

# MULTIMODAL IMAGING OF CHOROIDAL NEOVASCULARIZATION SECONDARY TO CENTRAL SEROUS CHORIORETINOPATHY

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## Purpose:

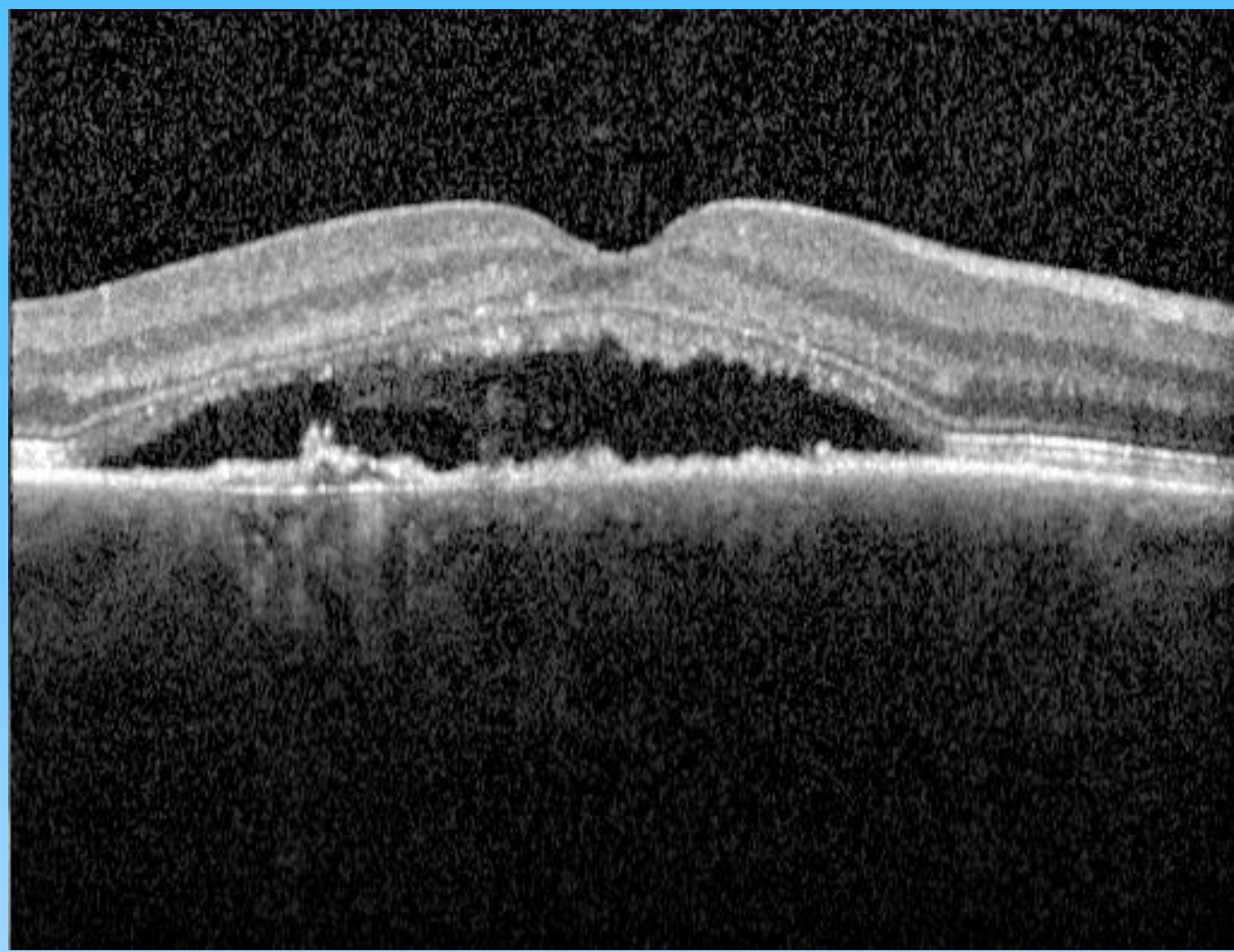
- To present multimodal imaging features of CNV secondary to CSCR

## **Case 1 :**

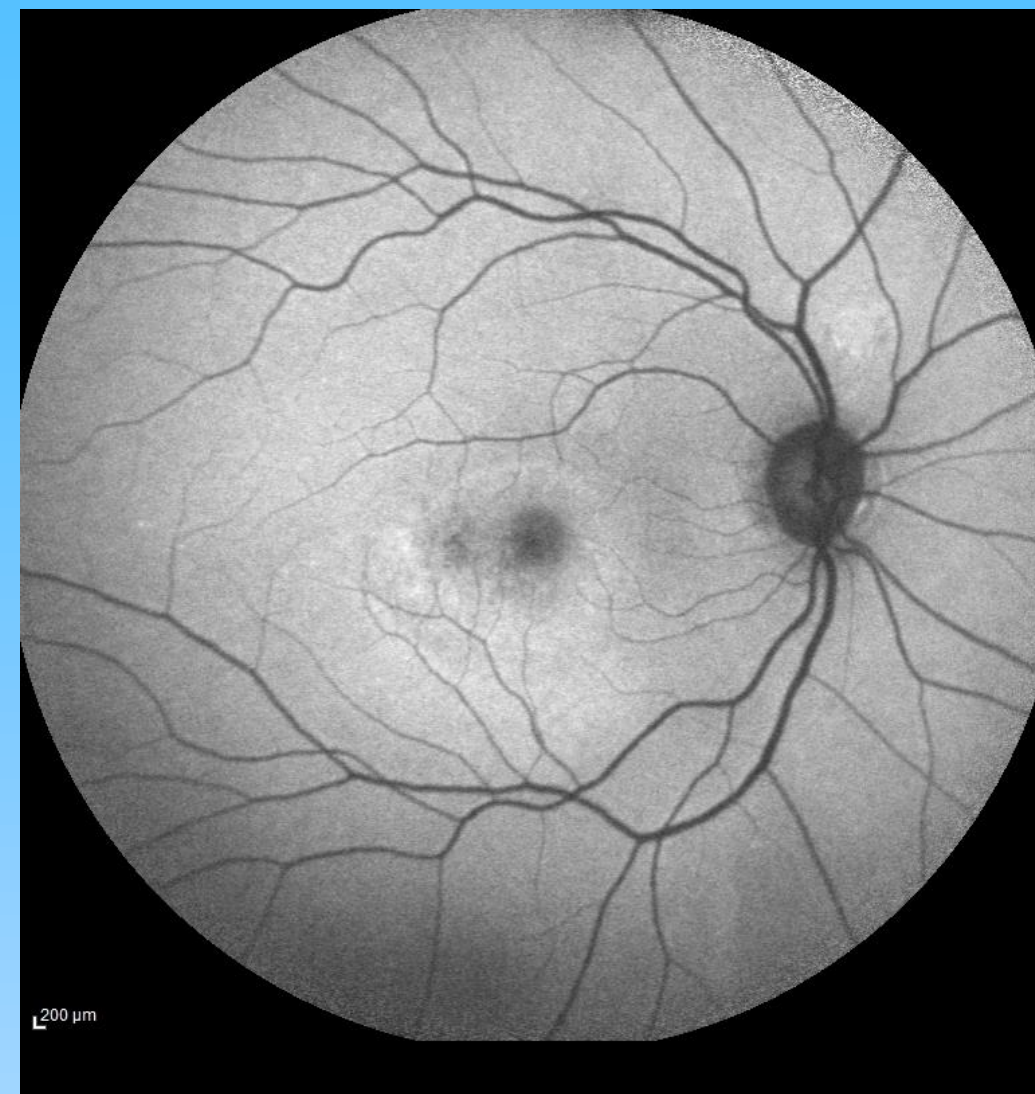
- 64 years old, female
- BCVA : OD : 5/10, OS: 8/10
- Chronic CSCR in OD
- Blurred vision and metamorphopsia in OD  
during the last 2 weeks

Fundus photograph  
revealing an oval  
elevation in the  
macular region with  
RPE changes

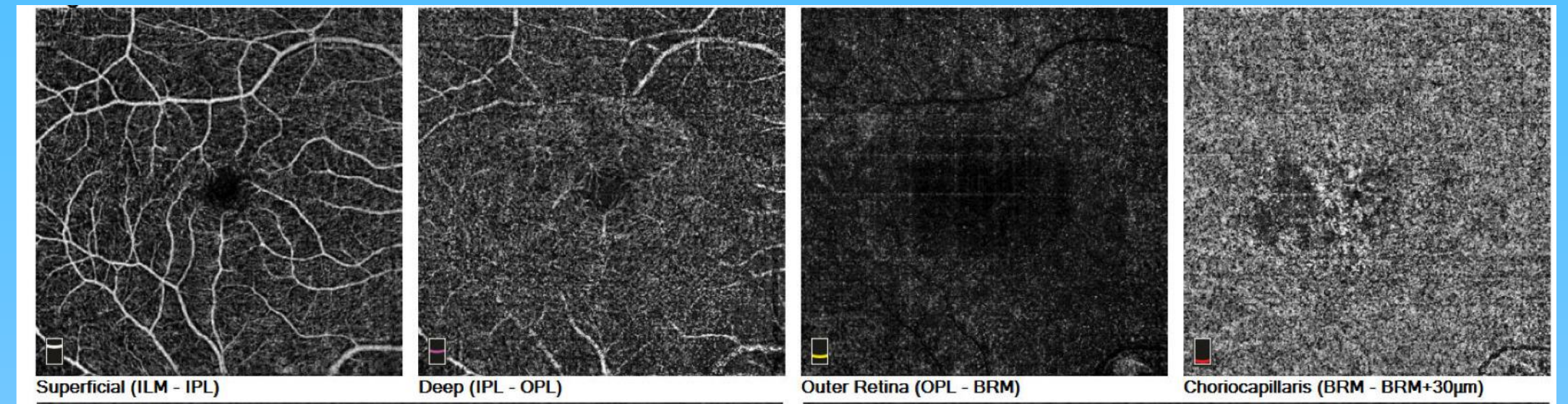




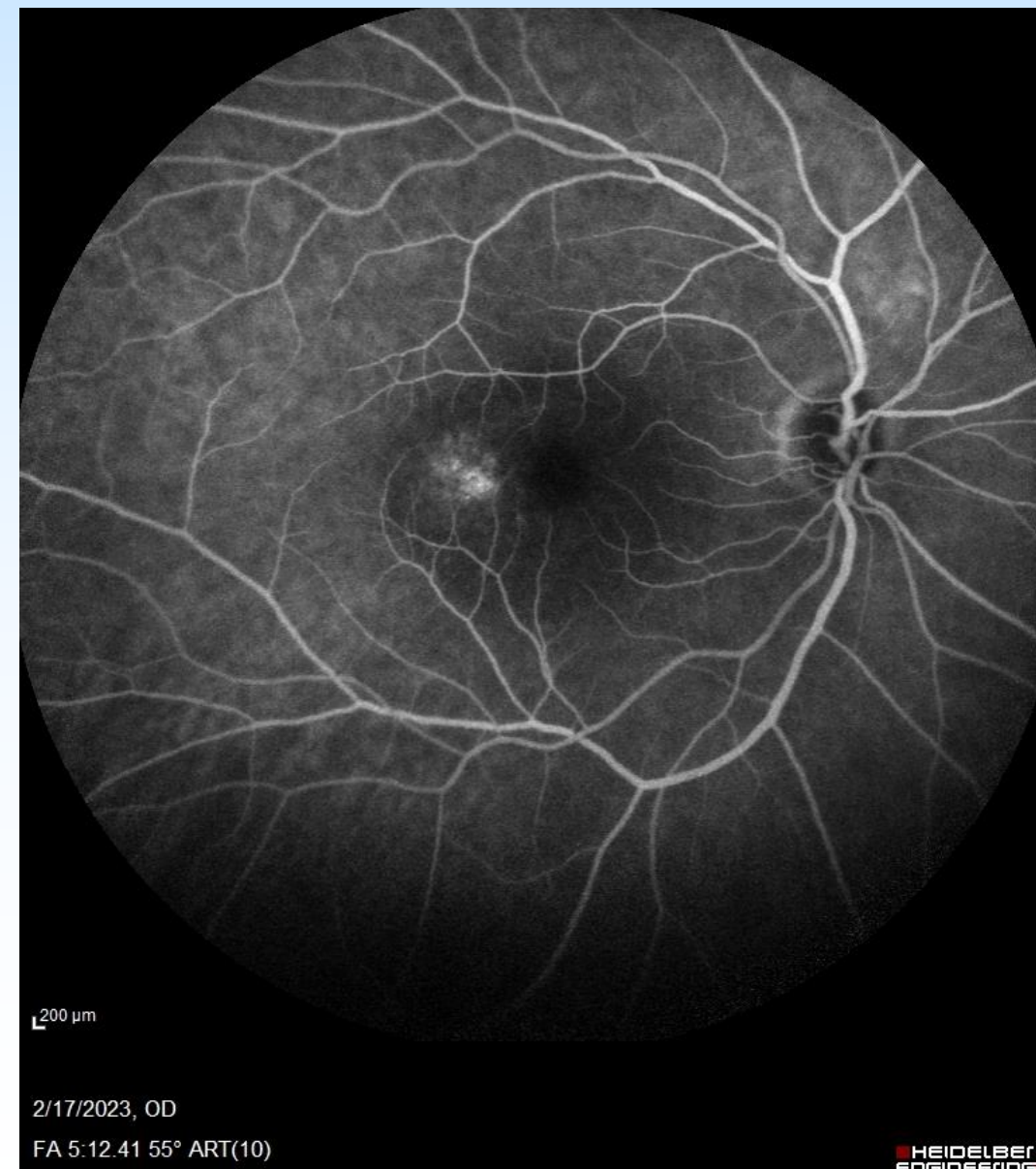
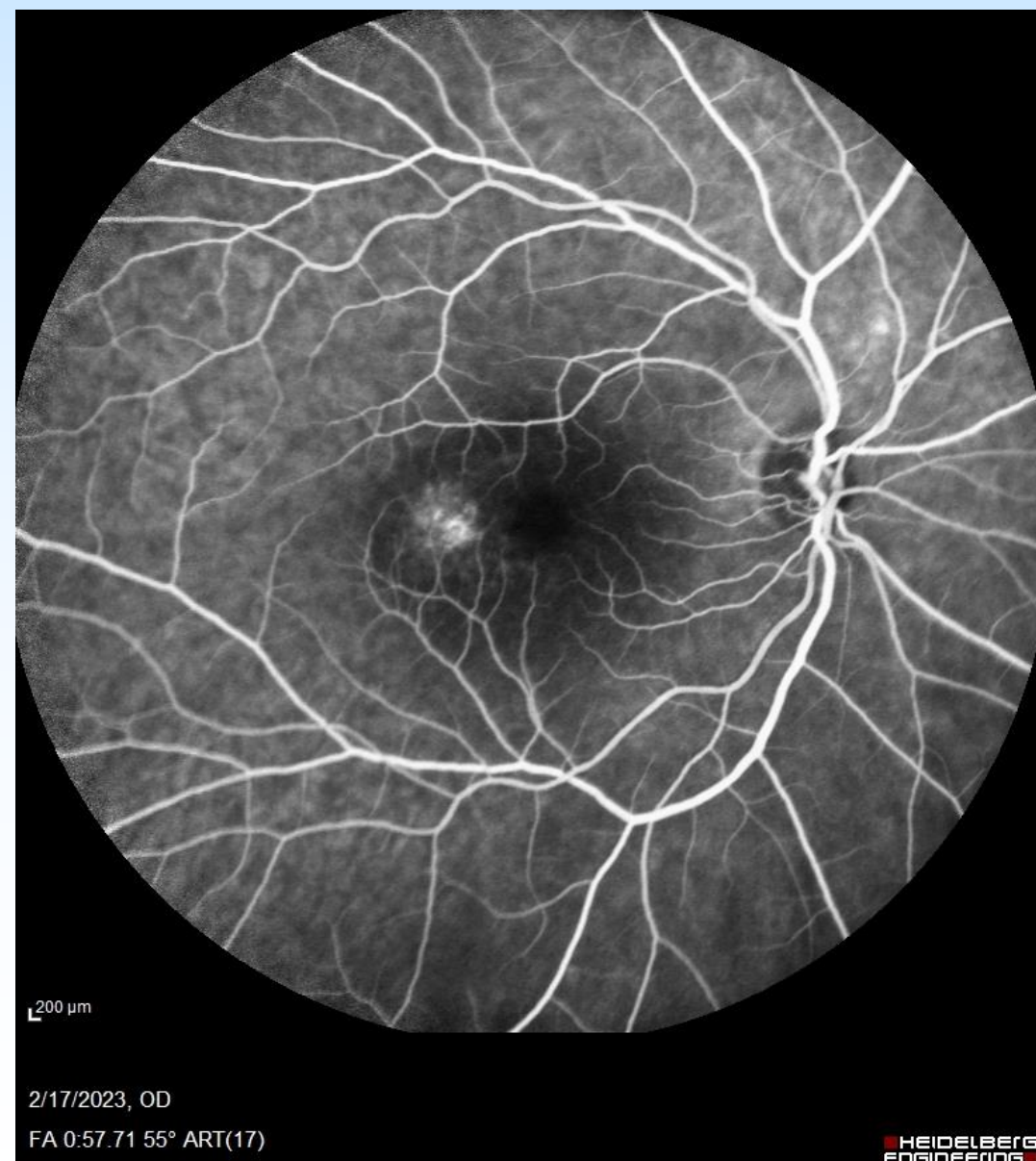
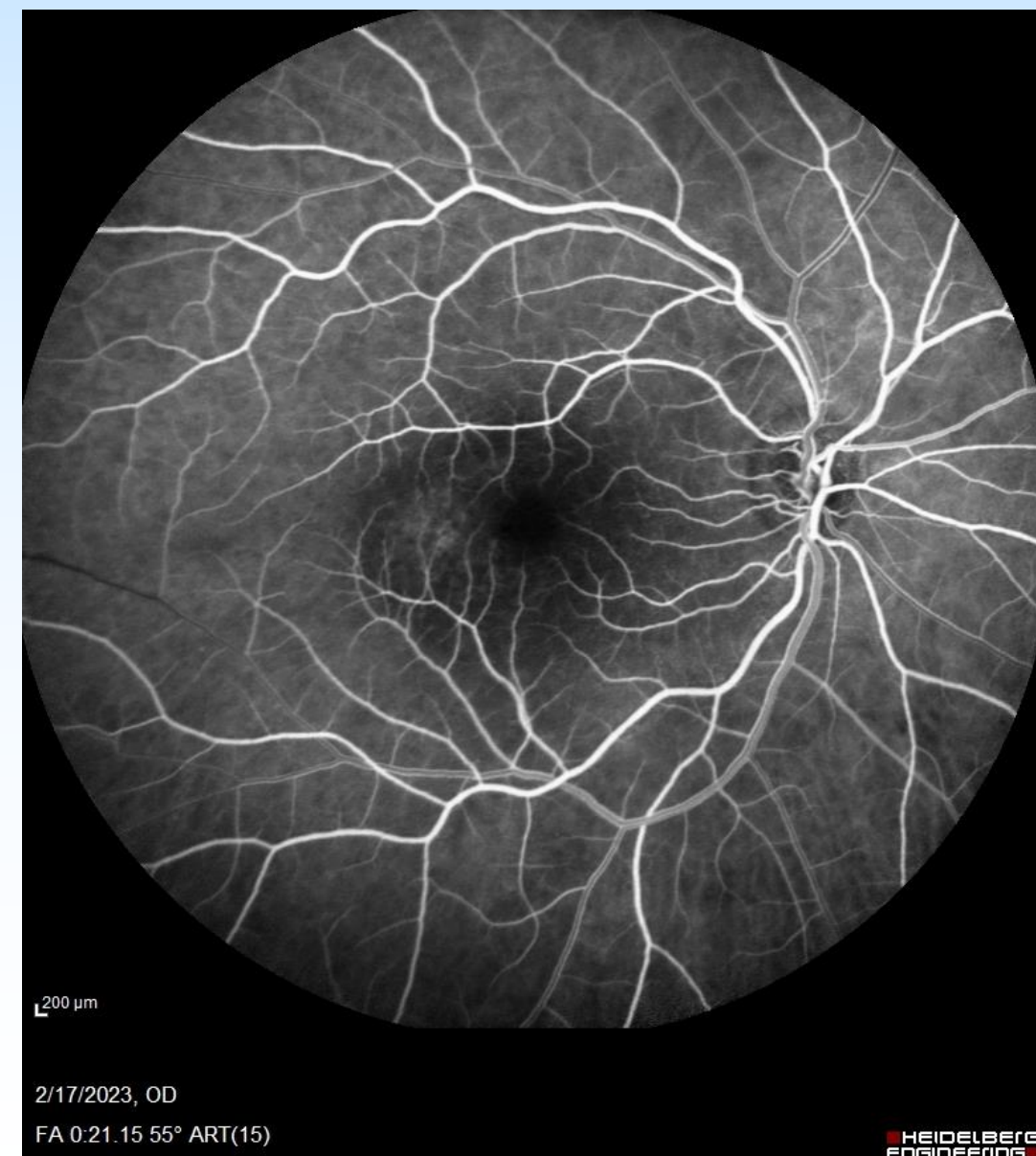
SD-OCT revealed subretinal fluid (SRF), subretinal hyperreflective material, subretinal hyperreflective foci, intraretinal hyperreflective foci as well as shallow irregular RPE elevation (SIRE)



Fundus autofluorescence (FAF) of the affected eye showing speckled hyperautofluorescence in the area of PED



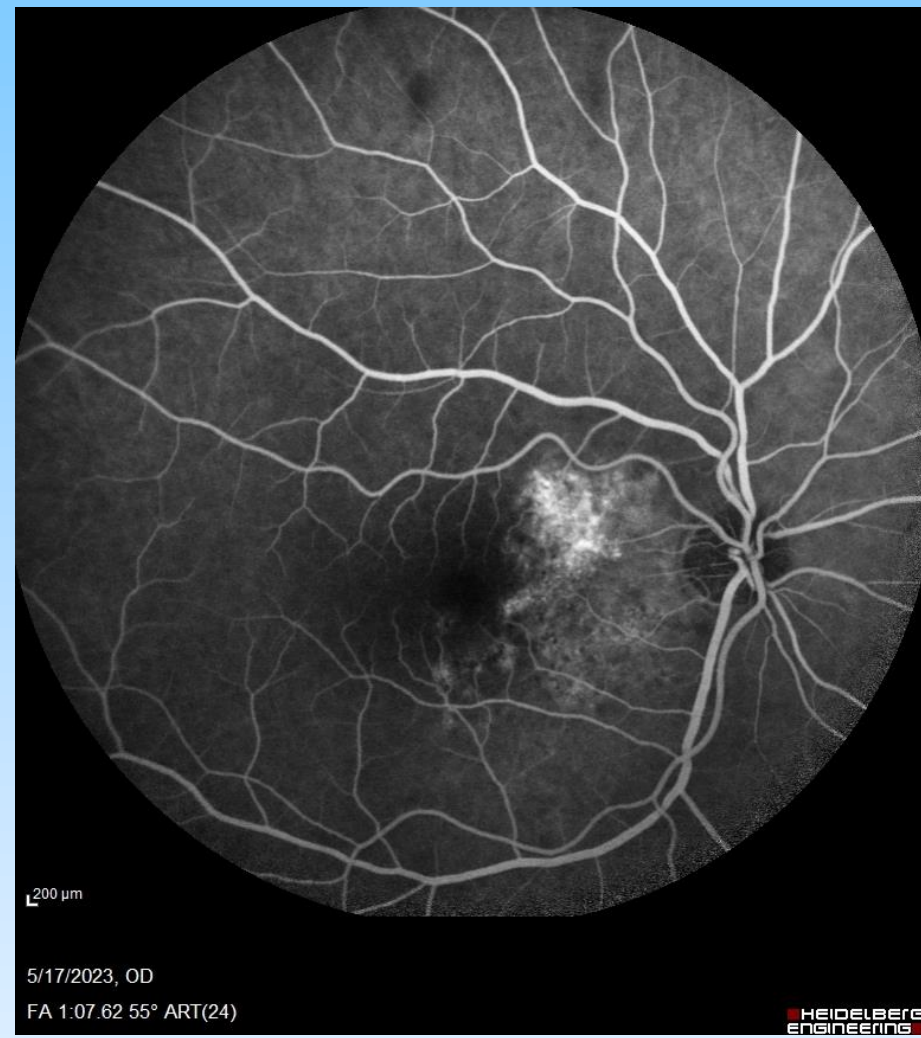
OCT-A: in patients with CNV secondary to CSCR, the presence of a neovascular membrane is detected in the outer retina and/or choriocapillaris.



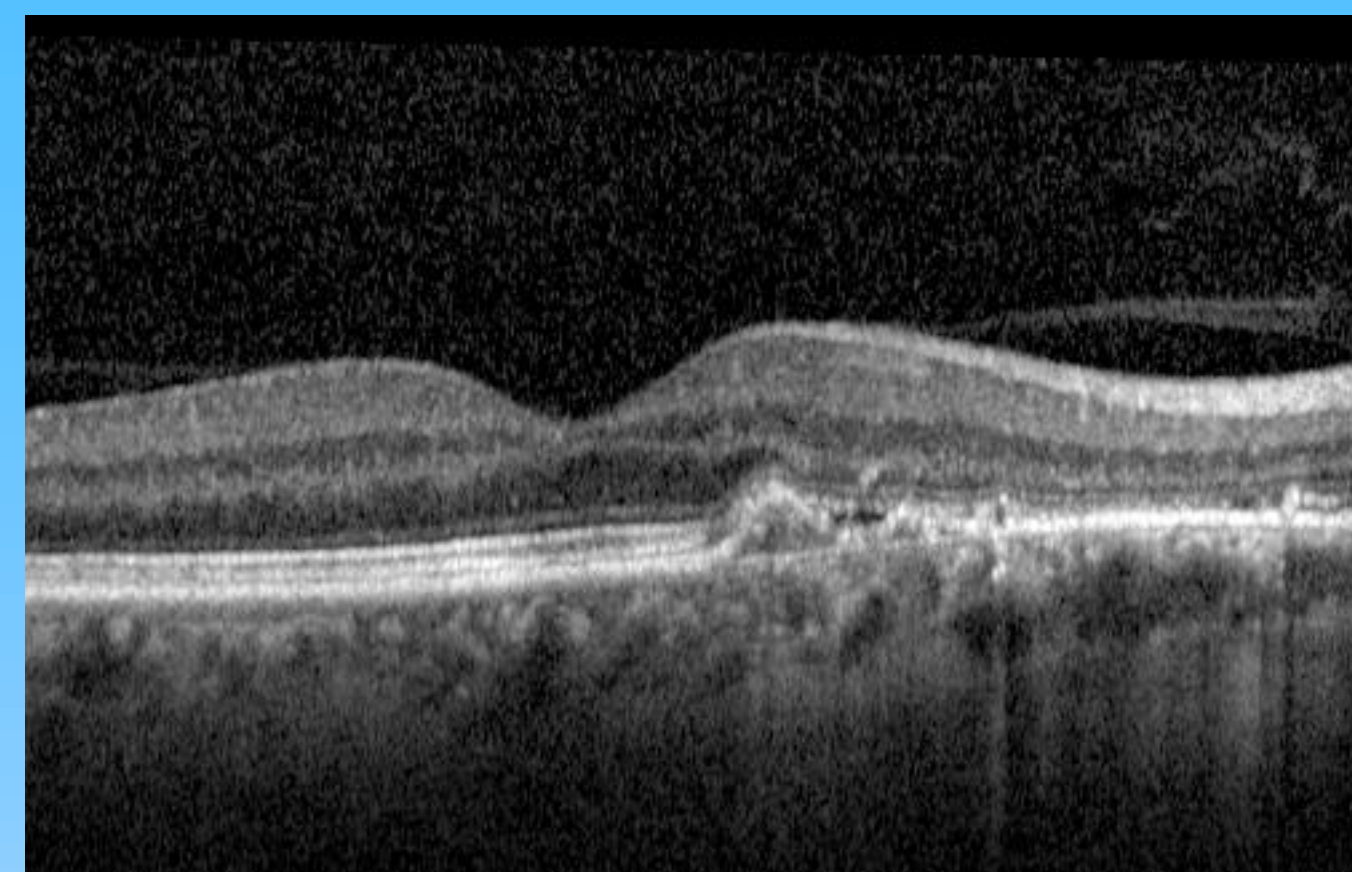
Fluorescein angiography showing early well demarcated hyperfluorescence and late leakage, representing classic CNV

## Case 2 :

- 78 years old, male
- BCVA: OD: 4/10, OS: 2/10
- Chronic CSCR with blurred vision and metamorphopsia in OD of 1 week duration



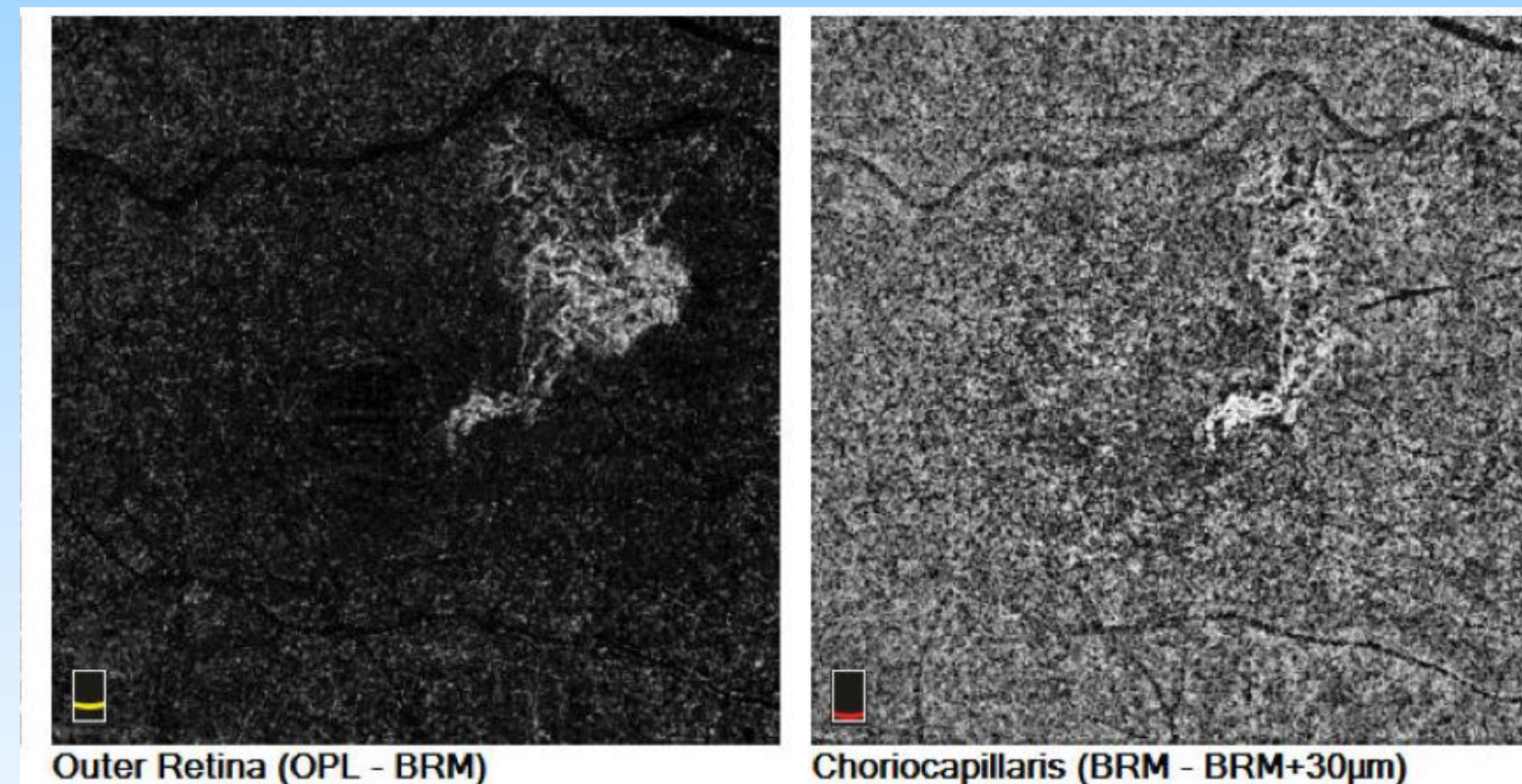
Fluorescein angiography showing mild parafoveal leakage and window defect



SD-OCT showing parafoveal PED and SRF



FAF showing hyperautofluorescence in the area of PED



OCT-A showing CNV in the outer retina

## Conclusions:

- CNV has a reported incidence of 2-18% in chronic CSCR.
- diagnosis of CNV in the setting of chronic CSR can be challenging due to the presence of SRF and RPE atrophy
- important to recognize features suggestive of CNV on structural OCT like SIRE
- OCT-A in order to directly visualize the neovascular membrane
- early detection and treatment with anti-VEGF agents, can improve visual prognosis and prevent irreversible retinal damage