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OCT AS A DIAGNOSTIC TOOL IN MULTIFOCAL CHOROIDOPATY

Poster

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Purpose:

The aim of this study was to present the results of OCT image in diagnosis and prognosis in patients with multifocal choroiditis -punctate inner choroidopathy, birdshot chorioretinopathy, acute posterior multifocal placid pigment epitheliopathy, multiple evanescent white dot syndrome, and serpiginous choroiditis and to estimate their diagnostic and prognostic value.

Methods:

Standard ophthalmological examination was performed in patients diagnosed with multifocal choroiditis at the Ophthalmology Clinic, University Clinical Center Niš: visual acuity, slit lamp biomicroscopy, applanation tonometry, indirect ophthalmoscopy, photo documentation and fluorescein angiography (FA), high definition, standard domain, optical coherence tomography (SD OCT Cirrus and RTVue 100) and ultrasonography B scan in indicated cases. The imaging methods, FA and SD OCT were done under the same condition and repeated during the treatment of the disease. Standard laboratory examination, immunological examination, and HLA typing were also performed.

Results:

In the case of PIC, acute lesions appeared as nodular collections under the retinal pigment epithelium and presented as solid inflammatory retinal pigment detachment (PED) on OCT. These solid PED appeared to be ruptured leading to inflammatory infiltration. In patients with AMPPE hyperreflectivity of the outer retinal layers, inflammatory PED with the presence of inflammatory cells was present. The IS/OS disruption and atrophy of RPE can persist. Accumulation of hyperreflective material that rested on RPE, and extended through the interdigital zone, ellipsoid zone, and outer nuclear layer was observed by OCT in patients with MEWDS.

Conclusions:

OCT examination is easy to perform and noninvasive method. However, some limitations of OCT examination are present. Corneal opacification, dense cataracts, significant vitreous haze, or eye hemorrhage are limiting factors for OCT examination.