

## Abstract 51

### SPONTANEOUSLY RESOLVING MASSIVE SUBMACULAR BLEED WITH BREAKTHROUGH VITREOUS HAEMORRHAGE, SECONDARY TO POLYPOIDAL CHOROIDAL VASCULOPATHY

Poster

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#### **Purpose:**

To report the case of a 56 year-old healthy male, who suddenly developed a massive submacular bleed with vitreous hemorrhage, which surprisingly resolved in its own. Multimodal imaging later revealed the cause.

#### **Methods:**

A 56-year-old healthy male presented with sudden painless decrease of vision in his right eye and he had been diagnosed with choroidal nevus elsewhere. Vision was OD counting fingers at one meter and OS 6/6. On examination, his right fundus had a massive submacular bleed extending up to the periphery (FigA), while the fellow eye being normal. This was complicated by a rapidly developing vitreous hemorrhage (FigB), but unfortunately, the patient was lost to follow up due to the lockdown. He presented 2 months later, and his condition had resolved spontaneously with a corrected vision of 6/60 (FigF).

#### **Results:**

SDOCT of the same eye now showed a dome-shaped subretinal elevation and scarring (FigC&D), and OCT-Angiography revealed branching vascular network, at the level of Bruch's membrane, with no current activity (FigE). A diagnosis of macular scarring secondary to Polypoidal choroidal vasculopathy (PCV) was made and the patient was kept on close follow up. In PCV, the inner choroidal vascular network has an aneurysmal bulge that may be seen as polyps. These dilated vessels may leak causing serous pigment epithelial detachments (PED) while serosanguinous PEDs and neurosensory retina detachments may be the features of haemorrhagic PCV.

#### **Conclusions:**

Half of patients with PCV remain stable with relatively favourable outcomes, while the others have persistent leakage, recurrent haemorrhages, and poor outcomes. Further research is needed on this topic, guided with multimodal imaging.

