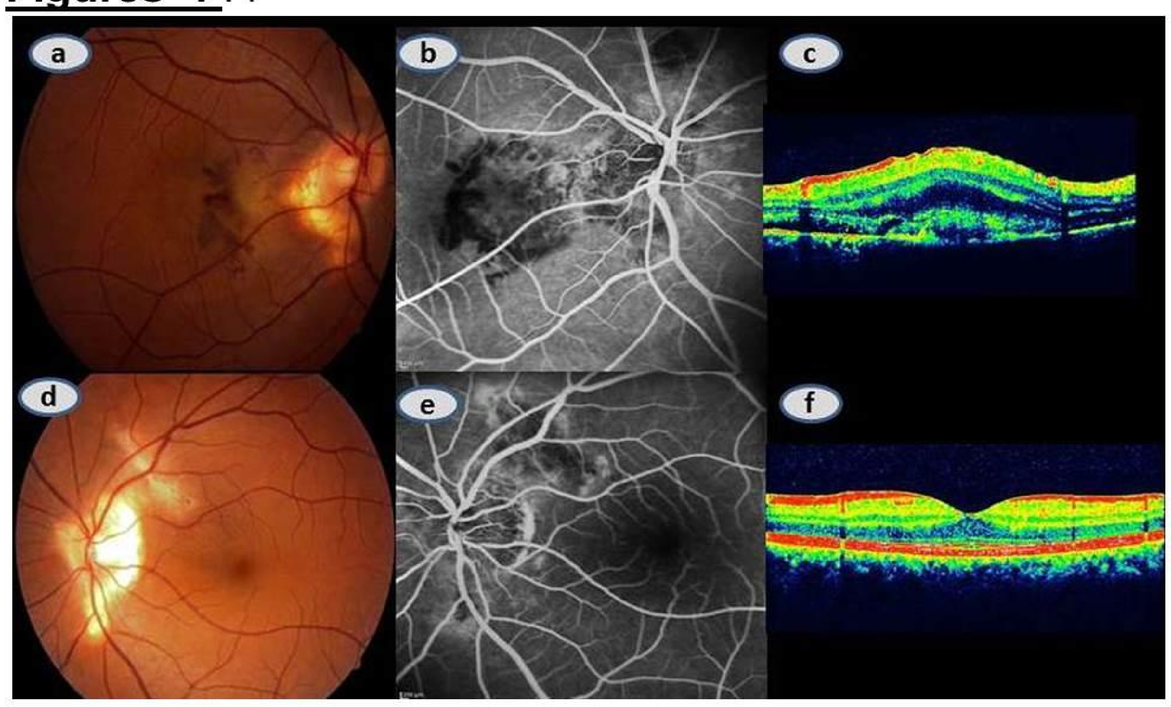
Background:

Choroidal neovascularization (CNV)can be associated with various inflammatory chorioretinal diseases as the cytokines together with the VEGF are implicated in the pathogenetic mechanisms leading to an impaired permeability and altered angiogenesis.[1,2] It is assumed that CNV may occur in up to 25% of the cases with serpiginous choroiditis and be detected at the time of active choroiditis or in between the inflammatory episodes.[3] The presence of CNV must be differentiated from the signs of active disease as the treatment options may differ.

Case :

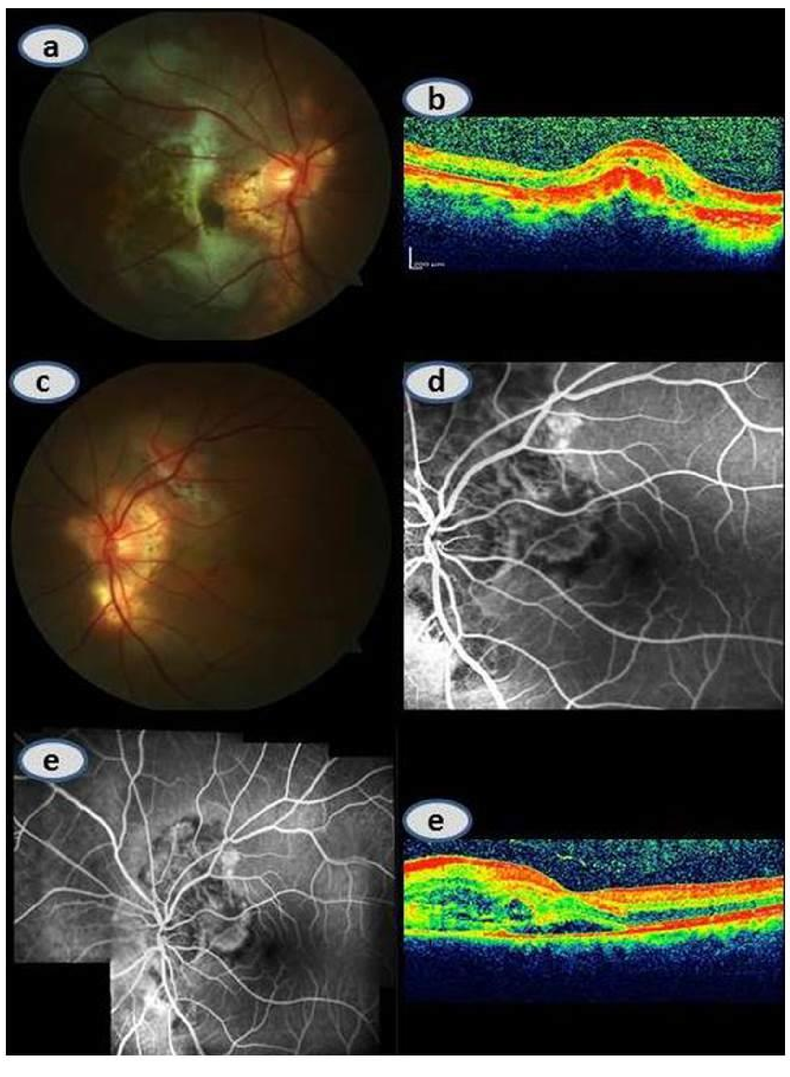
46-year-old woman was treated with a simultaneous single intravitreal dexamethasone implant and ranibizumab administration for the treatment of an unilateral extrafoveal CNV associated with an active serpiginous choroiditis. At the same time with the intravitreal therapy, oral mycophenolic acid (2x720 mg) was started and oral cyclosporine (3x100 mg) was then added two months later. On the other hand, the fellow eye had been treated for a subfoveal CNV but with an inactive disease four years before and ended up with a final visual acuity of counting fingers despite the treatment of a single session of photodynamic therapy and three subsequent intravitreal ranibizumab injections.

Figures 1 : .



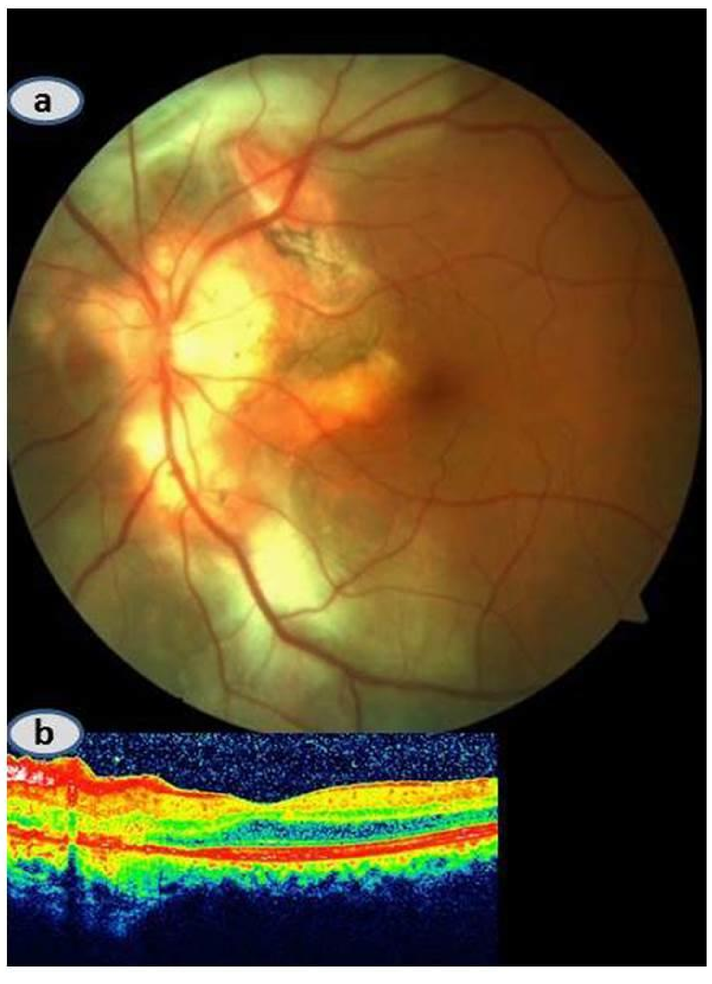
Right eye a) Color fundus picture, peripapillary scarred area with foveal grayish lesion with a subretinal hemorrhage b) Venous phase of fluorescein angiogram, lacy subfoveal hyperfluorescence associated with a hypofluorescent rim c) OCT scan, foveal hyperreflective material, intraretinal and subretinal fluid, Left eye d) Color fundus picture, peripapillary chorioretinal scarring e) Venous phase of fluorescein angiogram, normal macula f) OCT scan, normal foveal contour.

Figure 2



Right eye a) Color fundus picture, large macular scar and extensive chorioretinal scarring around the optic disc b) OCT scan, subfoveal fibrosis, Left eye c) Color fundus picture, peripapillary chorioretinal scarring with creamy, ill-defined borders and a grayish lesion with subretinal hemorrhage in the papillomacular bundle d) Fluorescein angiogram, early venous phase, lacy extrafoveal hyperfluorescence with a hypofluorescent rim and relative hypofluorescence of the peripapillary area e) Flourescein angiogram, venous phase, composite picture showing the increased hyperfluorescence related to active disease and concomitant CNV f) OCT scan, hyperreflective material with intraretinal and subretinal fluid in the papillomacular bundle.

Figure 3



Left eye a) Color fundus picture, chorioretinal scarring around the optic disc with normal looking fovea b) OCT scan, normal foveal contour with a residual scar in the papillomacular bundle.

Conclusions: Simultaneous administration of anti-VEGF agents and dexamethasone implant can be a viable approach in eyes with CNV and active serpiginous choroiditis.

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