

Choroidal Neovascularization is nothing to sneeze at!

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Background: a 75 years-old previously healthy chinese patient came to our observation for a sudden visual loss in the left eye (OS). His past medical history was significant for bilateral idiopathic peripheral chorioretinal neovascularization (CNV) treated with three bevacizumab intravitreal injections. Review of his previous OCT disclosed extensive subretinal exudation (fig. 1 a-b) while fluorescein angiography showed peripheral retinal ischemia associated to peripheral CNV and subretinal haemorrhages (fig. 1-c) and multiple hypofluorescent spots in ICG (fig. 1-d). Vitreous was clear at that time.

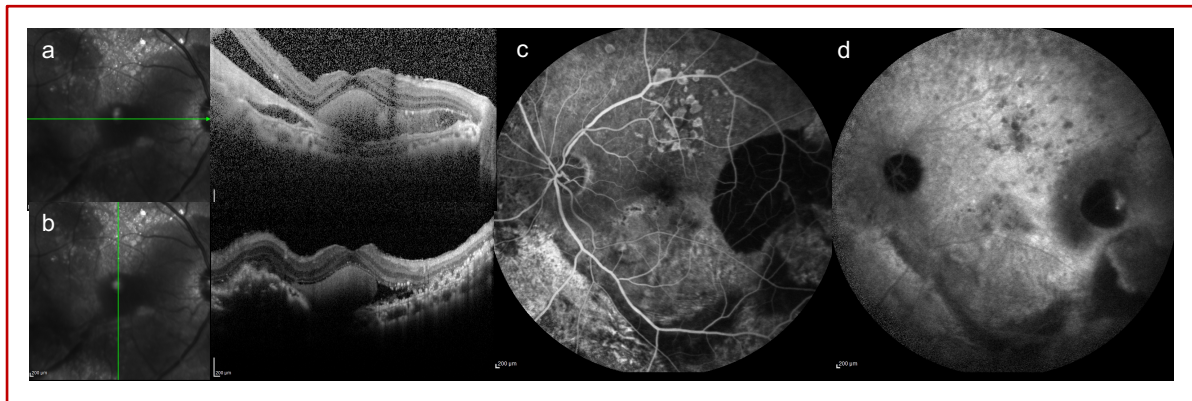


Figure 1. OCT of RE (a-b); FA of LE (c); ICG of LE (d).

Results: at our examination the patient presented a white cataract in the right eye (OD) and a massive vitreous hemorrhage in OS. Anterior segment examination was otherwise unremarkable with no signs of keratic precipitates or iris nodules. Visual acuity was light perception in OD and hand movement in OS; fundus oculi was undetectable in both eyes (OU). B-scan ocular echography disclosed vitreous hemorrhage and focal retinal hyperaechogenic lesions in OU (fig. 2). A prompt immunology and infectiology screening were performed and disclosed both positive quantiFERON-TB test and Mantoux test. Chest CT resulted negative as well as PCR on aqueous for *Mycobacterium tuberculosis*.

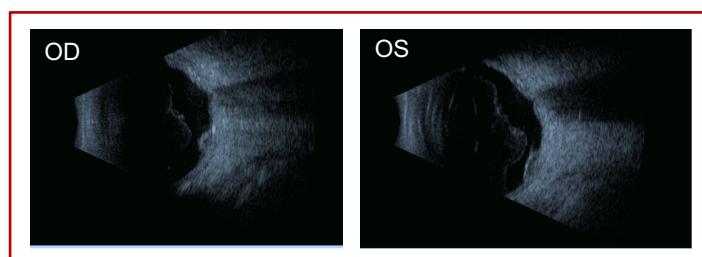


Figure 2. B-scan ultrasonography of both eyes.

Therapy and Outcome: A diagnosis of presumed bilateral ocular tuberculosis was made and treatment with triple antitubercular therapy and oral steroids was immediately administered.

Conclusions: Ocular tuberculosis has the potential to cause variable clinical scenarios. Posterior segment involvement may happen without any signs of anterior segment inflammation and cause atypical retinal, vitreous and choroidal manifestations; hence, isolated ocular tuberculosis should be enlisted in the differential diagnosis of peripheral CNV and ruled out throughout appropriate tests.