

**47<sup>th</sup> BRAVS MEETING**

# **CLINICAL CASE**

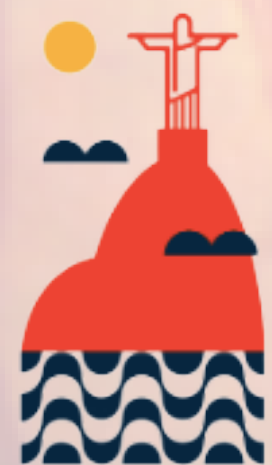
**CAROLINA MIRANDA HANNAS, MD**

GABRIELA CASTANHEIRA BENETI, MD

MARIA PAULINA VIANA MIQUILINO, MD

RAQUEL NEZIO DE CARVALHO, MD

TEREZA CRISTINA MOREIRA KANADANI, MD-PhD



**RETINA INSTITUTO**

RETINOLOGIA DE EXCELÊNCIA

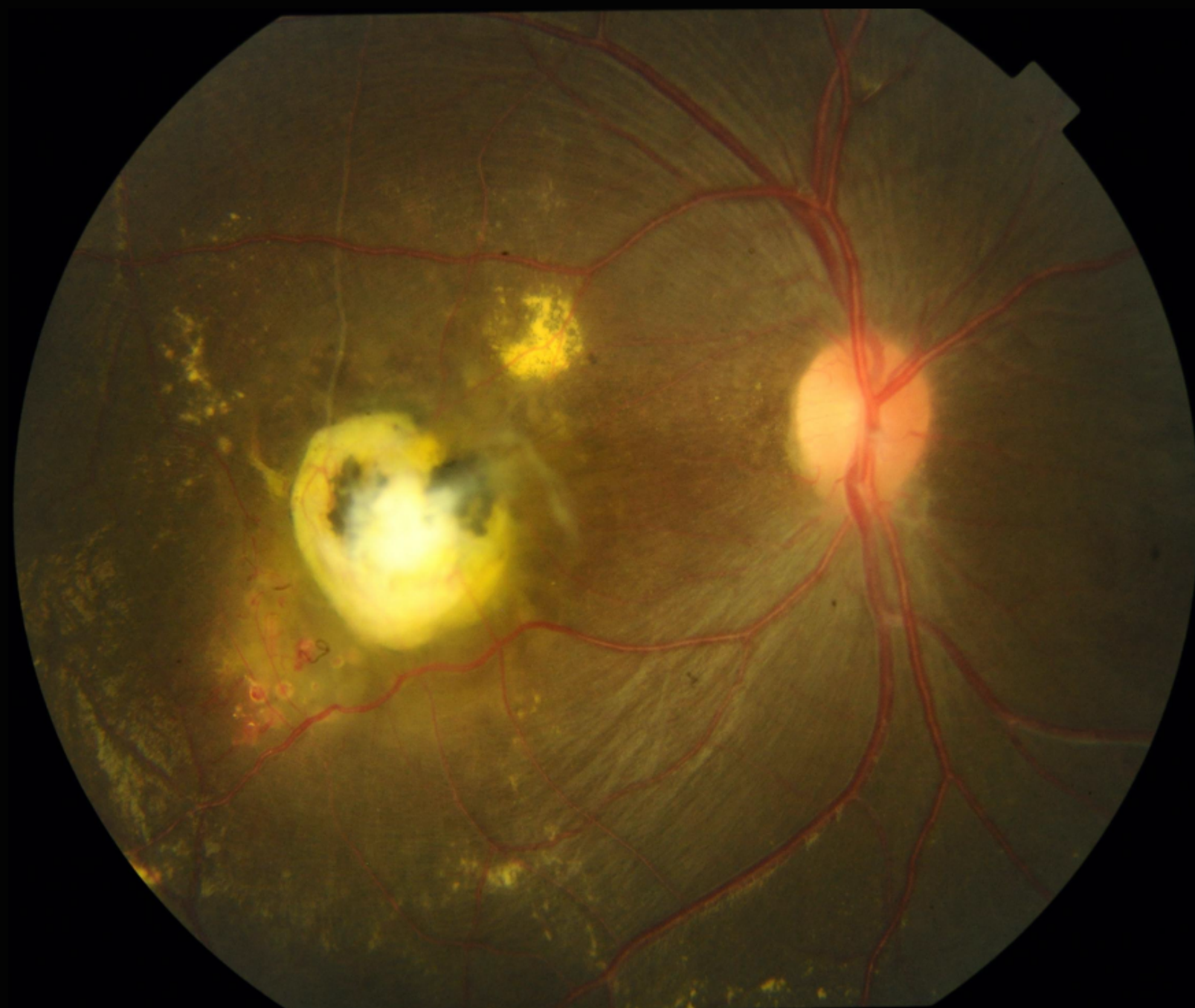
**ID:** Male 8y old.

**CC:** Complains progressive decrease in visual acuity in both eyes, beginning 1 year ago.

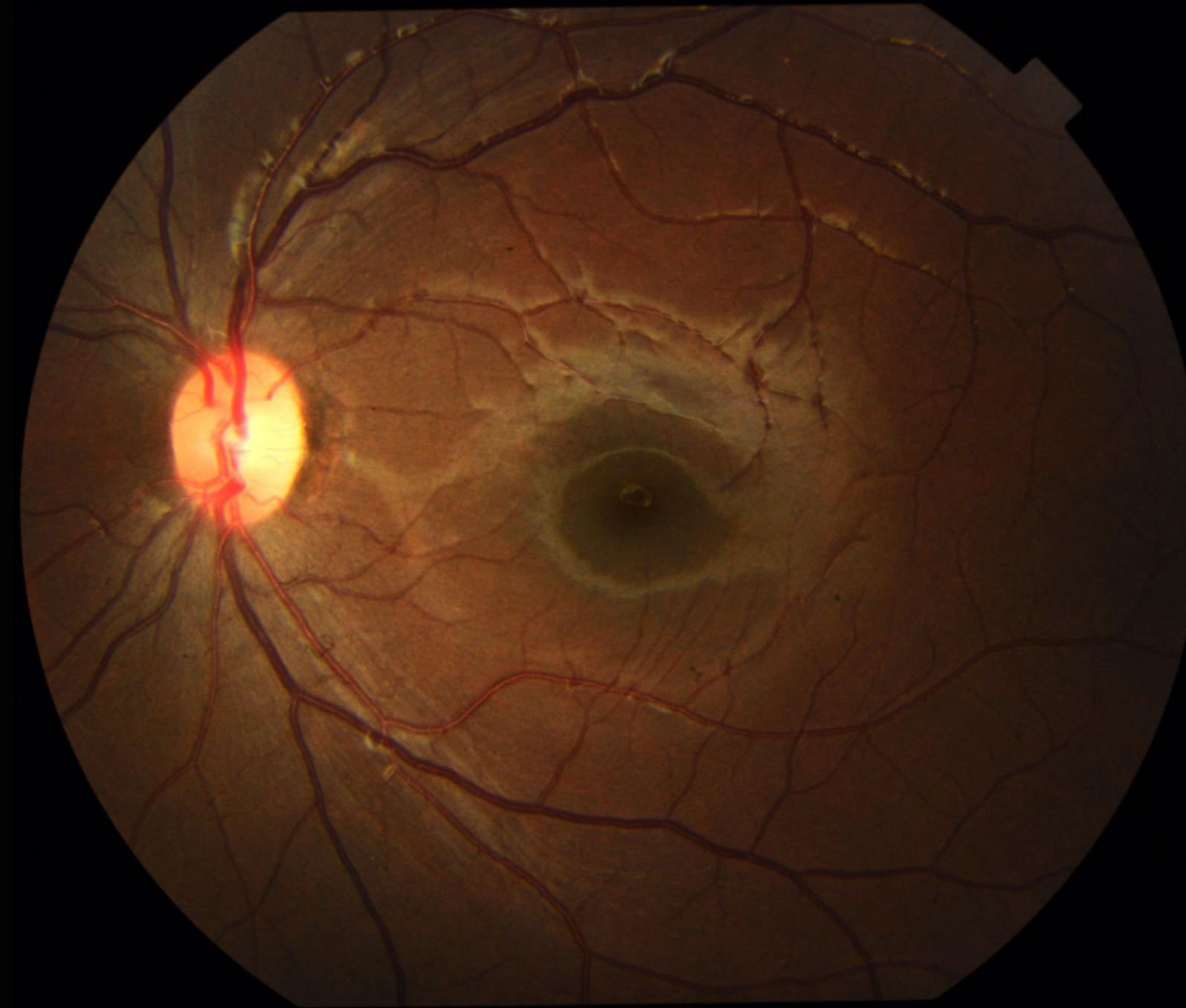
Denied any other symptoms.

**PMH:** Denies any comorbidities, trauma or continuous medications

	Right eye	Left eye
BCVA	20/60	20/80
Slit-lamp exam	Nuclear sclerosis	Nuclear sclerosis
IOP (mmHg)	11	11
Fundoscopy	Photos	Photos



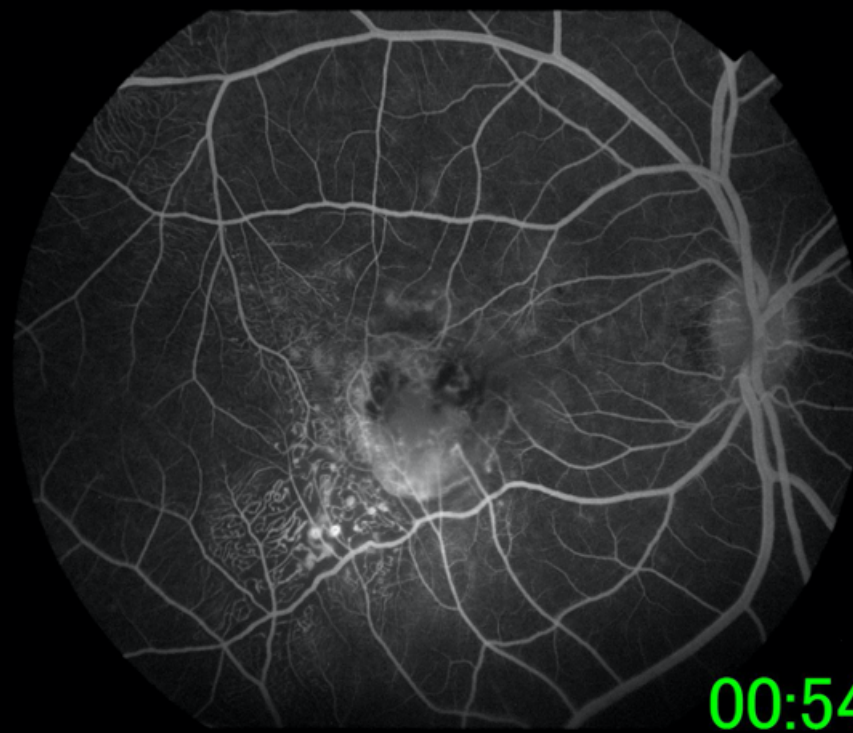
**Right eye: vascular telangiectasias and subretinal macular lesion with granulomatous aspect**



**Left eye: no alterations**



00:35.7



00:54.4



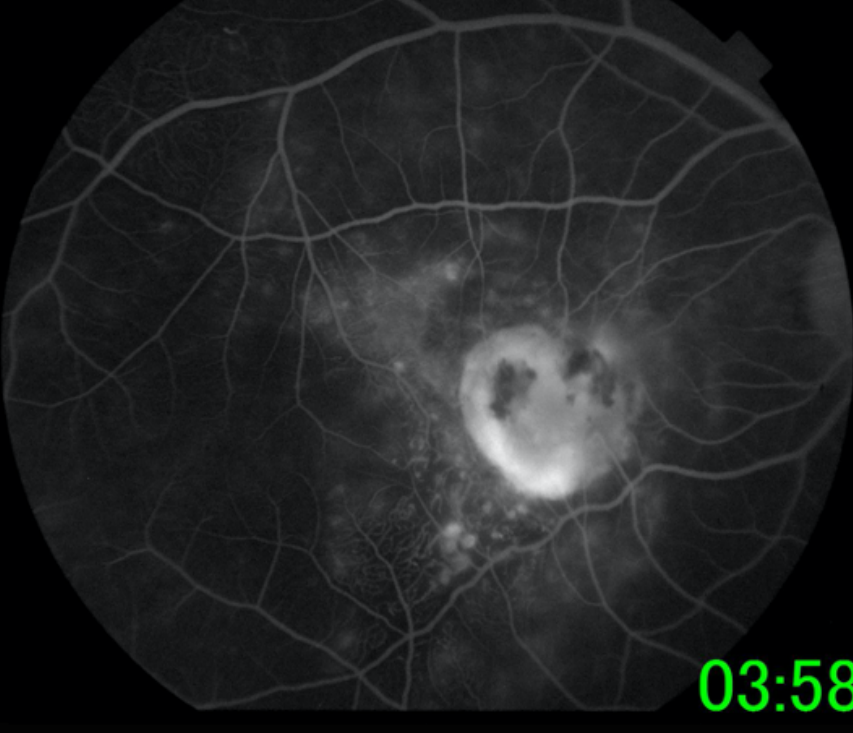
01:50.6



01:58.5



02:48.8



03:58.31

**Fluorescein angiography:** early hyperfluorescence of telangiectasias, with hyperfluorescence due to leakage of the macular granulomatous lesion and temporal peripheral hypofluorescence due to non-perfusion (ischemia)

# Coats disease

- Idiopathic, unilateral (95%), young males (at least 3:1)
- Signs: telangiectatic vessels, aneurysms, early and progressive perivascular leak and peripheral capillary nonperfusion
- Mainly affects the temporal retina
- Differential diagnosis: including ocular toxocariasis and retinoblastoma
- Treatment: laser/cryotherapy, surgery or intravitreal injections

## Ocular toxocariasis:

- Etiology: *Toxocara canis* / *Toxocara cati*
- Unilateral (90%), young males
- Signs: posterior uveitis, posterior/peripheral granuloma, chronic endophthalmitis
- Treatment: albendazole + corticoids