A CASE WITH PRESUMED PERIPAPILLARY CHOROIDAL DYSTROPHY

A. Goktas, Y. Yuce, M. Atas, S. Demircan, E. Pangal
Kayseri Training and Research Hospital Kayseri, Turkey

Purpose: To report the clinical features of a patient with presumed choroidal dystrophy
Case: 34 years-old women admitted to our clinic with the complaint of blurry vision in both eyes that was present for many years. Systemic and ocular medical history was unremarkable. Best-corrected visual acuity was 6/10 (-0.50 -0.50X85) in the right eye and 7/10 (-0.75 -0.25X95) in the left eye. Anterior segment examination was insignificant. Intraocular pressure measurement with applanation tonometry was 13 and 14 mmHg in the right and left eye, respectively. The vitreus was normal. Funduscopic examination revealed bilateral ring-shaped peripapillary choroidal changes in the absence of peripheral wing-like extensions. On early and late phases of fluorescein angiography, lesions were hypofluorescent centrally and hyperfluorescent peripherally and larger choroidal vessels were prominent beneath the central hypofluorescent region with loss of choriocapillaris. Foveal and macular anatomy appeared to be normal on optic coherence tomography (OCT) imaging. There was no macular or peripapillary choroidal neovascular membrane. Retinal nerve fiber layer was thinned in temporo-inferior and temporo-superior sections on OCT imaging. Humphrey visual field testing showed bilateral enlargement of blind spot corresponding to peripapillary lesions.

Conclusion: The clinical features of our patient do not resemble more frequently seen peripapillary lesions such as serpiginous choroidopathy or helicoidal peripapillary chorioretinal degeneration. So, there is controversy in differential diagnosis of our patient. However, a diagnosis of presumed peripapillary choroidal dystrophy seems to be reasonable on the basis of the findings.