

Liz de Oliveira Moura Sales, MD; Luis Felipe da Silva Alves Carneiro, MD, Marina Santana Carvalho, MD; Isadora Rocha de Paiva , MD; Gabriela Ribeiro Gonçalves Bolina Batista, MD; Julia Libório Diniz, MD; Arthur Baldim Terra, MD; Isabella Fernandes Ribeiro Melo, MD.

PURPOSE:

To report the case of a patient with choroidal nevus and secondary neovascular membrane.

METHODS:

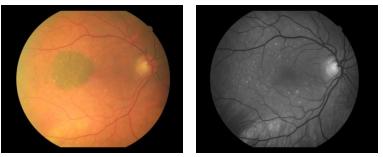
The data for this work were obtained through review of medical records, anamnesis, physical examination and multimodal analysis of the above patients.

CASE REPORT 1:

EM, 75 years old, with Systemic Arterial Diabetes Mellitus. Hypertension and mentions identification in an ophthalmological examination, about 10 years ago, of a pigmented lesion in the retina and subsequent investigation of the same initiated 2 years ago.

CASE REPORT 1:

She was referred 1 year ago to the Clinical Retina Department of for evaluation. Being identified in the first evaluation by retinal mapping in the right eye, a regular hyperpigmented lesion in the temporal region of the macula associated with drusens and serous detachment. Visual acuity in the right eye: 20/80 and in the left eye: 20/40, absence of alterations in other exams.





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CASE REPORT 1:

Multimodal analysis:

- Retinography;

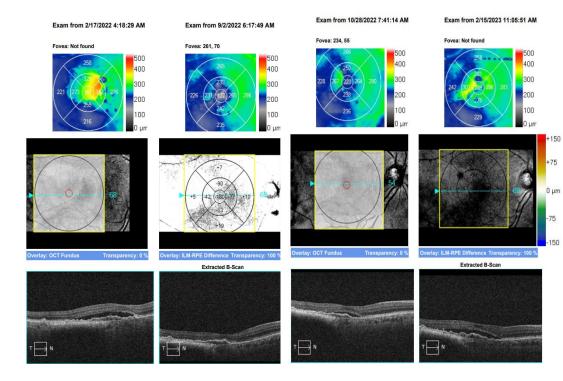
- OCT :hyporeflective choroidal lesion associated with a secondary neovascular membrane with a sign of activity.

Diagnostic hypothesis:

-Choroidal nevus associated with active neovascularization.

Treatment:

-Three intravitreal injections of anti VEGF were performed, as a loading dose and at the moment it is in the 7 indication of intravitreal, being identified a response to therapy with reduction of the central macular thickness.





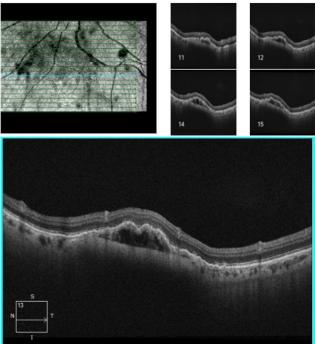
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CASE REPORT 2:

CFC, 45 years old, with Systemic Arterial Hypertension and Diabetes Mellitus, mentions referred to the Department of Clinical Retina for evaluation, says that he was following in another hospital for about 5 years, being identified in the first evaluation by retinal mapping in left eye, the granular appearance of a yellowish shade in the lower nasal quadrant.

Multimodal analysis:

- OCT :hyporeflective choroidal lesion associated with a sign of metabolic activity, keeping a standard on examination of 2021,2022 and 2023. No sign of a secondary neovascular membrane.



Case report 2: 11/19/2021.



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CASE REPORT 2:

Diagnostic hypothesis:

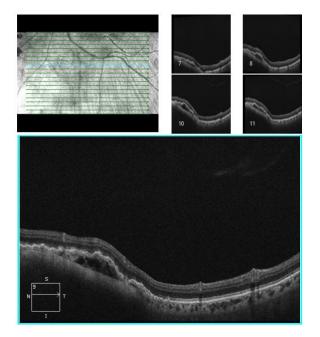
-Choroidal nevus with active metabolic.

Treatment:

-Clinical observation and follow –up.

DISCUSSION:

Neovascularization secondary to choroidal nevus, according to previous studies and Gass, occurs in less than 1% of cases, according to Cennamo, et al. (2020). Multimodal analysis and early treatment are necessary in the presence of neovascular membrane, mainly due to the fact that the highest incidence of choroidal nevus is in the macular region and consequent development of the membrane overlying this region



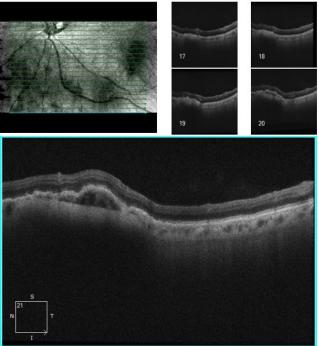
Case report 2: 29/09/2022.



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DISCUSSION:

Thus, the reported case corroborates this rare complication of choroidal nevus and its therapy, aiming to improve the patient's quality of life and, consequently, emphasizing the need for follow-up of patients with choroidal nevus due to the possibility of malignant transformation or even the development of secondary complications, such as foveal edema, subretinal fluid, RPE detachment, which can often occur as a secondary degeneration of the RPE overlying the nevus or even secondary to the development of a secondary neovascular membrane, according to Pellegrinni, et al. (2018).



Case report 2: 09/02/2023

•Bibliography:PELLEGRINI, Marco ;CORVI, Frederico; A T SAY, Emil; L SHIELDS, Carol ; STAURENGHI, Giovanni .Optical coherence tomography angiography neovascularization associated with choroidal nevus. RETINA, The journal of retinal and vitreous diseases, v.38, p. 1338 - 1346, 2018

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