

MULTIFOCAL CHOROIDITIS WITHOUT PANUVEITIS, FOLLOW-UP AND USE OF IMMUNOSUPPRESSIVE THERAPY

Luísa Machado dos Santos Rocha, MD; Arthur Baldim Terra, MD; Isabela Soares Bôa Morte, MD; Jéssica Pimentel Lino, MD; Luís Felipe da Silva Alves Carneiro, MD, PhD

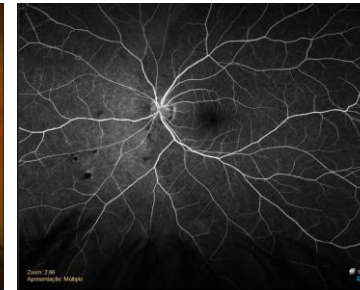
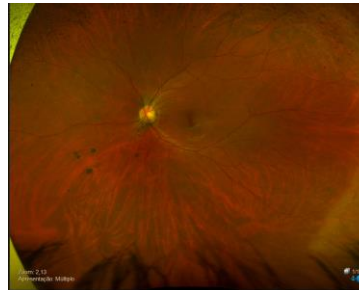
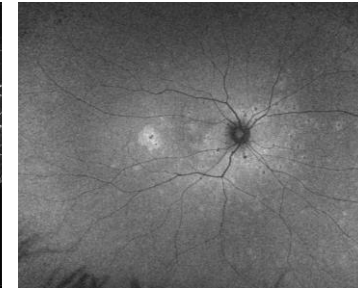
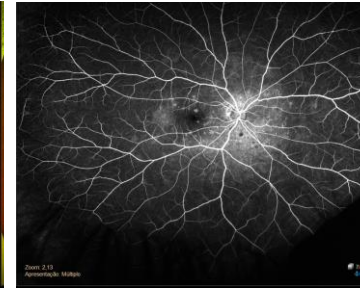
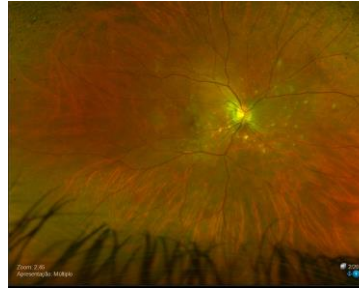
CASE REPORT

Patient, female, 29 years old, complaining of a central dark spot in her right eye vision for 30 days.

AVCC: 20/80 // 20/20

(-9.00 -2.50 x 180° // -7.00 -2.50 x 115°)

The biomicroscopy showed no abnormalities, while the fundoscopy of the right eye showed the presence of white-yellow lesions in the posterior pole as well as the presence of a neovascular membrane with signs of activity in the macular region.



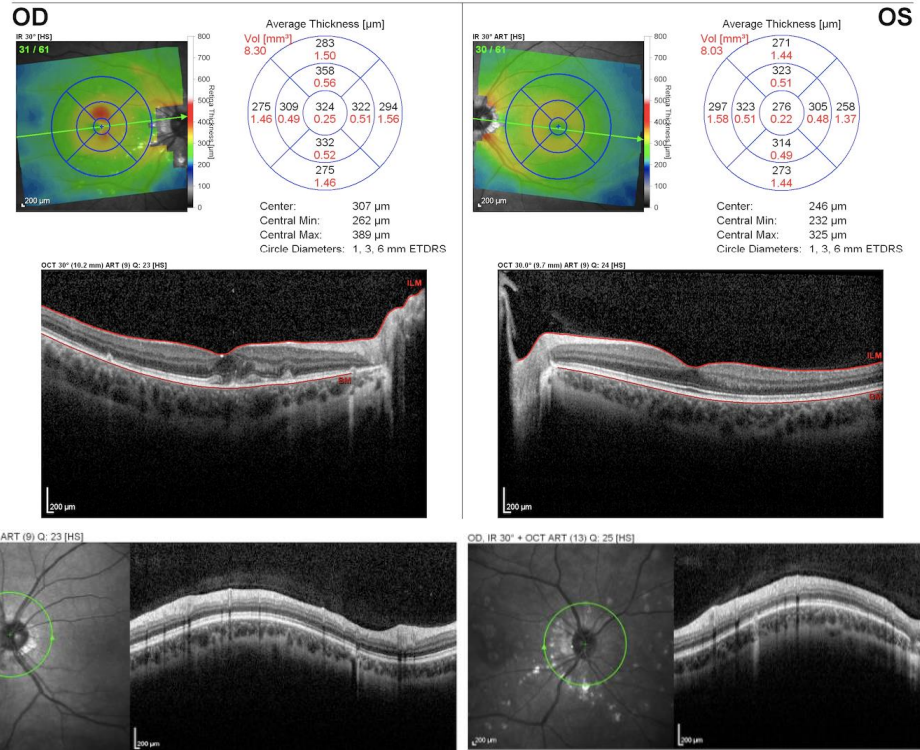
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Laboratory tests were performed for rheumatological and infectious screening, including serology for histoplasmosis due to her recent stay in the USA.

Imaging tests such as OCT and autofluorescence were also performed.

OCT: thickness of the choroid underlying the active lesion sites and the presence of hyperreflective subretinal material.

FAF: peripapillary and posterior pole hyperautofluorescent lesions in OD and atrophic hypoautofluorescent lesions in OS which are old scars.



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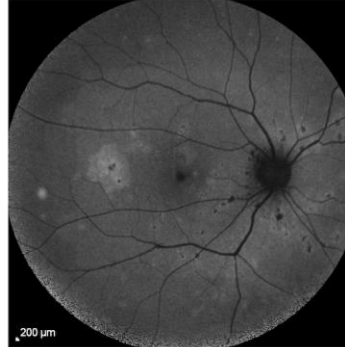
CASE REPORT

Treatment:

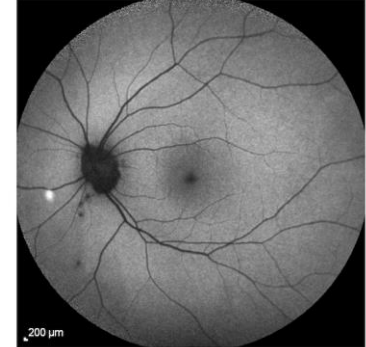
- Two anti-VEGF injections were performed with partial improvement of the membrane exudation.
- Immunosuppression therapy: mycophenolate mofetil + oral prednisone.

After 3 months of follow-up, the patient has a stable picture and progressive improvement of vision, with corrected visual acuity of 20/25 // 20/20, still on immunosuppressive.

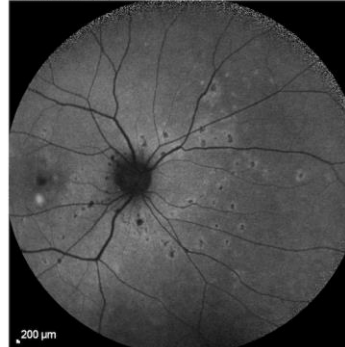
OD. BAF 55° ART [HS]



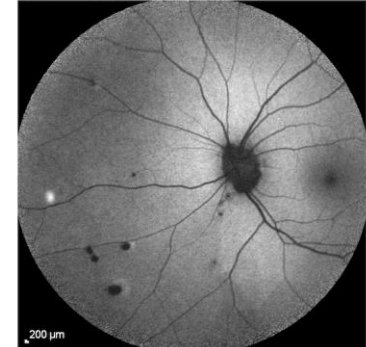
OS. BAF 55° ART [HS]



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DISCUSSION

In the reported case, the patient fits the described epidemiological profile and because of history of living US for a year was important to avoid the diagnosis of histoplasmosis. Furthermore, a good response to immunosuppressive therapy was observed, with considerable recovery of visual acuity, even with the development of neovascular membrane as a complication, highlighting the importance of follow-up of the case with serial imaging exams.

REFERENCES

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