

PACHYCHOROID PIGMENT EPITHELIOPATHY: A CASE REPORT.

Leonardo Luis Cassoni; João Pedro Romero Braga; Arthur Sampaio Zupelli; Rafael Montanholi Martins; Francyne Veiga Reis Cyrino; Rodrigo Jorge.

PURPOSE

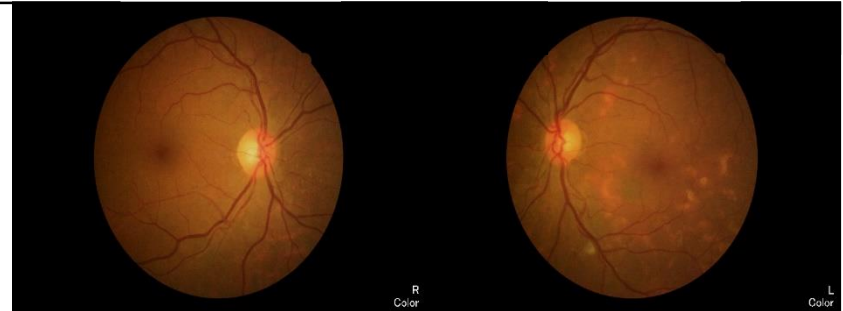
The aim is to report a case of Pachychoroid Pigment Epitheliopathy in a female patient without previously ocular diseases.

METHODS

Review of the patient's medical record.

CASE REPORT

A 62-year-old female RP, referring to bilateral visual lost, mainly in the left eye for 2 years. The patient's best corrected VA was 20/30 in the OD and 20/60 in the OS. Biomicroscopy showed no alterations. IOP 12mmHG in both eyes. Funduscopy showed hypochromatic lesions in the temporal and posterior pole of the OS (figure 2).



Based on the tomographic and retinographic findings, mainly pigmentary alteration associated with a pachyceal and excluding other pathologies, we hypothesized that the main diagnostic hypothesis was pachychoroidal pigment epitheliopathy (PPE).

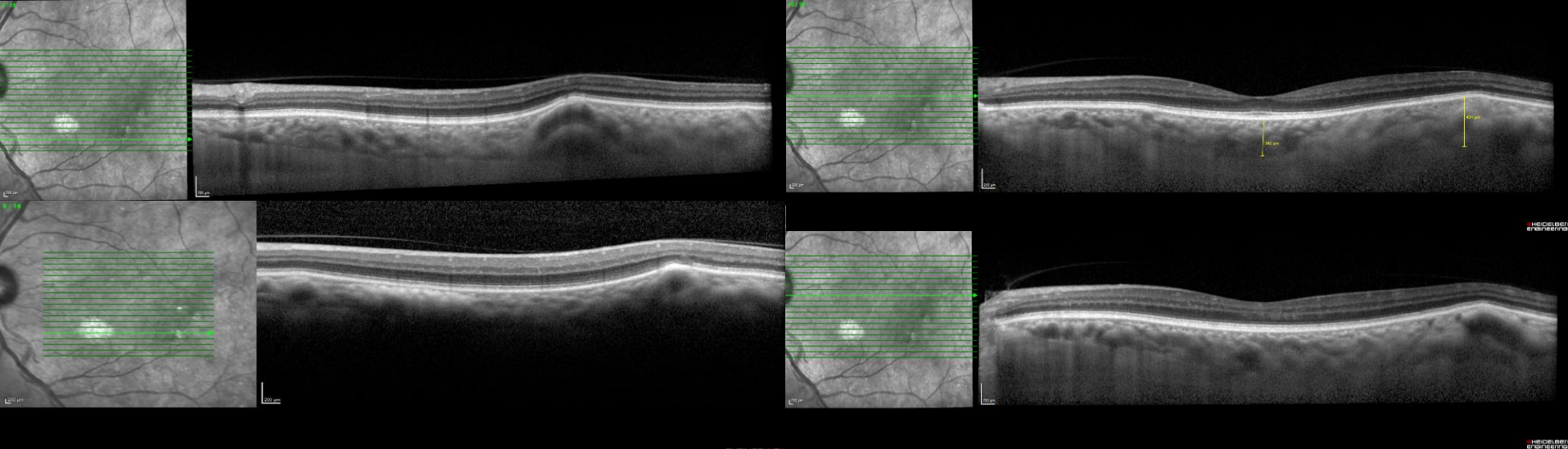


Figure 4, 5, 6 and 7: OCT showed choroidal thickening and pachyvessels associated with adjacent alterations of the retinal pigmented epithelium in temporal, posterior pole and inferior perimacular regions of the left eye.

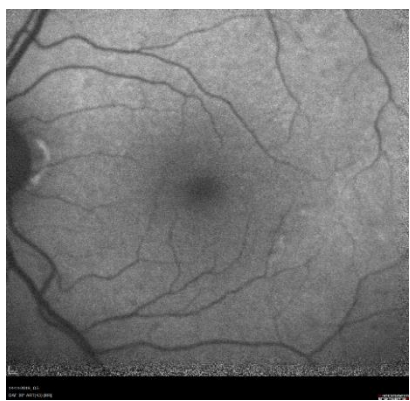


Figure 3: Autofluorescence - discrete areas of temporal and posterior pole hyperautofluorescence at the sites of the lesions.

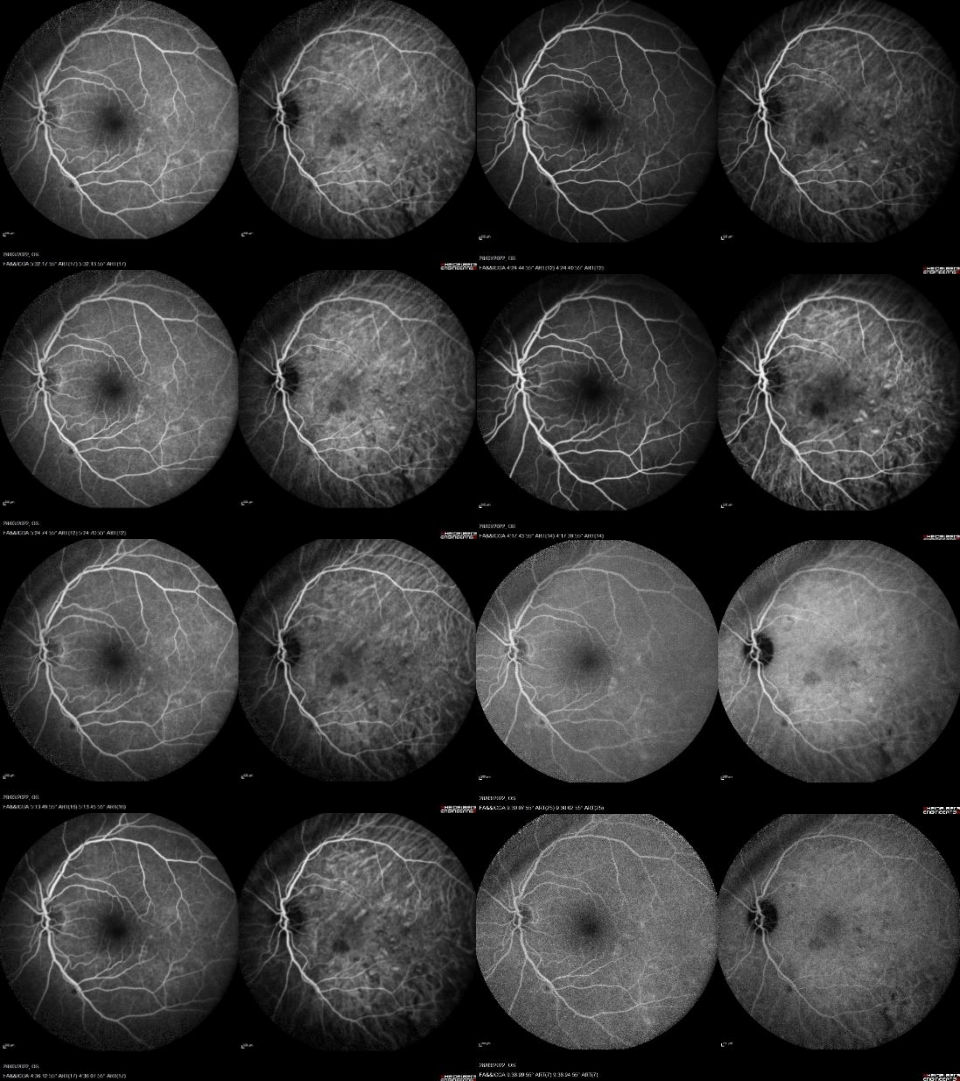


Figure 8: Angiofluoresceinography with Indocyanine Green (ICG) - lesions with increased fluorescence in the course of the examination phases, most evident with ICG.

DISCUSSION

PPE is a disease of the retinal pigment epithelium related to abnormal enlargement of the underlying local choroid, as was the case presented, the patient demonstrated choroidal thickening associated with abnormalities of the retinal pigment epithelium.

PPE falls within a spectrum of diseases associated with choroidal thickening, including central serous chorioretinopathy and polypoidal choroidal vasculopathy, and should be suspected in eyes with a fundus appearance characteristically related to choroidal thickening and retinal pigment epithelium (RPE) abnormalities. Pigment epithelial detachments can then occur in areas of choroidal hyperpermeability, increasing the risk of local EPR changes.

Thus, it is not uncommon for patients with pachychoroidal pigment epitheliopathy to be misdiagnosed as having diseases with a similar spectrum, such as classically inactive central serous chorioretinopathy, early age-related macular degeneration (AMD), macular dystrophies, or inflammatory chorioretinopathies.

REFERENCES

- Warrow, D. J., Hoang, Q. V., & Freund, K. B. (2013). *PACHYCHOROID PIGMENT EPITHELIOPATHY. Retina, 33(8), 1659–1672.* doi:10.1097/iae.0b013e3182953df
- Gass JD. Pathogenesis of disciform detachment of the neuro- epithelium. Am J
- Van Velthoven MEJ, Verbraak FD, Garcia PM, et al. Evaluation of central serous retinopathy with en face optical
- Maruko I, Iida T, Sugano Y, et al. Subfoveal choroidal thick- ness in fellow eyes of patients with central serous
- Prünke C, Flammer J. Choroidal capillary and venous conges- tion in central serous chorioretinopathy. Am J
- Kitaya N, Nagaoka T, Hikichi T, et al. Features of abnormal choroidal circulation in central serous =
- Wang M, Munch IC, Hasler PW, et al. Central serous chorior- etinopathy. Acta Ophthalmol 2008;86:126–145.
- Gass JDM. Stereoscopic Atlas of Macular Disease. St Louis, MO: Mosby-Year Book; 1987:46–54.