UNSW OPTOMETRY CLINIC

Central Serous Chorioretinopathy

Clinical data presented by courtesy of *Gurdeep Bidhesha*
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■ Patient

48 year-old Asian male
Patient presented to UNSW optometry clinic on February 19th, 2013

Chief Complaint: A constant 'shadow' in central vision of OS for 3-4 weeks following a 'flash' of light, sudden onset, painless, no associated injury or surgery.
Ocular Clinical History: SVN worn for near and computer use only. Vision ok in OD. (-) Headaches (-) Diplopia (-) Injury (-) Surgery (-) Vision therapy (-) Amblyopia.
General Medical History: (-) Diabetes mellitus (+) Hypertension stable with meds (+) Cholesterol (-) Allergies (-) ADR
Medications: Zanidip and Lipitor (-) Steroid use past or present
Family Ocular Clinical History: (-) Glaucoma, (+) Bilateral cat ext mum.
Family Medical History: (-) Diabetes mellitus (+) Hypertension mum
Vision: (OD) 6/9.0 (OS) 6/60
Rx: (OD) +0.75/-0.25*170 6/6 (OS) +1.75DS 6/9.0-2 NIPH Add +1.50 OD J1 OS J7
Cover Test: (D) 4xop wo rx (N) 6xop w rx
Pupils: DCN OD+OS No RAPD
Motility: SAFE
Confrontation: Central restriction OS
Amsler: (OD) full (OS) large central scotoma displaced nasally (Figure 1).
IOP: (OD) 19/19 (OS) 20/20 at 11.50 am with applanation tonometry
External: Lids and lashes clear OU, Cornea clear OU no NaFl staining, Conjunctiva grade 1.0 redness OU, Anterior chamber quiet OU, Early nuclear sclerosis changes OU, Iris clear OU, (-) Shafers Sign OU.

■ DFE

OD: small localised serous detachment just supero-nasal to macula (Figure 2).
OS: large Central Serous Chorioretinopathy (CSR) (Figure 3).

■ OCT

Significant thickening of OS macula region (Figure 4).
Large serous detachment in OS (Figure 5) with small localised detachment in OD (Figure 6).

■ Diagnosis

OD: small pigment epithelial detachment
OS: large CSR

■ Management

Patient was referred to a vitreo-retinal specialist due to the persistence of the left CSR i.e 4 weeks. The ophthalmologist confirmed the diagnosis of CSR. Hypertension was considered the main risk factor in this patient. The self-limiting nature of the condition was discussed with the patient. A six week review was booked with discussion of laser treatment if there was no resolution or if further deterioration occurred.
A report dated April 19th, 2013 was received from the eye specialist. A review of the bilateral CSR had been done. VA's OD 6/6 OS 6/18 (ph 6/18+2). Patient again opted for conservative management with a review in 2 months.A report received in July 2013 informed of two bouts of micropulse laser treatment OS. In February 2014 visions were OD 6/6 OS 6/7.5, with complete resolution of the serous retinal elevation and blood pressure was under good control.

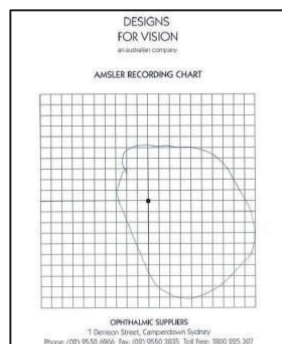

Figure 1.

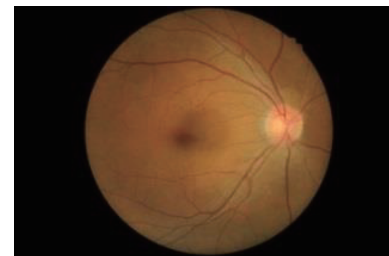

Figure 2.

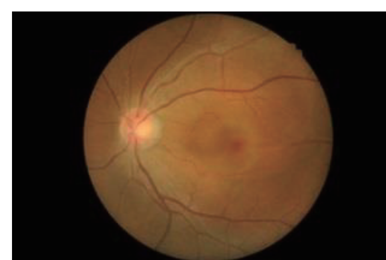

Figure 3.

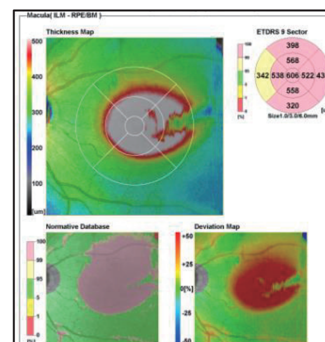

Figure 4.

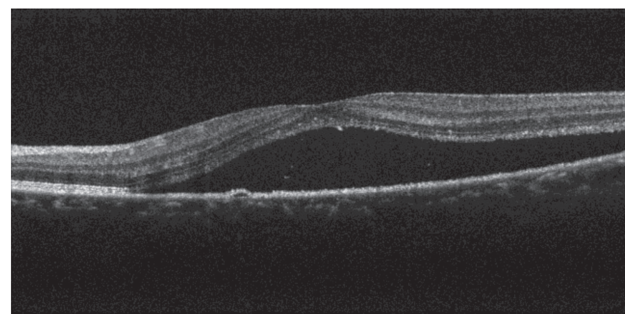

Figure 5.

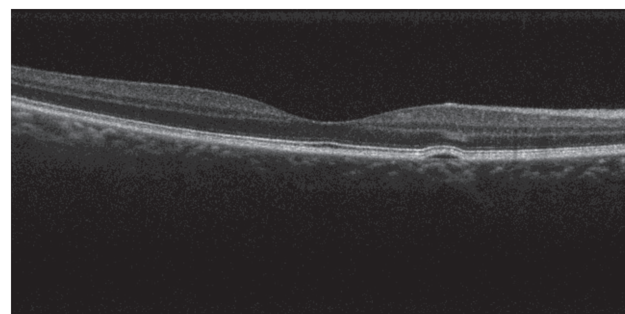

Figure 6.

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