



MULTIMODAL ANALYSIS IN A CASE OF PUNCTATE INNER CHOROIDOPATHY

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PORPOUSES

To present a case report, with a typical presentation, but with multimodal analysis and combined treatment of corticosteroids with antivirals

CASE REPORT

A 47 years old female patient, caucasian, presented to the clinic complaining of decreased vision in the left eye for about 1 month, progressive. VA in the right eye was 20/25 and in the left eye was 20/100 with faults. Her refraction was = RE -5.00 and LE -7.00 DE

The Fundoscopy of the left eye demonstrated multiple yellowish lesions in the posterior pole and paracentral to the fovea.

Laboratory all negative.

Considering PIC as a possible diagnosis, treatment with corticosteroids (deflazacort 6mg / day) and acyclovir 200mg / day) began, for 6 months. The paciente remained with no complaints for 19 months.

After 19 months she had vision loss again after herpes reactivation

VA: RE:20/20 LE:20/200

Clinical retreatment along 30 days (acyclovir + corticosteroid), and was referred to na immunologist for long-term strategy.

Final visual acuity: RE 20/20 LE 20/30 -2



Figure 1: retinography of both eyes



Figure 2: fundus autofluorescence of both eyes

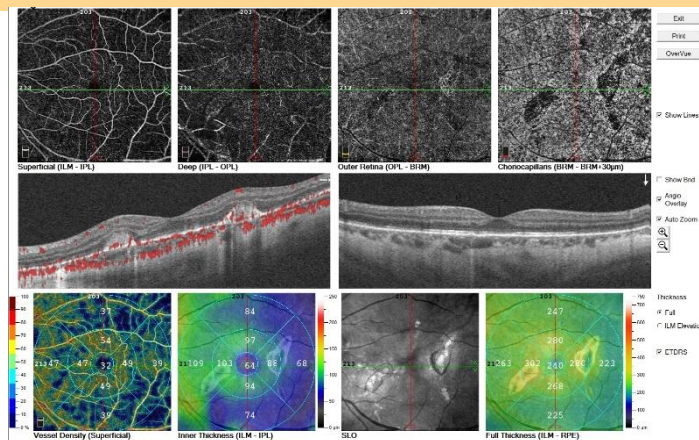


Figure 3: OCT-angiography of both eyes

HD Angio Retina Multi Scans View

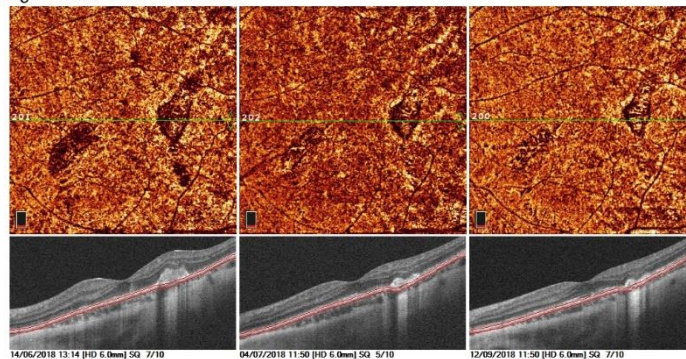
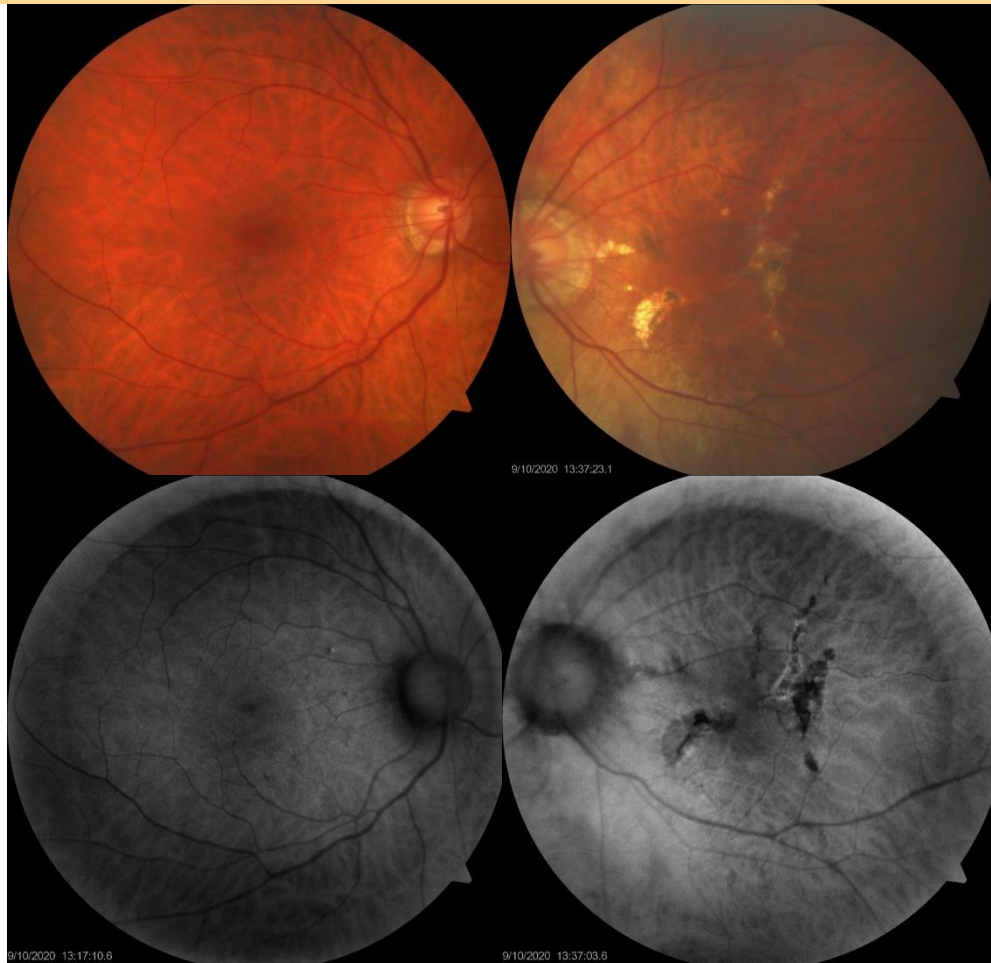


Figure 4: OCT-angiography multi scans

After 18 months:



DISCUSSION

The pathophysiology and etiology of PIC are not entirely understood. Some authors defend that may be an independent inflammatory disease, while others suggest that it may be part of a spectrum of entities know as White Dot Syndromes (WDS)

PIC lesions are more common in the posterior pole, and are not usually seen with inflammation in the vitreous or anterior chamber. Sometimes PIC lesions are difficult to distinguish from other WDS, so a multimodal imaging classification was proposed to facilitate the diagnosis.

As PIC is a relatively uncommon disease, the treatment is not well defined. However, the treatment is considered for those with inflammatory lesions next to the fovea. In this case, we present a patient with an excellent

response to the use of corticosteroids and antivirals, with a long period of remission.

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