INTRAVITREAL AFLIBERCEPT FOR CHOROIDAL NEOVASCULARIZATION SECONDARY TO PUNCTATE INNER CHOROIDOPATHY

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Purpose. To present a case with punctate inner choroidopathy (PIC) complicated with subfoveal choroidal neovascularization (CNV) and treated with intravitreal injections of aflibercept. Methods. A 51-year-old woman presented to our clinic with a 2 day- history of blurred vision/ metamorphopsia in her left eye. She has no known medical history. She was highly myopic and her Snellen BCVA was 10/10 in her right and 2/10 in her left eye accordingly. Anterior segment examination was unremarkable. No vitreous cells were detected. Fundoscopy in her left eye revealed multiple grey lesions with ill-defined borders scattered around the optic disc. In the foveal area there was a larger grey lesion associated with a retinal haemorrhage. Fundoscopy of her right eye was normal. Fluorescein angiography documented hyperfluorescence (in the early and late frames) corresponding to the grey lesions. Adjacent to the retinal hemorrhage a classic CNV was detected. OCT imaging showed intraretinal fluid with an underlying area of increased reflectivity. Results. The patient underwent three intravitreal injections with aflibercept. Five months following initiation of treatment her visual acuity has increased to 7/10. There was no active CNV on FFA. OCT showed resolution of fluid and minimal signs of retinal haemorrhage. No further treatment was administered but she has been followed up regularly since then. Discussion. PIC is a rare inflammatory choroidopathy, which is frequently complicated with a subfoveal CNV. Systemic or topical steroids have been used for many years as a treatment option. However, in the era of antiVEGF agents, which have an anti-angiogenic and anti-inflammatory effect, the use of intravitreal aflibercept shows a favorable therapeutic outcome, which is in line with the previous published papers reporting the use of ranibizumab or bevacizumab in similar cases.