

Cases with a point

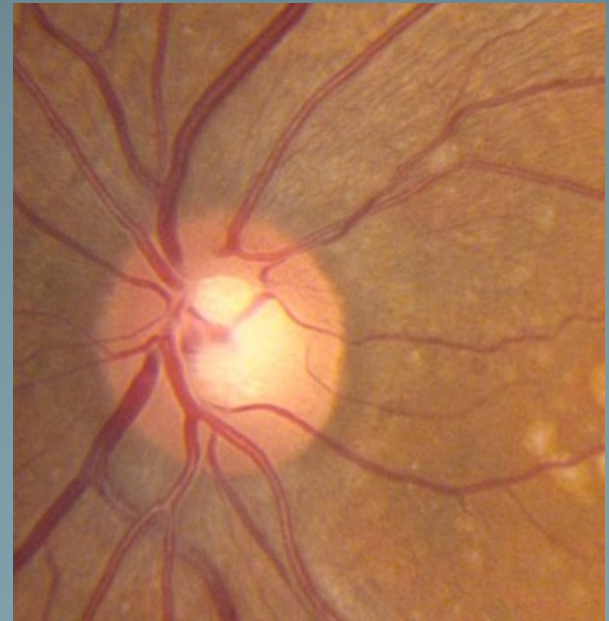
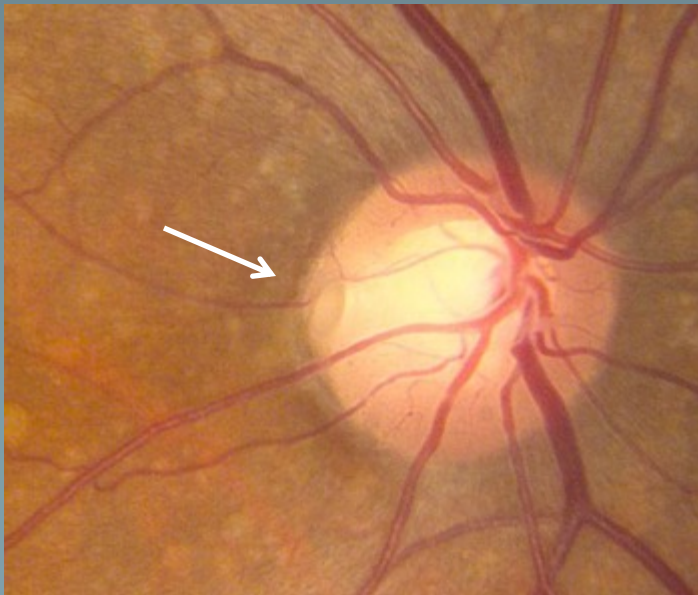
Anita Agarwal, MD

West Coast Retina

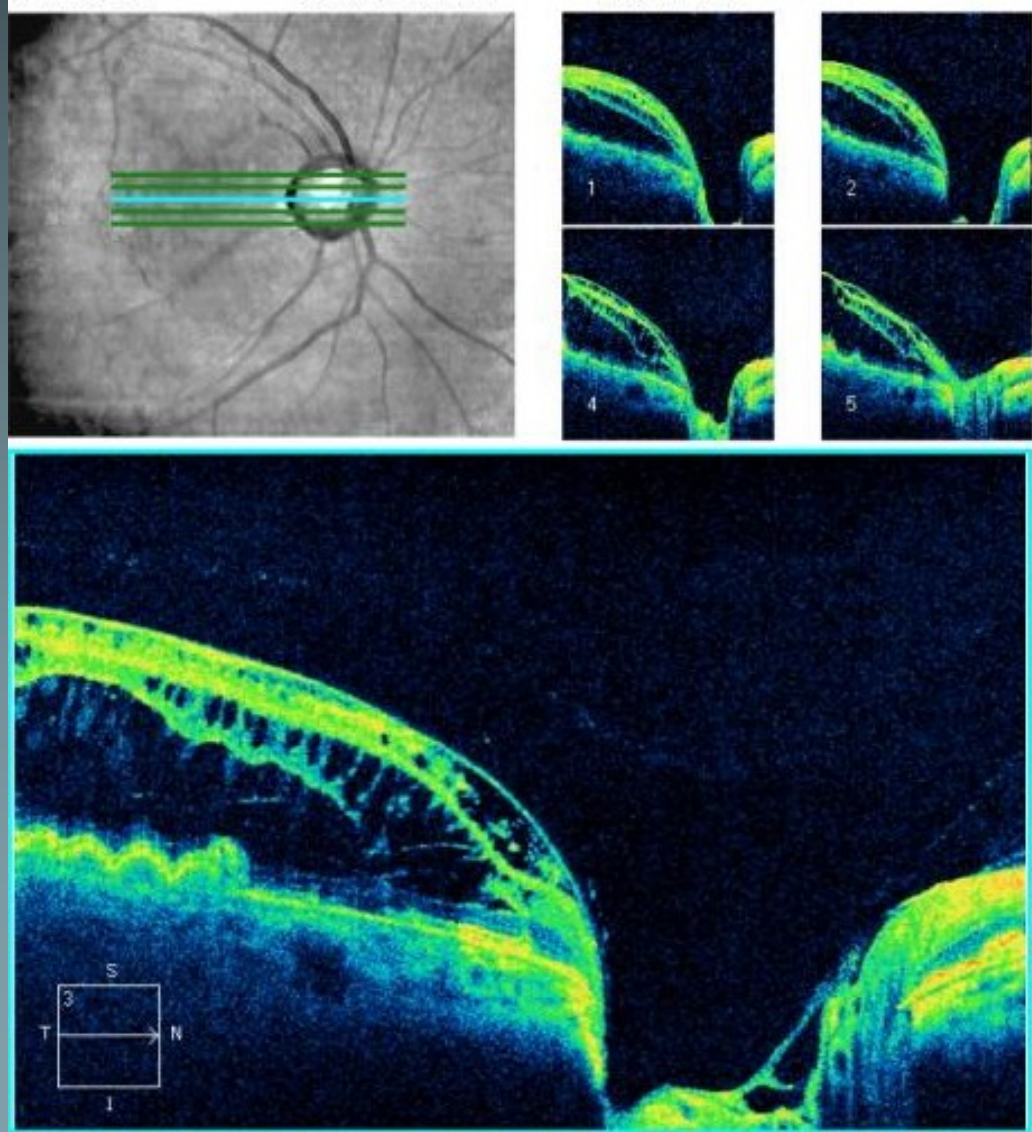
San Francisco, CA

Cause for vision decline ?

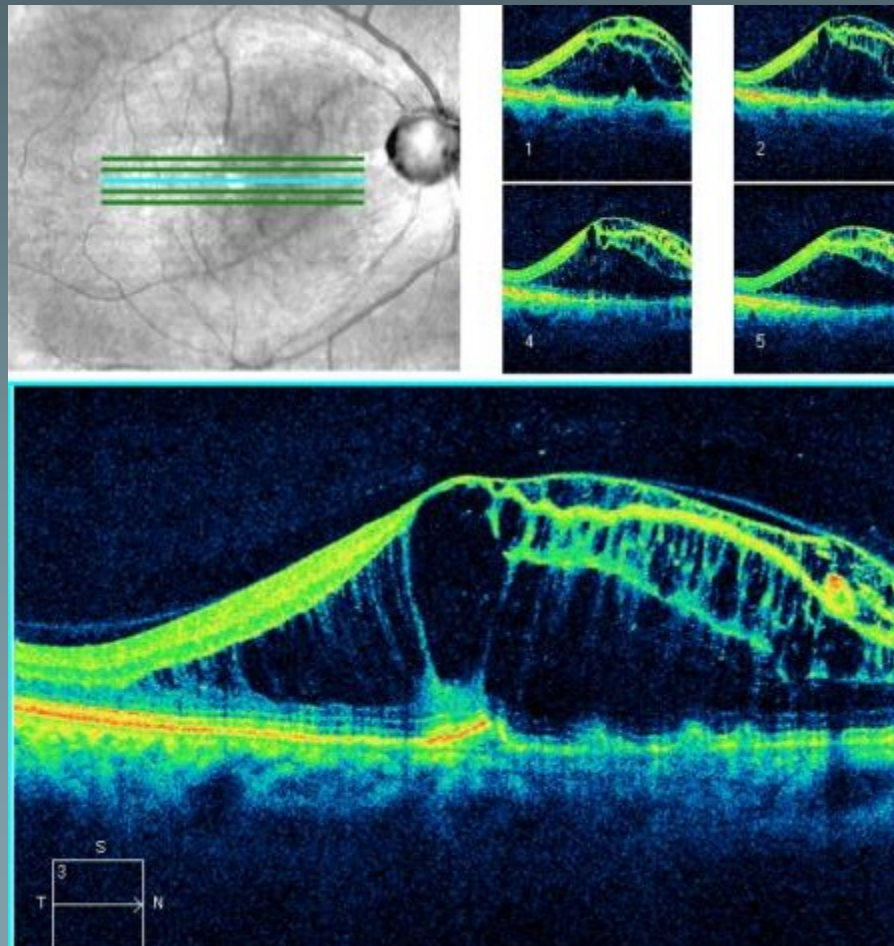
- 1. conversion to exudative AMD
- 2. Small geographic atrophy
- 3. Increase in pigment epithelial detachment
- 4. Other- Optic Disc pit



Dec 2010 VA 20/40 OD

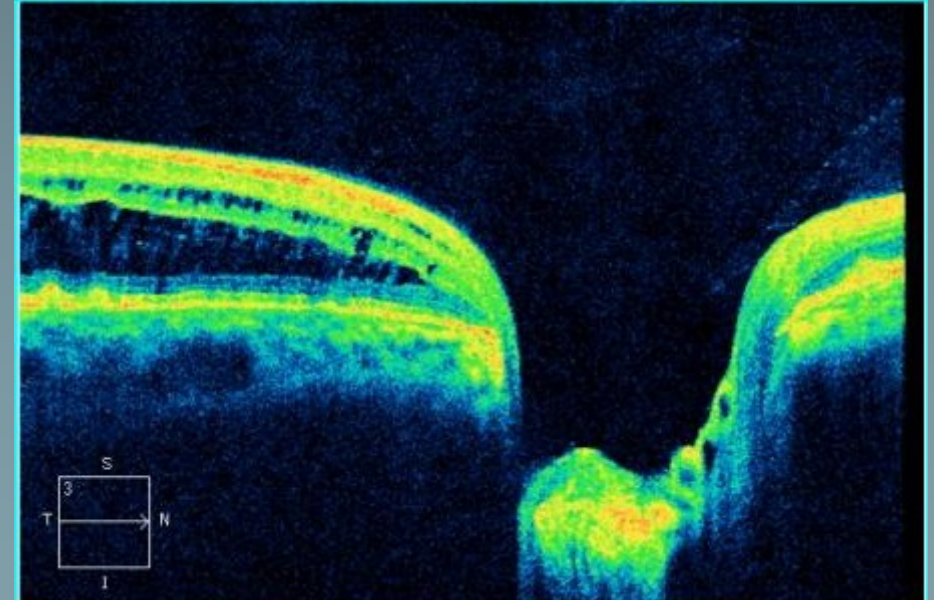
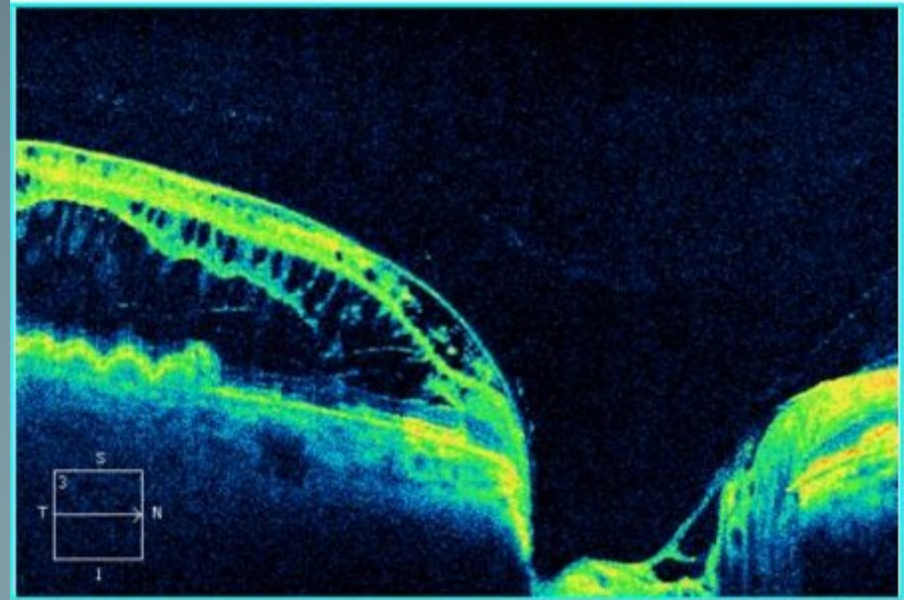
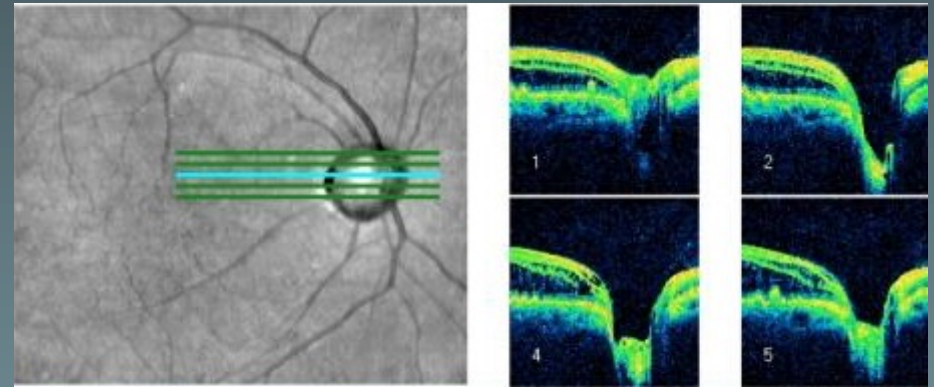
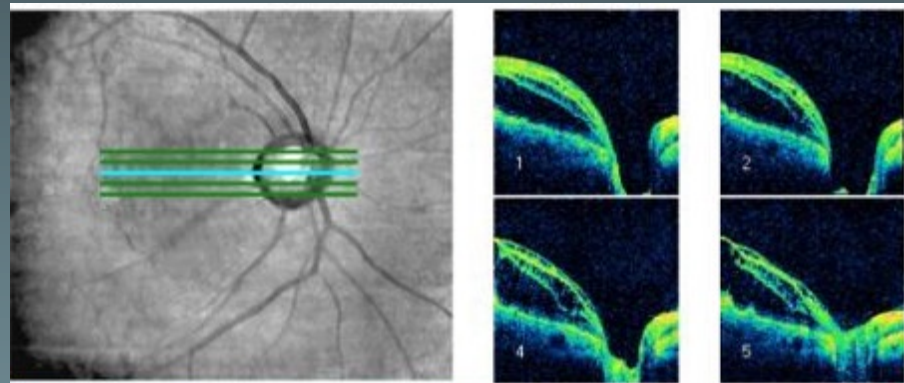


December 2010 VA 20/40 small temporal optic disc pit



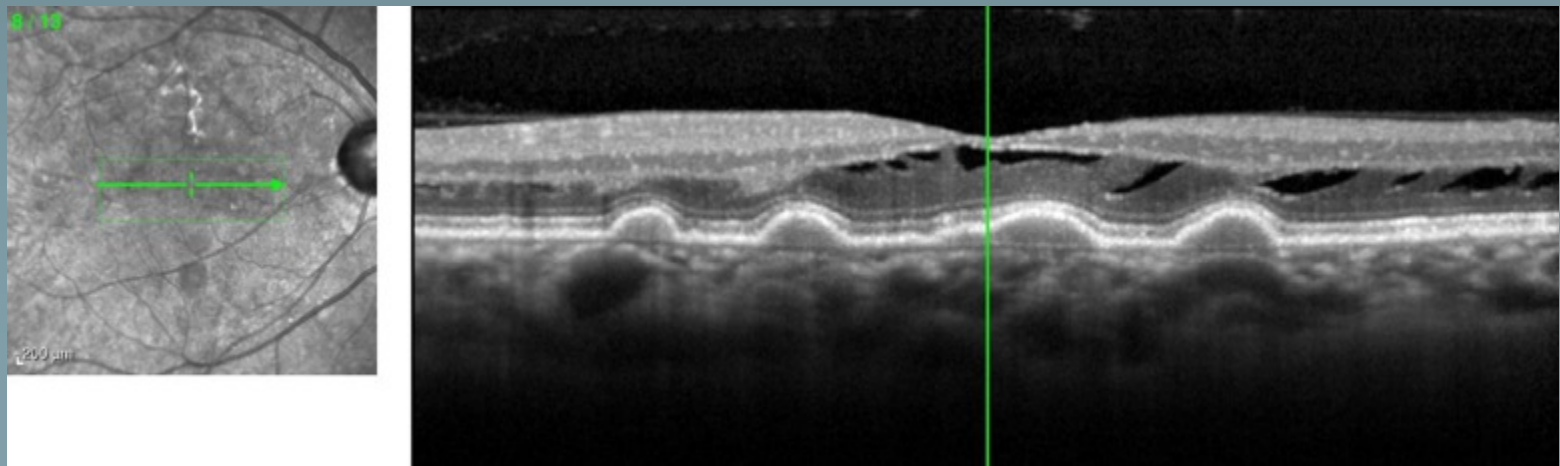
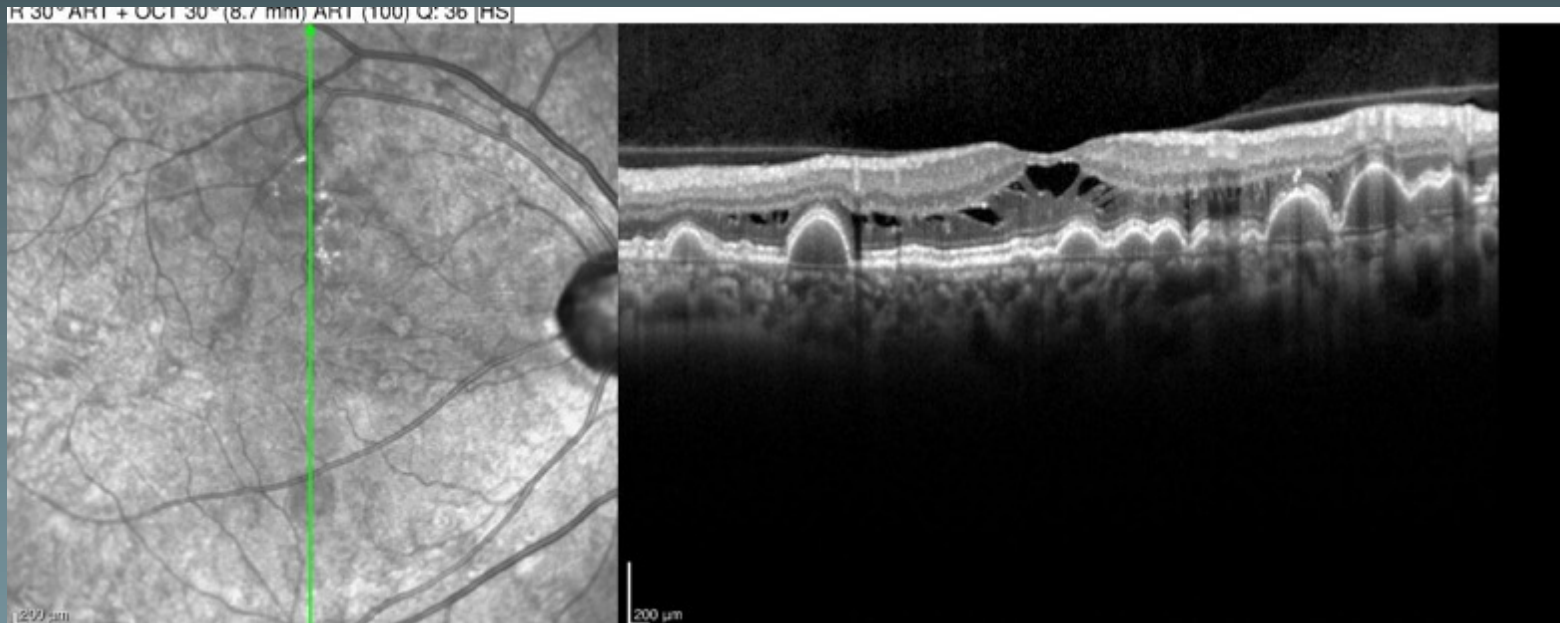
Dec 2010

March 2011



May 2012 & Nov 2012

VA: 20/20-



Follow up

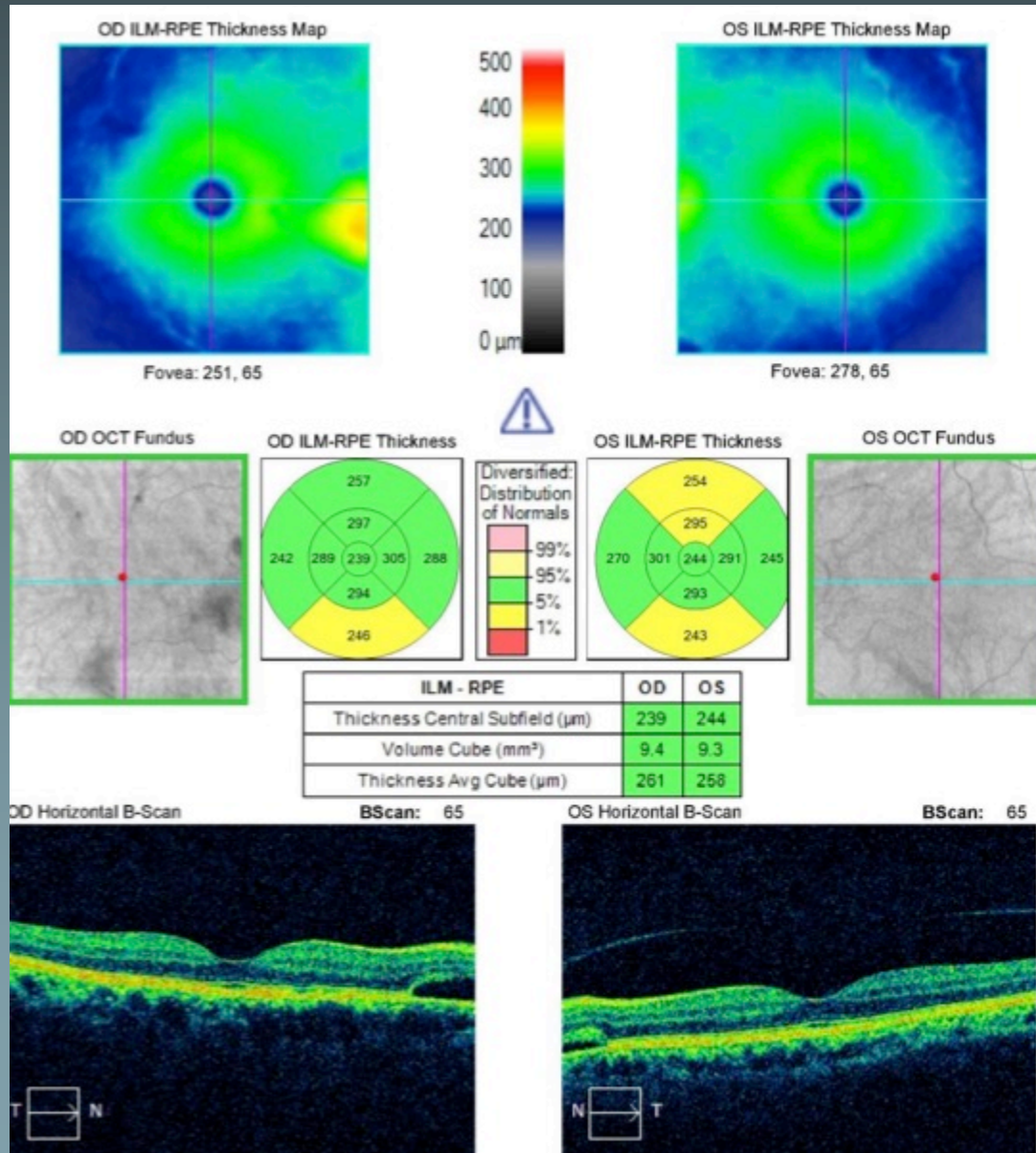
- Has remained on oral Diamox 250 mg BID even now - 2019.
- Other treatment options:
 1. Observation for spontaneous resolution
 2. Laser to temporal edge of disc
 3. Laser plus vitrectomy, +/- ILM peel + Gas
 4. Tisseel glue – fibrin sealant

Case 2

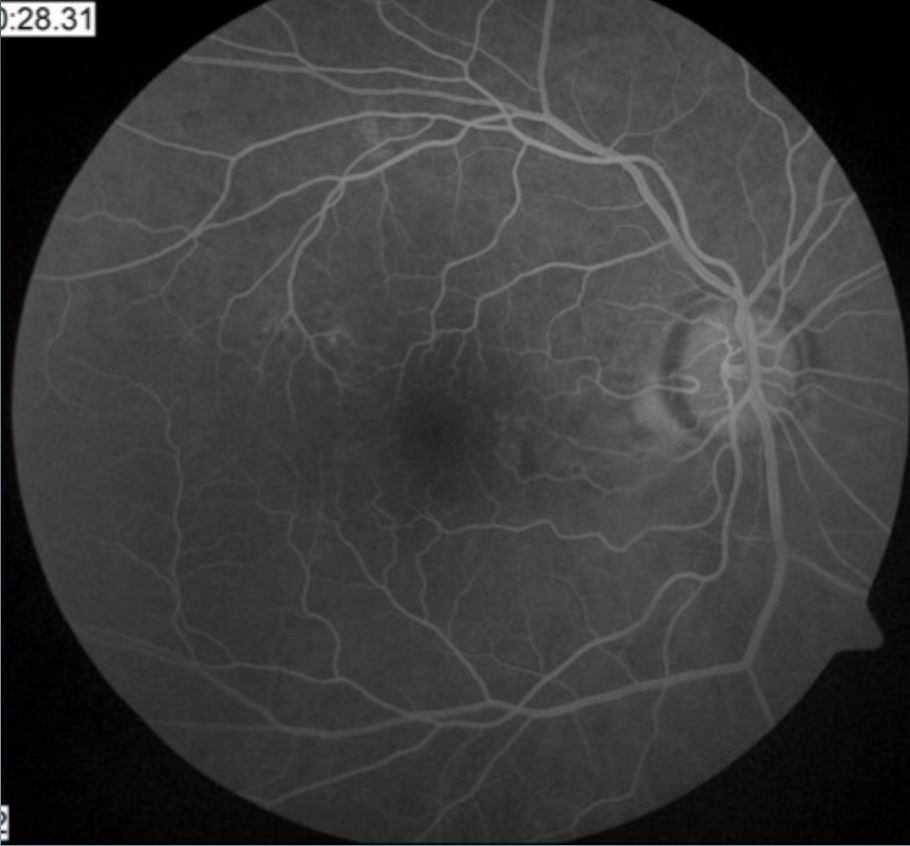
Dec 2014



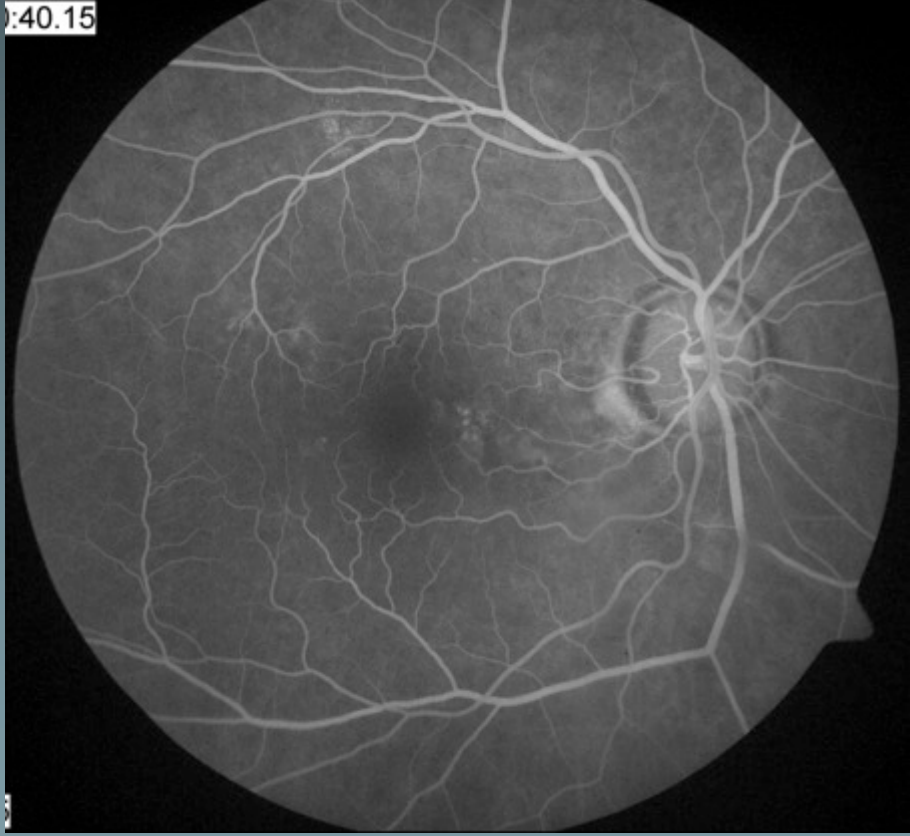
noted Juxtapapillary SRF OU



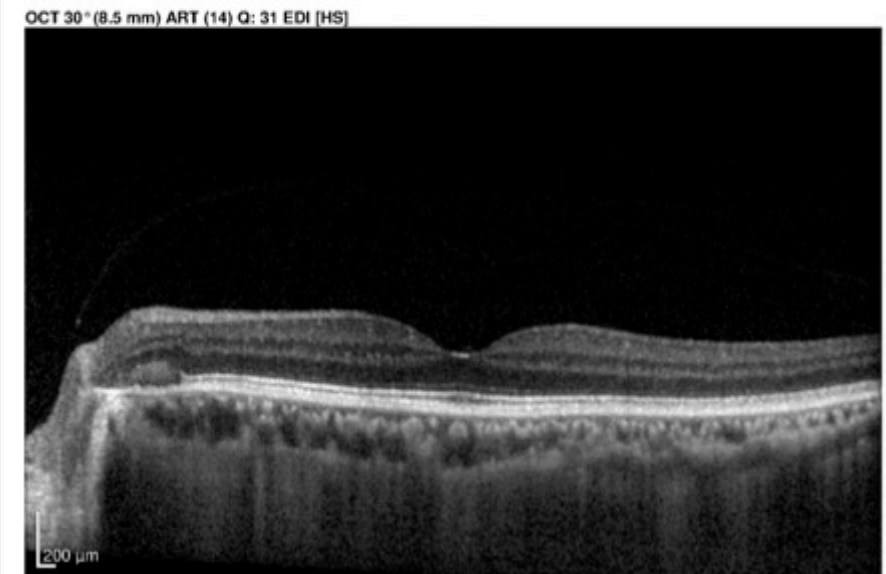
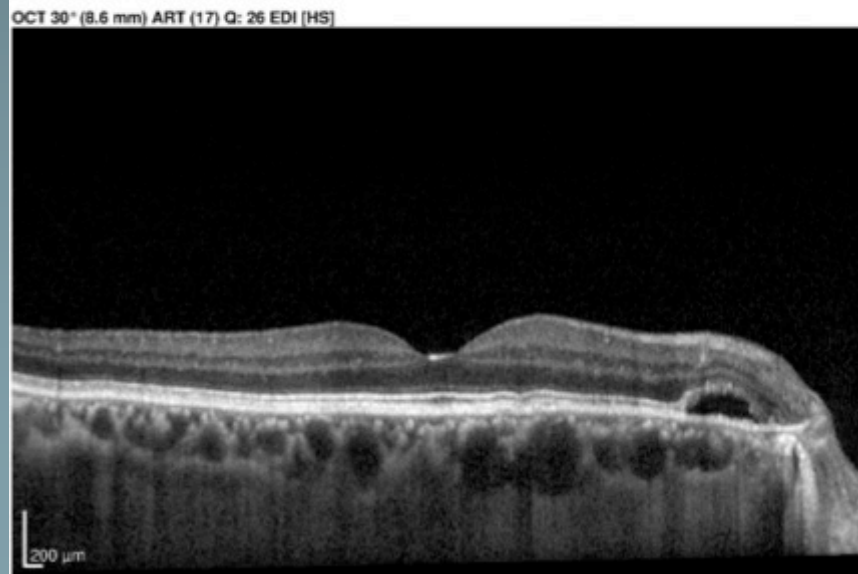
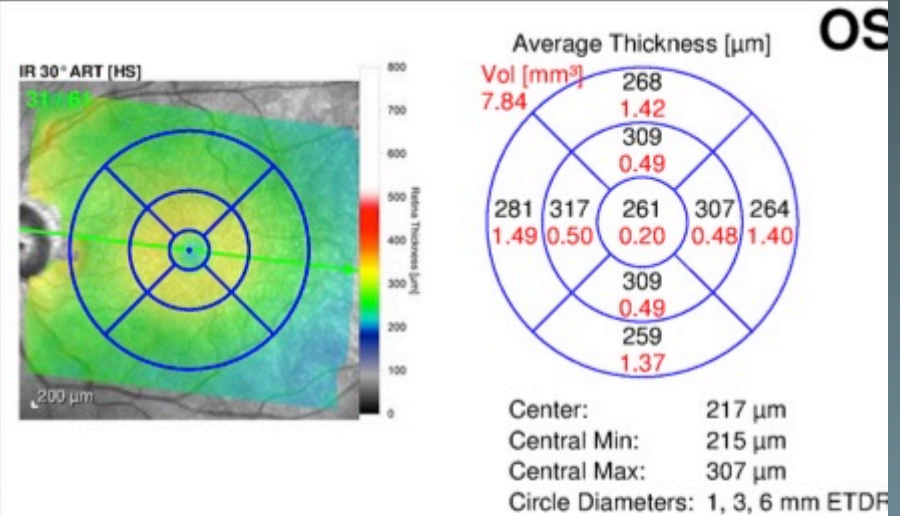
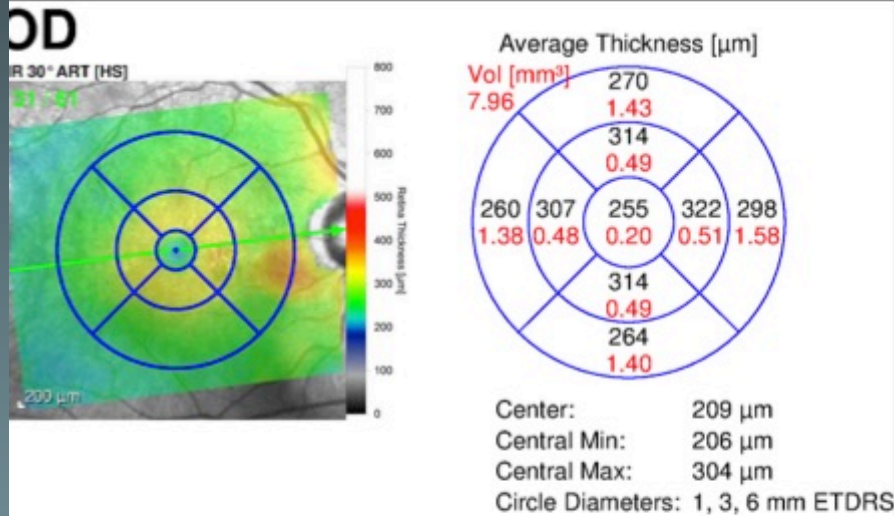
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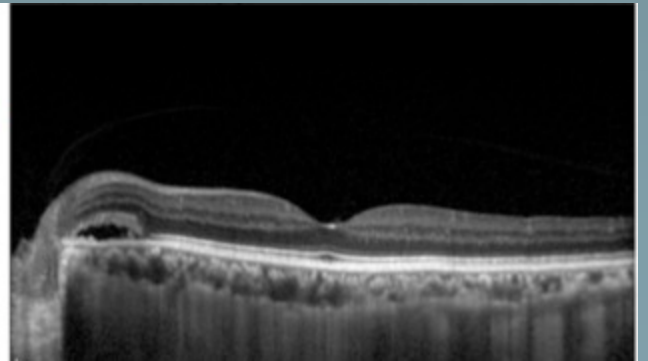
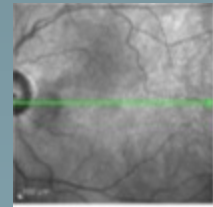
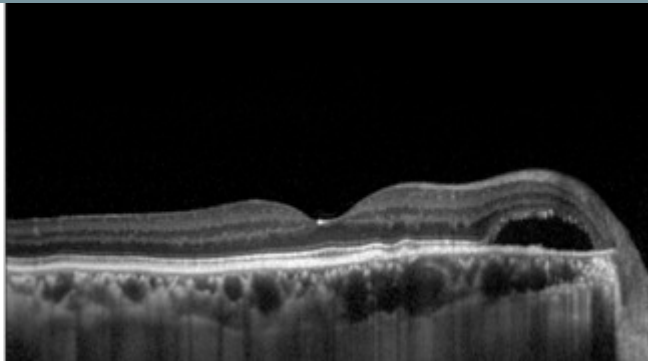
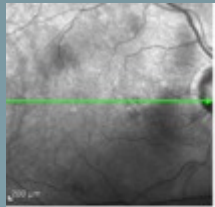
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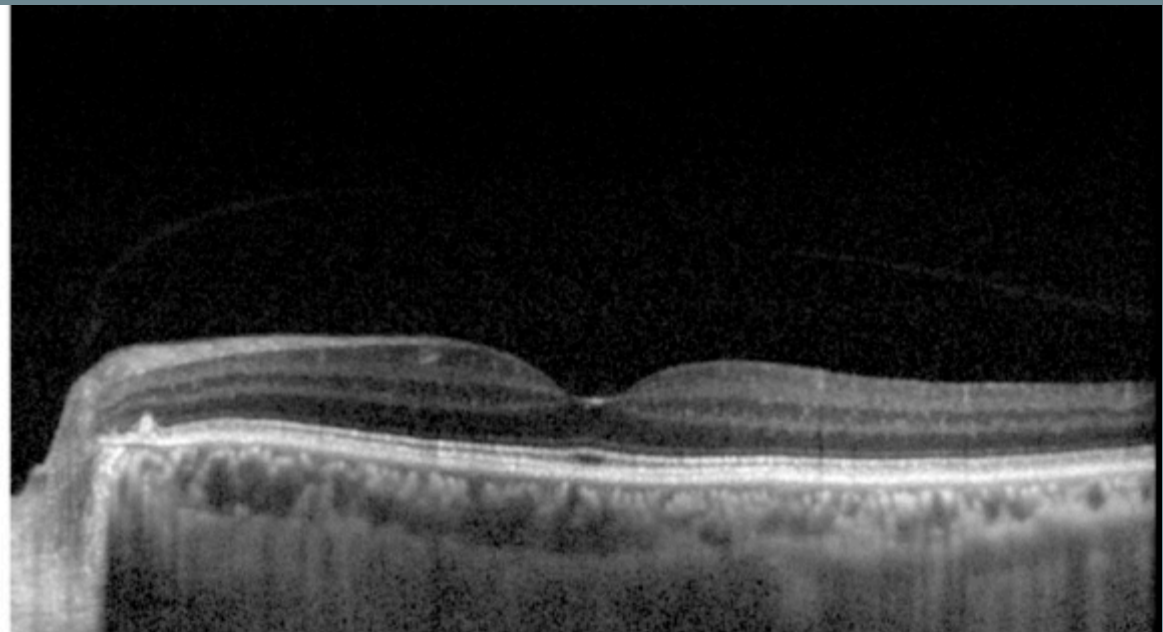
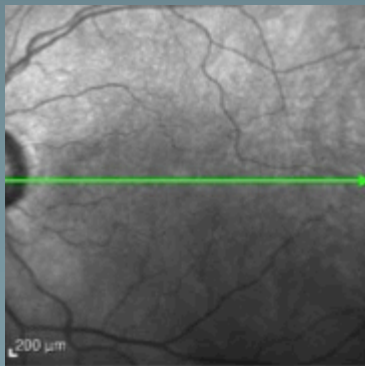
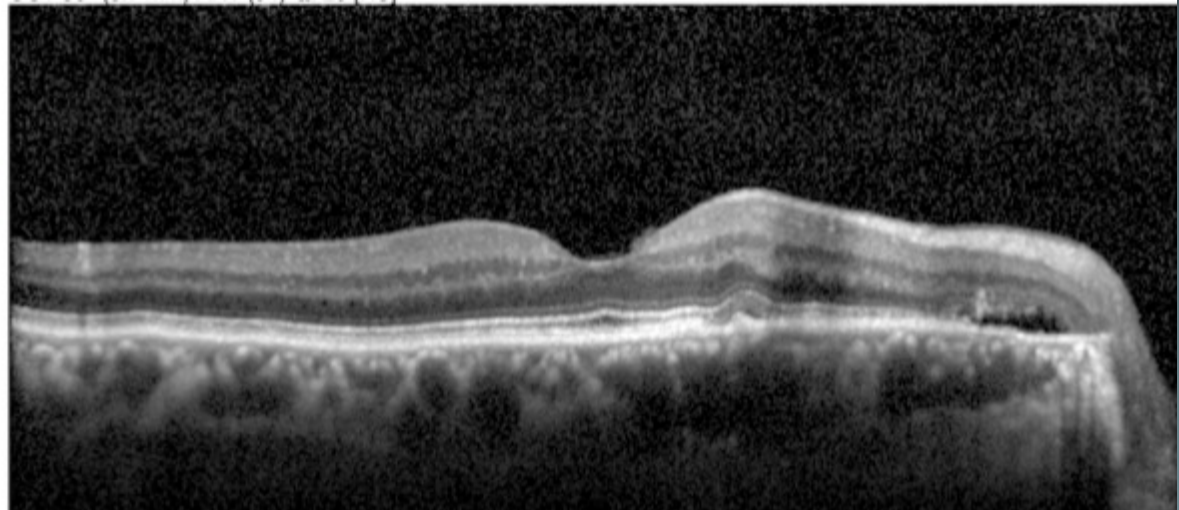
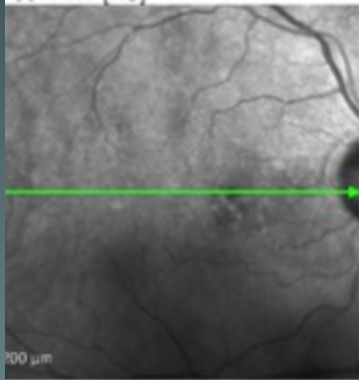
Jan 2015



June 2015: VA 20/20



November 2015 VA: 20/20 OU



Diagnosis

- High risk IgG Lambda Multiple Myeloma
- (Dx in July 2015)
- June 2015: Persistent back pain
- Fatigue
- Found to be anemic
- Hb: 6.1, platelets 112, creatinine 1.3, total protein 9.1 and albumin 3
- Serum electrophoresis: IgG lambda MP
- Urinary MP +, Bone marrow: 80% lambda restricted plasma cells, MRI hip: diffuse myeloma

IgG Lambda Multiple Myeloma

- Treated with 5 cycles of RVD therapy
- Anemia corrected
- Resolved retinal hemorrhages & subretinal fluid

Diagnosis: Paraproteinemia

- Non leaking SRF
- Background retinopathy

Other Causes of non leaking SRF/IRF

- Acute or Chronic idiopathic Central Serous
- (posterior uveal effusion)
- Optic disc pit/cup maculopathy
- Papillo Renal syndrome (Autosomal dominant)
- Advanced Glaucomatous cupping

Case 3

Bilateral Maculopathy

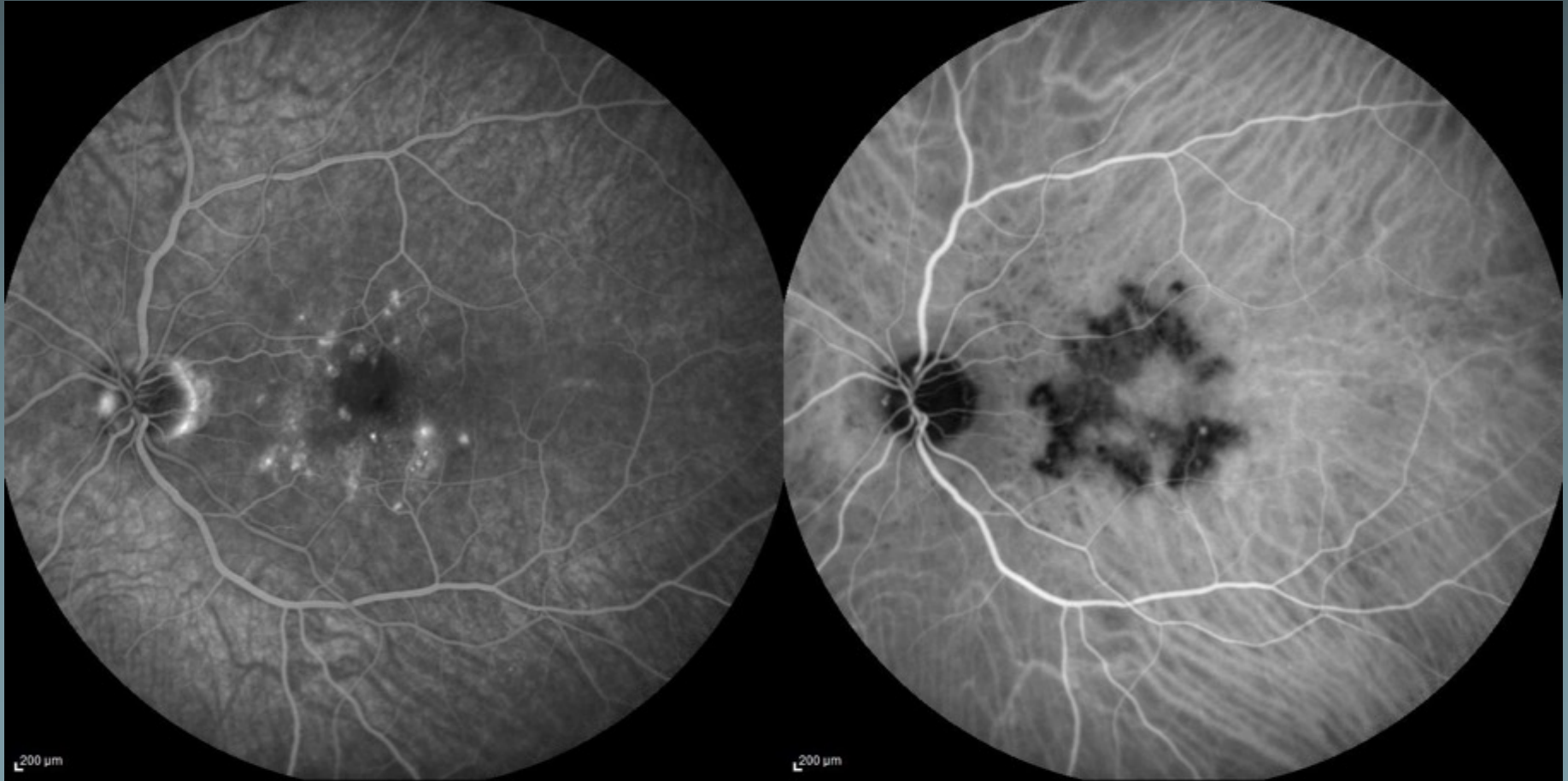




Autofluorescence

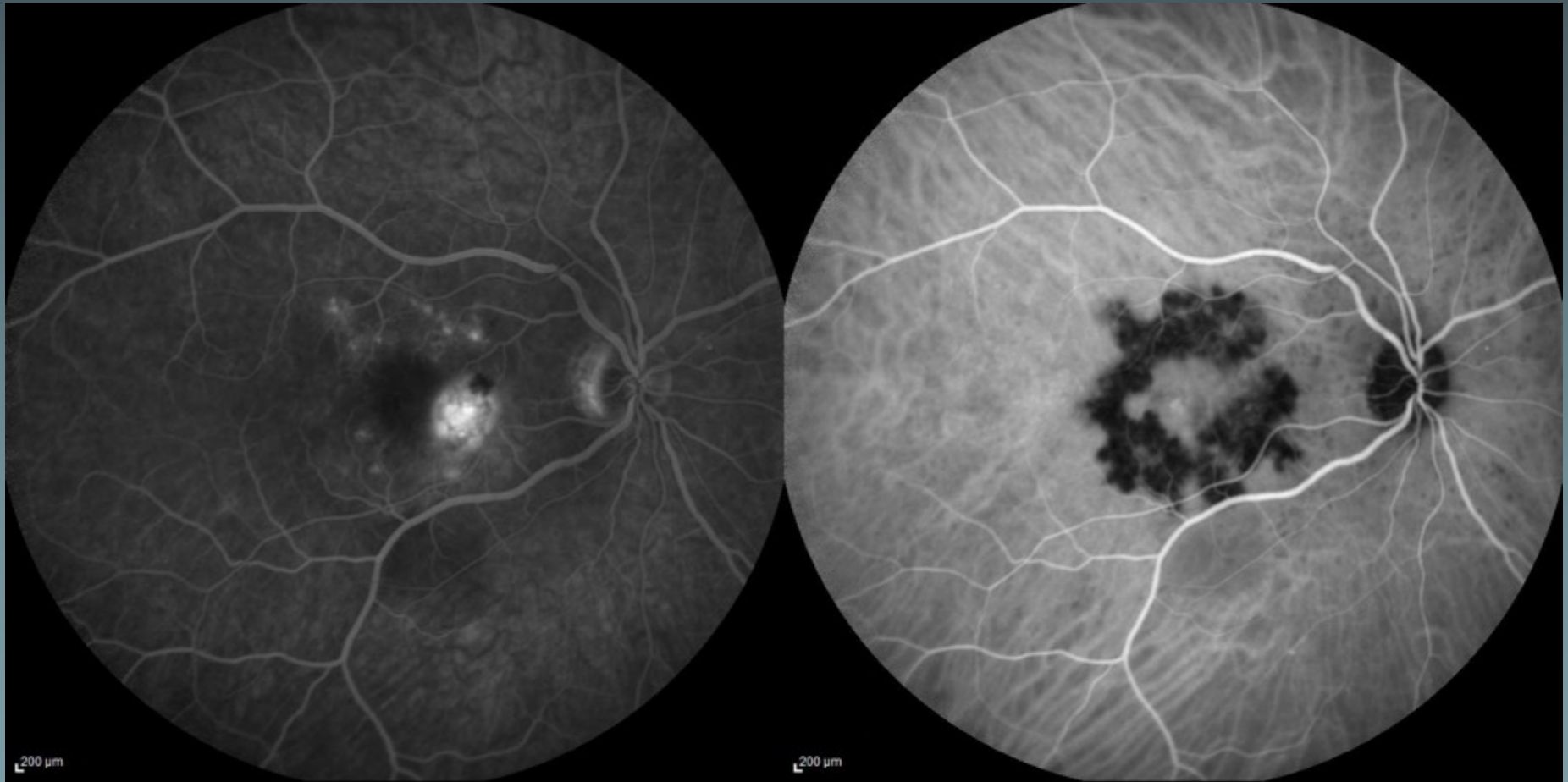


FA: multiple hyperfluorescent dots



4/13/2015, OS
FA&ICGA 6:28.85 55° ART(100) 6:28.80 55° ART(100)

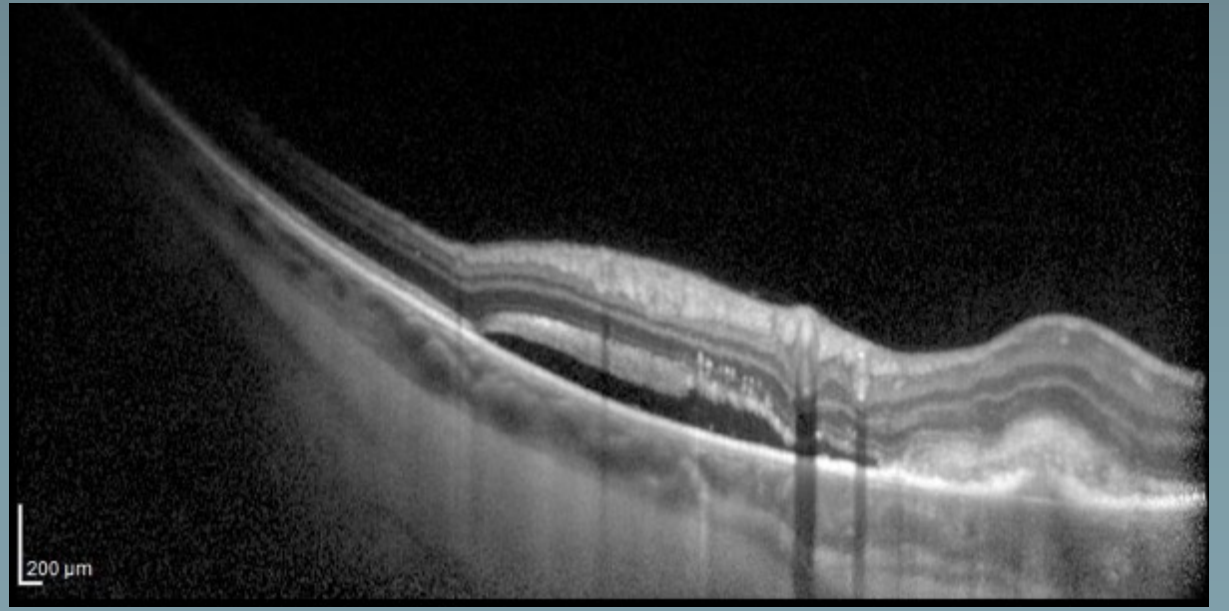
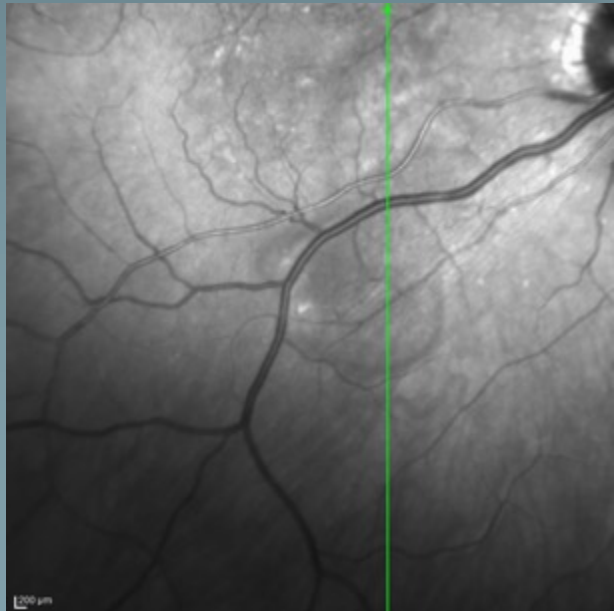
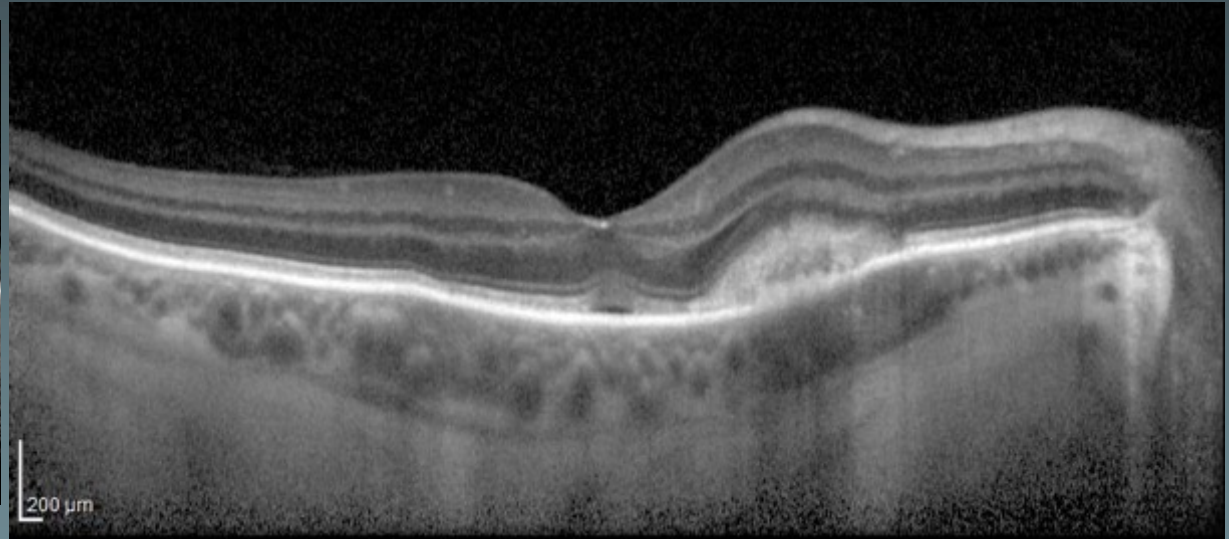
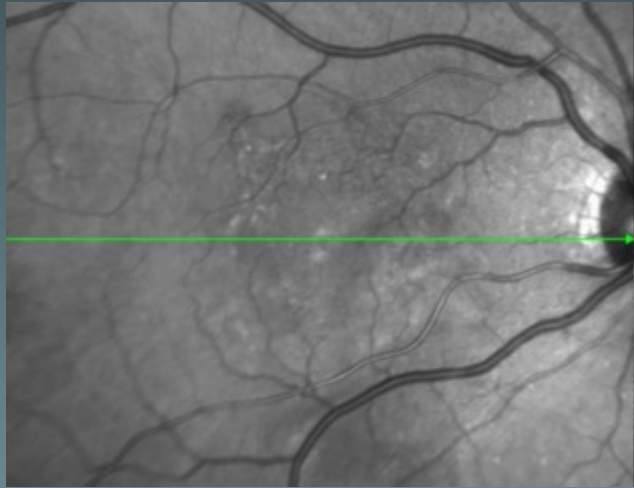
FA: staining of CNVM



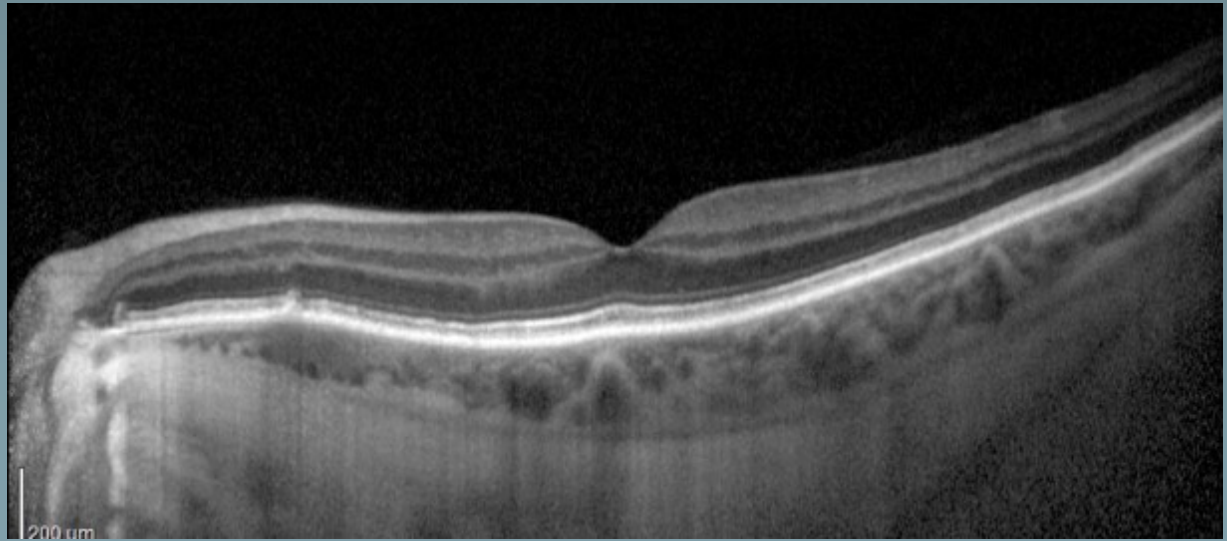
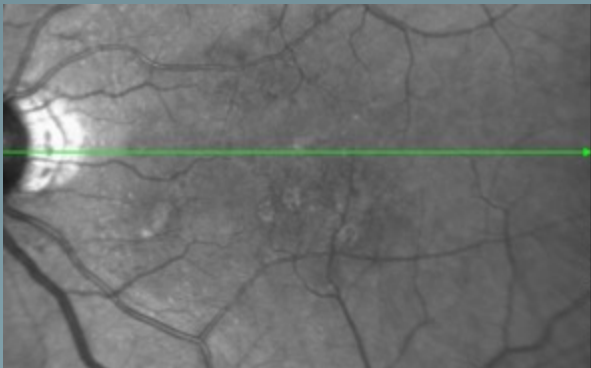
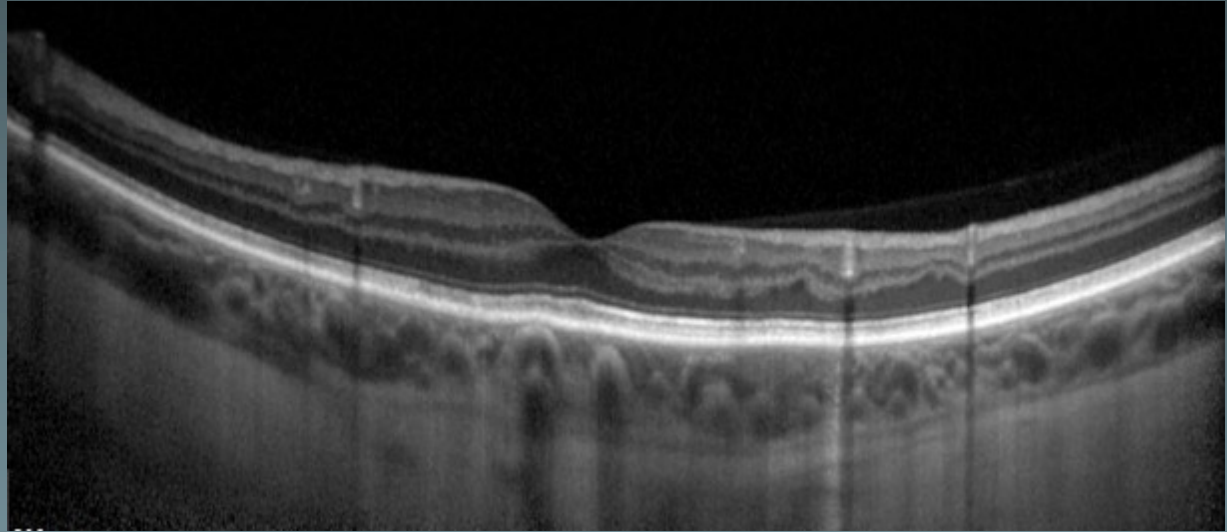
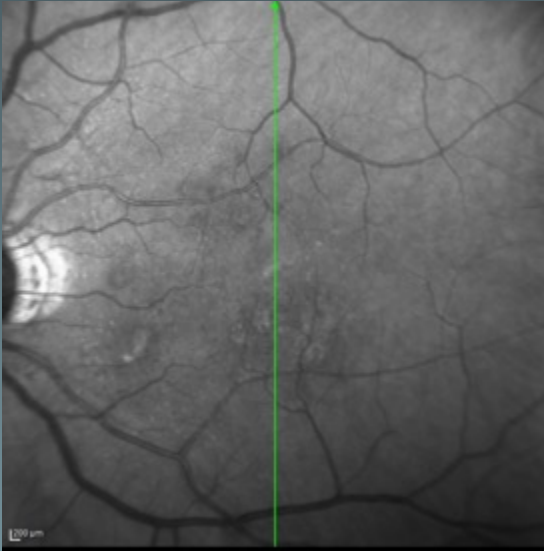
4/13/2015, OD

FA&ICGA 5:49.26 55° ART(99) 5:49.21 55° ART(99)

OD



OS



Diagnosis

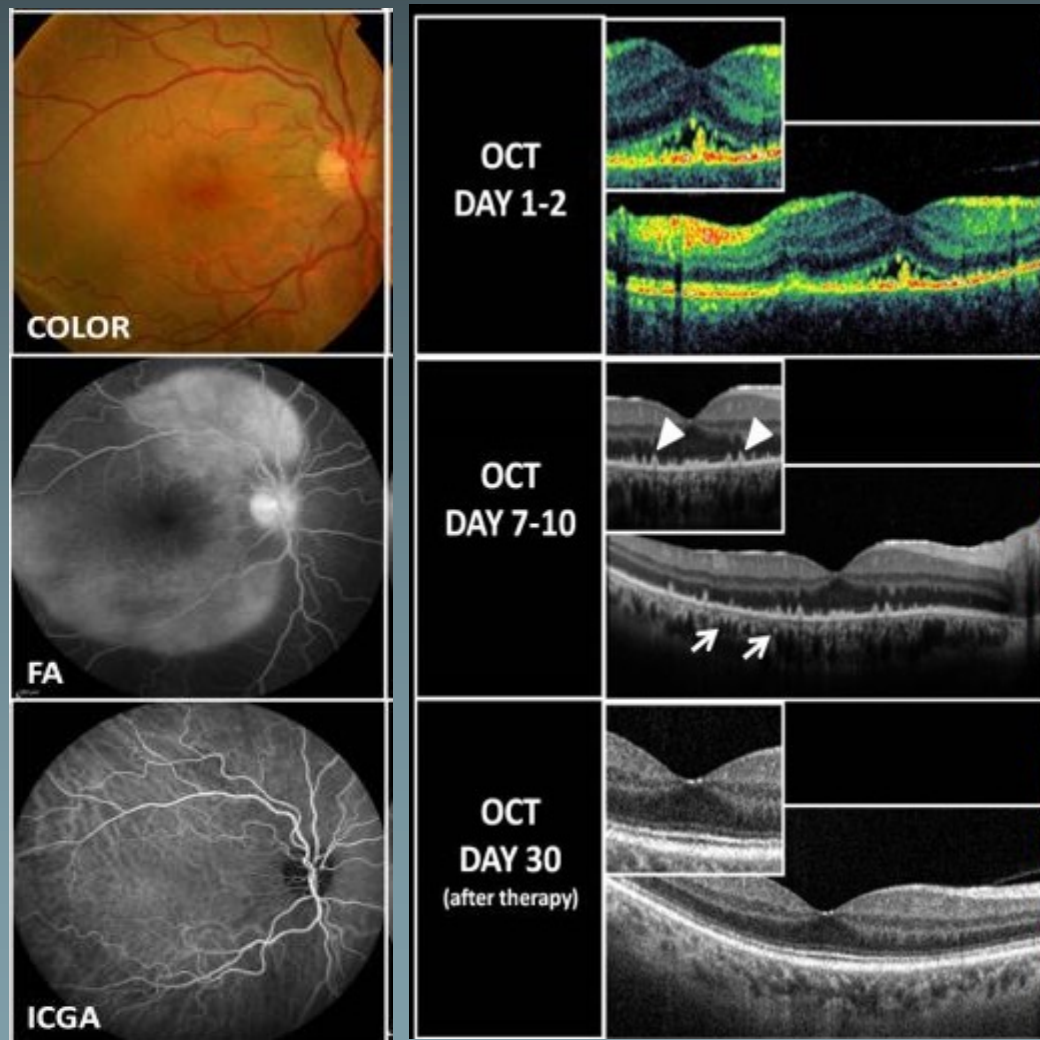
- Persistent Placoid Pigment Epitheliopathy
- CNVM OU
- Anterior uveitis/scleritis OD

Other Causes of Bilateral Placoid lesions

- Placoid syphilis
- Serpiginous choroiditis
- TB Serpiginoid Choroiditis
- APMPE

Recovery of the outer retina with treatment

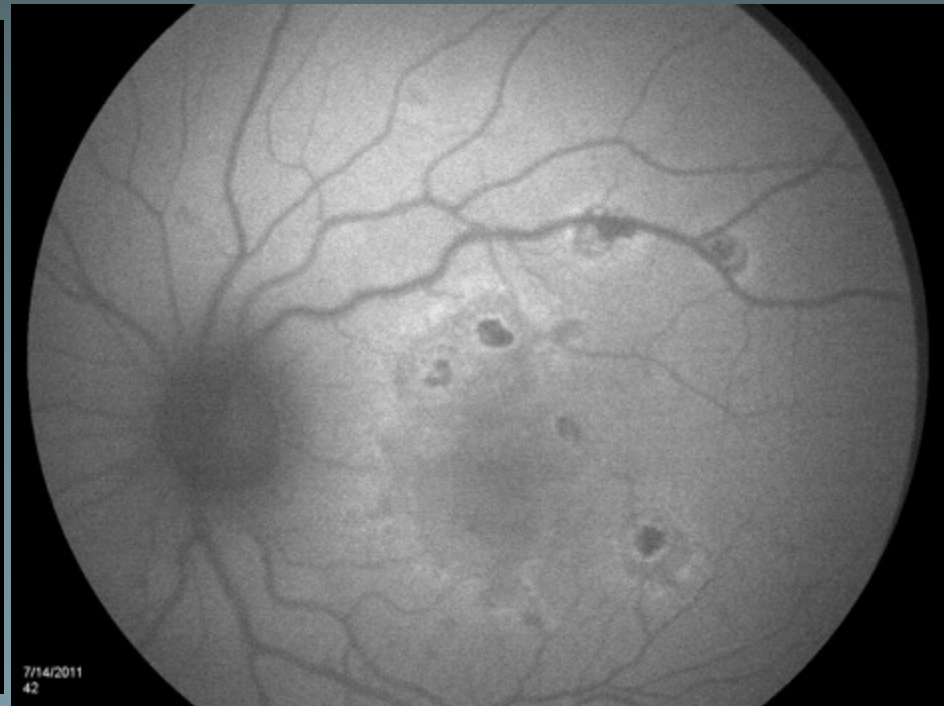
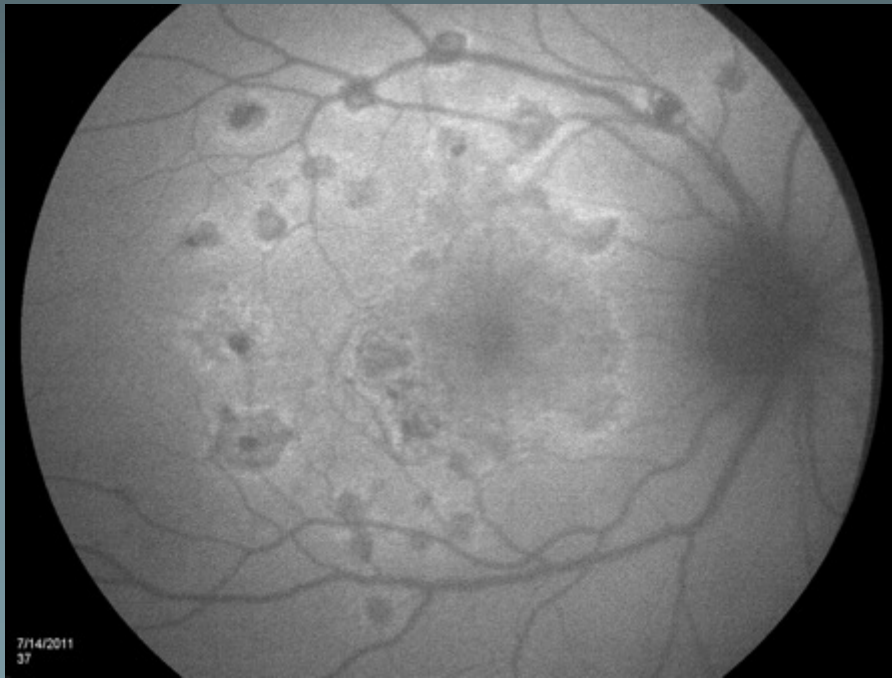
Courtesy: David Sarraf, MD

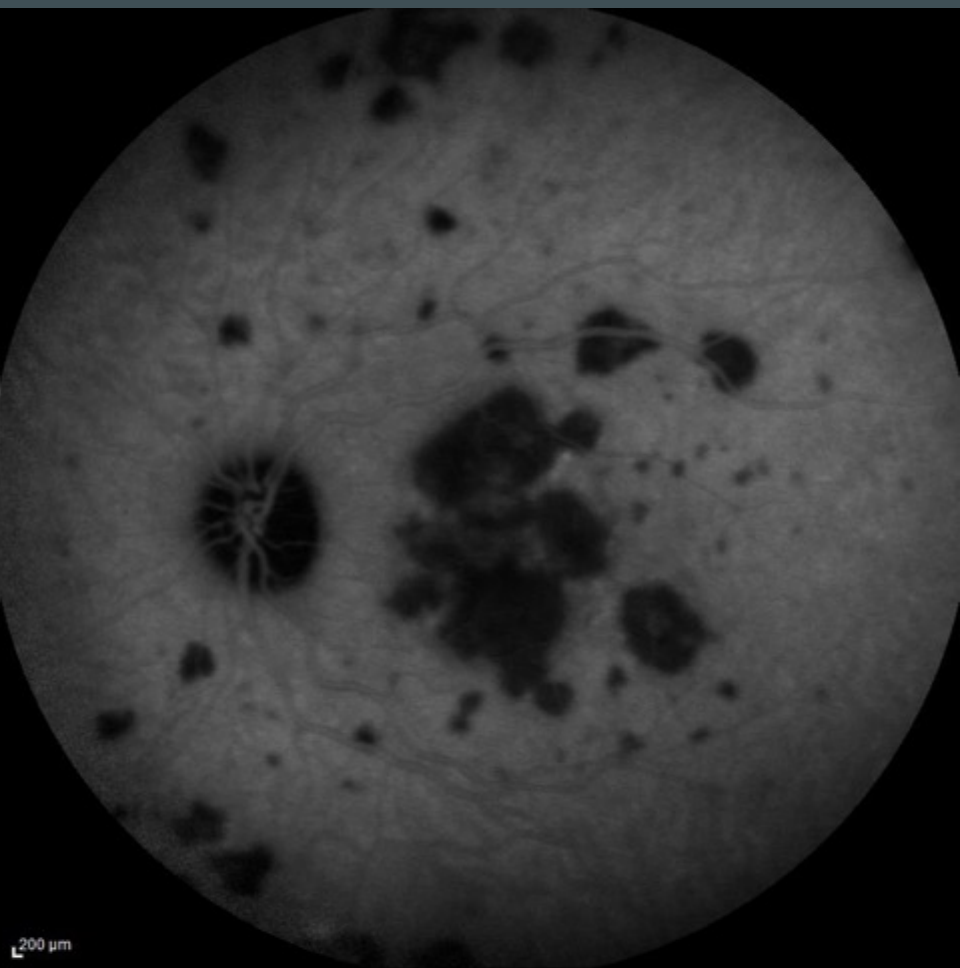


APMPPE



Hyper AF of the edge





7/14/2011, OS
FA&ICGA 10:26.60 55° ART(49) 10:26.57 55° ART(49)

Involvement of RPE, photoreceptors & choriocapillaris

