

Choroidal Naevus

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

63 year-old Caucasian female
 Presented to clinic at February 7th, 2013

Chief Complaint: Possible change in NV. PAL's worn full-time. No issues with DV.

Ocular Clinical History: Left choroidal naevus found in 2005 and was examined by an ophthalmologist in 2006. Optomap and OCT imaging done at Centre for Eye Health in 2010. (-) Injury (-) Surgery (-) Headaches (-) Diplopia (-) Flashes/floaters.

General Medical History: Breast Cancer 2004 (+) Hypertension stable (-) Diabetes mellitus (-) Allergies (-) ADR

Medication: Enalapril 20mg

Family Ocular Clinical History: Mother (+) Cataract (+) AMD, (-) Glaucoma

Family Medical History: (+) Hypertension both parents (-) Diabetes mellitus

Va's/Rx: (OD)+1.75/-0.50*95 6/4.8-1(OS) +1.75/-0.25*100 6/6+1 Add +2.50 J1 OU at NV and iPad working distance

Cover Test: (D) 4 xopw rx (N) 6xop w rx

Pupils: DCN OD+OS No RAPD

Motility: SAFE

Confrontation: Full OU

External: Grade 2 MGD OU, Debris and grease in tear film with TBUT 8 secs OU, Cornea clear (-) SPK OU, Conjunctival grade 1 redness with bulbar dessication, Epimacula stars OU.

■ DFE

Posterior pole unremarkable in both eyes (Figure 1 and 2).
 OS supero-temporal periphery choroidal naevus 1.5x1.0 DD wide (Figure 3).

■ OCT

Carried out with Nidek revealed pigment proliferation and retinal layer disruption through lesion (Figure 4).
 Compared to OCT done via another company's OCT in 2010, no change in retinal lesion size or dimensions (Figure 5 and 6).

■ Diagnosis

Stable choroidal naevus. Small change in DV and NV rx. MGD with secondary dry eye signs, but no symptoms

■ Management

Patient reassured of the stability of retinal findings. Advised should dry eye symptoms occur, hotlid massages and ocular lubricants would be indicated. Advised to update PAL's with a review in 2 years.

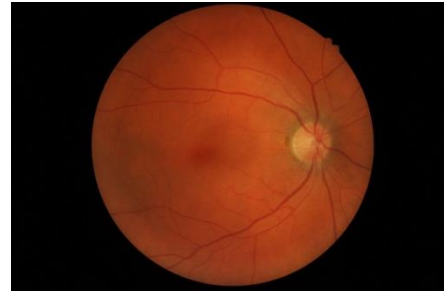


Figure 1.



Figure 2.

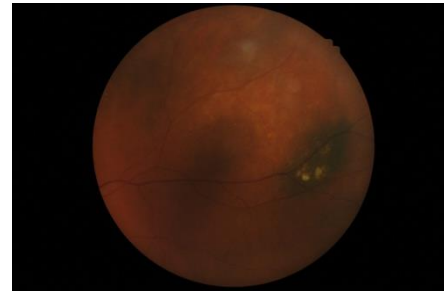


Figure 3.

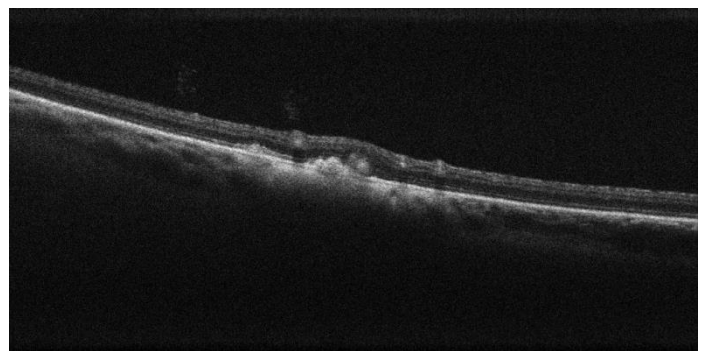


Figure 4.

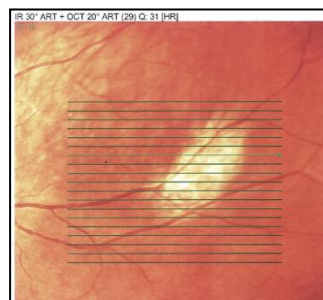


Figure 5.

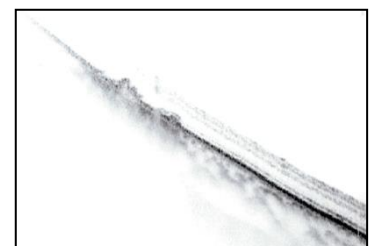


Figure 6.