PO24 - TALES FROM THE TWILIGHT ZONE: SERPIGINOUS CHOROIDOPATHY

Nuno Aguiar Silva, Bruno Carvalho, Manuel Noronha, Ana Luísa Basílio, Ana Cabugueira, Miguel Marques, Rita Flores
(Centro Hospitalar de Lisboa Central)

Introduction: Serpiginous Choroidopathy (ie. Geographic Helicoid Choroidopathy) is a rare inflammatory condition simultaneously affecting the RPE and the choroid. It accounts for less than 5% of all cases of posterior segment inflammation and is part of a group of idiopathic uveitic entities collectively known as “white dot syndromes”. Males are more often affected than females, usually during early to middle adulthood. Serpiginous Choroidopathy is generally, although asymmetrically, bilateral and tends to recur after variable time. Presentation can be delayed until the macula becomes involved. Although speculative etiologic associations have been reported (ie. tuberculosis, autoimmunity, malignancy), Serpiginous Choroidopathy largely remains an idiopathic condition.

Purpose: To run through the major features of Serpiginous Choroiditis using a case report as an example.

Case Description: A 35-year old male patient with non-relevant past medical history presented to the emergency room with rapidly progressive painless metamorphopsia and clouding in his left eye; he had been symptomatic for 2 months. Fundoscopic examination revealed gray-white lesions displaced in a helicoid geographic pattern emanating peripherally from the peripapillary area and extending to the perifoveal area; inflammatory activity seemed relatively restrained. Vitreous transparency was maintained and there were no observable signs of retinal vasculitis. Extended blood work was carried out to exclude systemic autoimmunity and infection. Additional ophthalmologic workup included retinographic documentation, fundus autofluorescence, fluorescein and indocyanine green angiographies and optical coherence tomography. Fluorescein angiography was remarkable for residual inflammatory activity around the supramacular area which prompted treatment with systemic steroids to maintain disease control.

Discussion: Serpiginous Choroidopathy remains a rare clinical entity. Although recent etiologic associations have been assumed (largely with tuberculosis), Serpiginous Choroidopathy remains mostly idiopathic. Treatment decisions have been based on whether the macula is involved or not, with a positive decision to treat in case of the former. Treatment protocols are non-existent and most therapeutic regimens are either empirical or based on case series reports. Good functional outcomes have been reported after the application of various immunosuppressants such as steroids, azathioprine, cyclosporine and cyclophosphamide, used alone or in combination.