WHEN SHOULD WE NOT INJECT OUR PATIENTS?
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Introduction: Several diseases of the retina and RPE progress with pigmentary changes and lipofuscin accumulation which can be associated with RPE or neurosensory retinal detachment. Its clinical and imagiological findings can mimic those of wet-AMD. Not only will these patients be unresponsive to anti-VEGF therapy but they may also experience serious adverse events. Purpose: To describe 4 clinical situations frequently misdiagnosed as wet-AMD and incorrectly treated with anti-VEGF therapy. Methods: 4 case reports. One patient with adult vitelliform dystrophy, one with chronic central serous retinopathy (CCSR), one with outer retinal tubulations and lastly one patient with coalescent soft drusen and elevation of neurosensory retina displaying a hyporeflective image between both on OCT. Results: All 4 patients were being treated with anti-VEGF without improvement and one developed a nephrotic syndrome after intravitreal bevacizumab. Conclusions: Clinical and imagiological clues especially on Spectral-Domain (SD) OCT can help ophthalmologists to correctly diagnose situations that mimic wet-AMD. Adult vitelliform dystrophy curses with good visual acuities and SD-OCT shows a vertical line, which separates the amorphous homogenously reflective material from the hyporreflective optical clear space. CCSR presents earlier in life and typically demonstrates a thickened choroid on SD-OCT. Outer retinal tubulations are common in advanced diseases affecting the outer retina and RPE and can be misinterpreted as cysts or fluid however, they have more defined, thicker and more hyperreflective walls that cysts. One should look carefully at OCT imaging of coalescent soft drusens to determine whether there is adjacent fluid or just an optical clear space.