WHAT MACULAR MALADY IS THIS?

- Acute CSCR
- Exudative Macular degeneration
- Chronic CSCR
- Nonexudative Macular degeneration

CASE #1

- Brief case history: 60 yo male with c/o moderate central blur in OD x 6 weeks
- BCVA 20/40 OD, 20/20 OS
- Metamorphopsia noted on Amsler grid OD

Differential Diagnosis

- Acute CSCR
- Chronic CSCR

OD guttering OS normal
TREATMENT AND MANAGEMENT OF CHRONIC CSC R

- Good medical history to rule out steroid use
- Steroid hormone antagonists (i.e. eplerenone (Inspra))
- Half fluence PDT
- Sleep study to rule out sleep apnea
- FA/ICG to evaluate for CNVM for anti-VEGF (i.e. Avastin)

WHAT MACULAR MALADY IS THIS?

A. Bilateral choroidal neovascularization
B. Acute macular neuroretinopathy
C. Commotio retinae
D. Bilateral RPE hyperplasia

CASE #2

- Brief case history
- 25 yo male presents w/ h/o MVA 1 week ago c/o “black smudge” in vision
- Entrance acuity 20/20 OD, OS
- Amsler: Multiple paracentral scotomas in both eyes
- Fundus findings:
  - OD & OS: parafoveal deep greyish lesions

CLINICAL PEARLS FOR AMN

- Acute paracentral scotomas corresponding to retinal lesion.
- Visual changes may be acute transient or permanent.
- Outer retinal structures are affected.

- Variants:
  - Type 1 AMN: may be caused by ischemia of the superficial capillary plexus (INL/OPL)
  - Type 2 AMN: may be caused by ischemic insult to the deep capillary plexus (ONL/OPL)

AMN SUBTYPES 1 & 2

<table>
<thead>
<tr>
<th>AMN Type 1</th>
<th>AMN Type 2</th>
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<tbody>
<tr>
<td>• hyper-reflectivity of the OPL/INL junction</td>
<td>• hyper-reflectivity of the OPL/ONL junction</td>
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AMN, acute macular neuroretinopathy.
WHAT MACULAR MALADY IS THIS?

A. Geographic atrophy
B. Acute macular neuroretinopathy
C. MacTel2
D. Solar maculopathy

CASE #3

• Brief case history
  - 93 yo male presents w/ c/o blurred vision at near x several months
  - BCVA 20/50 OD & OS
  - Amsler: Central scotomas in both eyes

• MACULAR TELANGIECTASIA (MACTEL2)
  - ILM bridge is classic finding
  - Temporal location is characteristic
  - Commonly misdiagnosed as AMD
  - Formerly known as JRT (juxtafoveal telangiectasia)

• Patient returns 4 months later for c/o decreased vision OS

• 1 month post-Avastin injection

FA suggests mixed-type CNVM
ICG shows RAP lesions
**MACTEL2 WITH SECONDARY RAP**

- Lesion responding well to Avastin x 2
- Consider PDT

**WHAT MACULAR MALADY IS THIS?**

- a. Pigment Epithelial Detachment (PED)
- b. Acute Central Serous Chorioretinopathy (CSCR)
- c. Solar Maculopathy
- d. Adult Vitelliform Dystrophy

**CASE #4**

- Brief case history
  - 64 yo male presents w/ c/o blurred vision at distance and near x several years
  - H/o schizoaffective disorder
  - BCVA 20/50-2 OD & 20/60-2 OS
  - Amsler: Central scotomas in both eyes (inconsistent reports)

**SOLAR MACULOPATHY**
WHAT MACULAR MALADY IS THIS?

a. Polypoidal choroidal vasculopathy
b. Reticular dystrophy of the RPE
c. Exudative AMD
d. Adult vitelloïd dystrophy

CASE #5

• Brief case history: 73 yo male with h/o HTN, type 2 DM, glaucoma suspect
• Patient c/o metamorphopsia and decreased vision x few months
• BCVA 20/20-1 OD, 20/30-2 OS

TREATMENT AND MANAGEMENT OF CHOROIDAL NEOVASCULARIZATION

• Pre-treatment
• Post Anti-VEGF injection

WHAT RETINAL MALADY IS THIS?

a. Polypoidal choroidal vasculopathy
b. Retinal angiomatous proliferation
c. Peripheral exudative hemorrhagic chorioretinal retinopathy
d. Sorby’s pseudoinflammatory macular dystrophy
e. Choroidal melanomas

CASE #6

• Brief case history: 85 yo legally blind AA male referred by outside clinic for eval of new peripheral hemorrhages
• Entrance acuities 5/600 OD, 5/300 OS
• Fundus findings: large edematous fibrosis, subretinal hemorrhage and large peripheral hemorrhages, PED and exudation
DIFFERENTIAL DIAGNOSES OF PEHCR
- Polypoidal choroidal vasculopathy
- Retinal angiomatous proliferation
- Sorby’s pseudoinflammatory macular dystrophy

TREATMENT AND MANAGEMENT OF PEHCR
- Treatment and management
- Monitoring if small loci of hemorrhage vs anti-VEGF or PDT if macula threatened
- Low vision

WHAT MACULAR MALADY IS THIS?
a. Vitreal macular adhesion
b. Vitreal macular traction
c. Foveal cyst
d. Macular hole

CASE #7
- Brief case history: 74 yo male c/o metamorphopsia OD for few months
- Acuities: 20/30 OD, 20/20 OS
- Amsler: central distortion OD

TREATMENT AND MANAGEMENT OF VMT
- Treatment and management
  - Observe
  - Transpars plana vitrectomy
  - Jetrea
  - Pneumatic

WHAT MACULAR MALADY IS THIS?
A. Multiple Pigment Epithelial Detachments
B. MEWDS
C. Chronic Central Serous Chorioretinopathy
D. Butterfly Macular Dystrophy
CASE #8

- Brief case history: 47 yo male c/o blurred vision at distance and near for a few months
- H/o sleep apnea (using CPAP)
- Acuities: 20/20 OD, 20/20 OS

WHAT MACULAR MALADY IS THIS?

A. Posterior Staphyloma
B. Imaging Artefact
C. Focal Choroidal Excavation
D. Torpedo Maculopathy
CASE #9

- Brief case history:
  - 69yom presents for c/o lost glasses 2 months ago
  - BCVA OD 20/25 PHNI, OS 20/20 (easy)
  - No Amsler grid distortion

FOCAL CHOROIDAL EXCAVATION

WHAT MACULAR MALADY IS THIS?

A. Acute Posterior Multifocal Placoid Pigment Epitheliopathy (APMPPE)
B. Ocular Histoplasmosis
C. Birdshot Chorioretinopathy
D. Congenital Hypertrophy of the Retinal Pigment Epithelium (CHRPE)

CASE #10

- Brief case history:
  - 47 yom: H/o severe flu like symptoms (in 1983) followed by HA, temporary loss of VA OU
  - Subsequently dx with APMPPE
  - No change in baseline floaters x years
  - Denies photopsia or curtain veil
  - Wears CL and is interested in LASIK OU

APMPPE
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