MULTIFOCAL CHOROIDITIS AND PANUVEITIS (MCP): A CASE REPORT

Authors: Amanda Geara[1], Felipe Feldman de Mendonça Camillo[2], Vanessa Nicola Labrea[2], Giovane Carretero Junior[2], Heloisa Costa Pereira[2], Nathalia Yumi Kikuchi[1], Alexandre Achille Grandnetti[3].

1 Ophthalmology Fellow at Hospital de Olhos do Paraná - Curitiba – PR, Brazil.
2 Ophthalmology Resident at Hospital de Olhos do Paraná - Curitiba – PR, Brazil.
3 Ophthalmologist, Retina specialist at Hospital de olhos do Paraná– Curitiba – PR, Brazil.

PURPOSE

To report the case of a patient with multifocal choroiditis and panuveitis and to describe the diagnostic approach and clinical manifestations.

METHODS

Case-report of the clinical course, multimodal imaging and diagnosis of one patient with review of literature.

RESULTS

A 12-year-old girl who was already being treated with oral and topical corticosteroids for panuveitis came to our service for an evaluation. Her complaint was reduced VA in OU, with no other symptoms. She had negative infectious serology and rheumatological tests.
On examination, her BCVA was 20/40 in OD and 20/400 in OS. The IOP was 18/50mmHg, respectively. Biomicroscopy showed in OU presence of anterior chamber reaction, anterior synechiae, pupillary seclusion, pupillary membrane and iridotomy marks. Fundoscopy showed vitreitis, peripapillary atrophy, multiple small yellowish and hyperchromic chorioretinal lesions in periphery and posterior pole in OU. Presence of Schlaegel's lines were observed in OS. The OCTA of OD showed cystoid macular edema (CME) and in OS an extrafoveal and foveal neovascularization without signs of activity were observed.Thus, the diagnosis of idiopathic MCP was reached. A sub-tenon injection of triamcinolone was performed in the OD due to CME.

There was improvement, but increase in IOP occurred, requiring iridotomy and subsequent intravitreal injections with antiangiogenic were necessary as she developed a subfoveal neovascularization. Cataract surgery was performed with intraocular lens implantation, in addition to pars plana vitrectomy and Ahmed tube for the glaucoma in the OS. Currently, the BCVA of patient was 20/30 OD and 20/40- OS. She maintains follow up with the use of systemic medications and no signs of active uveitis at the moment.

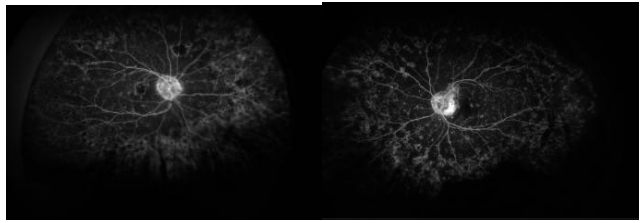

Fig. 1 OD and OS wide-angle fluorescein angiography

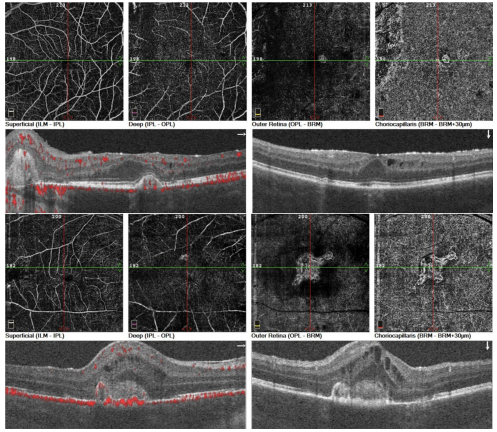

Fig. 2 OD and OS OCT-A

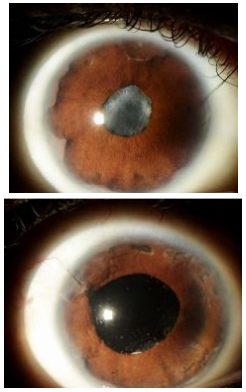

Fig. 3 OS biomicroscophy pre and post-op

DISCUSSION

MCP is a chronic progressive bilateral inflammatory chorioretinopathy. It occurs mainly in young, white, myopic women. It is characterized, in the acute phase, by the presence of multiple whitish lesions at the level of the choroid and RPE. It leads to low VA due to its complications. The diagnosis is clinical, however, rheumatological and infectious causes such as Presumed Ocular Histoplasmosis Syndrome (POHS) must be ruled out.
The most common symptoms are visual blurring, increased blind spot and photopsia.
Possible complications includes subretinal fibrosis, NVM and CME.

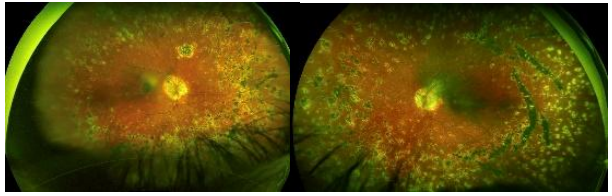

Fig. 4 Right eye and left eye ultra wide field fundus photography

REFERENCES

Tavallali A, Yannuzzi LA. Idiopathic Multifocal Choroiditis. J Ophthalmic Vis Res. 2016 Oct-Dec;11(4):429-432.
Dreyer RF, Gass JDM. Multifocal Choroiditis and Panuveitis: A Syndrome That Mimics Ocular Histoplasmosis. *Arch Ophthalmol.* 1984;102(12):1776–1784.
Somkijrungroj T, Pearlman JA, Gonzales JA. Multifocal choroiditis and panuveitis presenting with progressive equatorial linear streaks: evolution of Schlaegel lines documented with multimodal imaging. Retin Cases Brief Rep. 2015 Summer;9(3):214-7.