CYSTOID MACULAR EDEMA SECONDARY TO RETINITIS PIGMENTOSA TREATED WITH TOPICAL STEROIDS: CASE REPORT.

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Purpose

To describe a case of a 31-year-old male with cystoid macular edema (CME) secondary to retinitis pigmentosa (RP) successfully treated with topic steroids after 8 months with no response to topic and oral carbonic anhidrase inhibitors.

Methods

Case report.

Results

A healthy patient complaint of loss of visual acuity and peripheral visual field. Best correct visual acuity (BCVA) was 20/40 in both eyes (ou). Fundus examination (figure 1) was typical of RP. OCT showed CME (figure 2).

Genetic testing shows heterozygosity in the genes *bbs2*, *eys* and *ush2a*. He had been on oral acetazolamide 1g per day and topical brinzolamide twice a day for 8 months with no response. Topical prednisolone acetate at 1% QID was started and the other medications were interrupted . The patient has used for 28 weeks. After that period a complete resolution of CME was achieved. There was no increase in the IOP and BCVA returned to 20/20 on OU (figures 3 and 4).

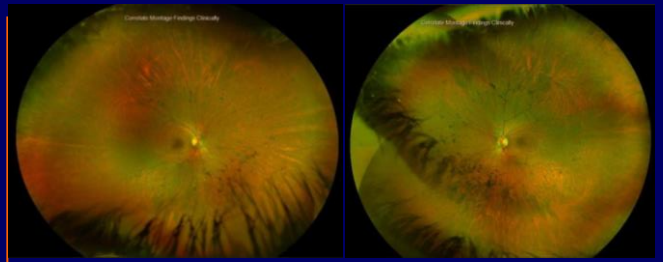

Figure 1: Fundus: Retinitis pigmentosa ou.

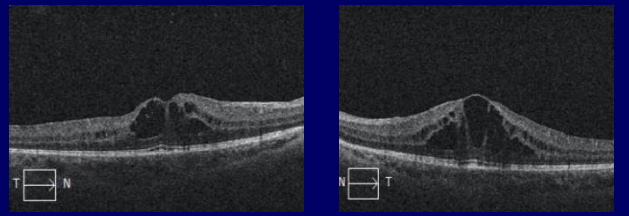

Figure 2: OCT cystoid macular edema ou.

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Discussion

The treatment of CME secondary to RP can be a challenging, bringing morbidity and impacting on reduced quality of life. Systematic reviews showed that oral and topical carbonic anhydrase inhibitors are effective first-line treatments. In patients unresponsive to these treatments, intravitreal steroids, oral corticosteroid, intravitreal antivascular endothelial growth factor agents and pars plana vitrectomy, were employed with some results on CME.

However, a reduce number of studies have demonstrated the importance of a less invasive treatment, such as topical prednisolone acetate.

Then, we present a case of a patient with CME secondary to RP successfully treated with topic steroids for 28 weeks. More studies are warranted to verify the validity of such type of treatment.

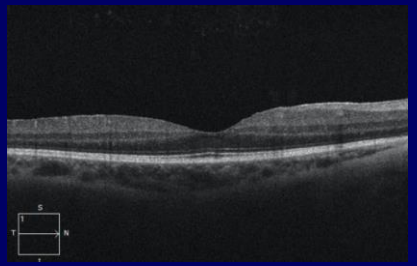

Figure 3: OCT od.

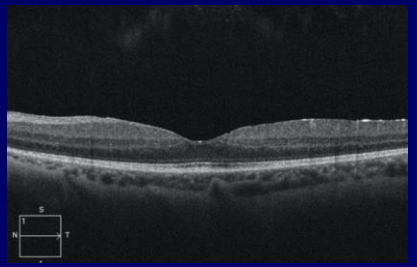

Figure 4: OCT oe.