

Pigment Epithelium Detachment

Clinical data presented by courtesy of Gurdeep Bidhessa
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■ Patient

55 year-old male of Middle Eastern descent
Presented to UNSW optometry clinic on January 31st, 2013

Chief Complaint: Patient required an RMS (Roads and Maritime) form to be completed by an optometrist as soon as possible.

Ocular Clinical History: Last eye exam 12 month ago. SVD spectacles worn driving, SVN occasional close work. DV+NV ok w/wo rx. (-) Headaches (-) Diplopia (-) Flashes/floaters. 30 years ago tennis ball injury OD damaged central vision, (-) Surgery (-) CL wear

General Medical History: (-) Diabetes mellitus (+) Hypertension (stable) (-) Allergies

Medications: Lisinopril and Crestor

Family Ocular Clinical History: (-) Glaucoma (-) AMD

Family Medical History: (-) Diabetes mellitus (-) Hypertension

Old Rx: (SVD) OD -0.50DS Count fingers @ 30cm OS -1.25DS 6/7.5

New Rx: (OD) -0.75/-1.25*170 6/120 (with eccentric fixation) (OS)

-1.25DS 6/6-1 NIPH Add +2.25 OS N5 at 40cm

Cover Test: Ortho D+N with no right fixation

Pupils: DCN OD+OS No RAPD

Motility: SAFE

Confrontation: Full peripheral OU, No central field OD

External: Grade 1.0 MGD along lids margins OU, Grade 1.0 nuclear sclerosis OU, Patient returned to clinic February 5th, 2013 for dilated fundus exam

■ Visual fields

OD central scotoma, OS low reliability, scattered points flagged in superior field on Pattern Deviation (Figure 1).

■ DFE

OD central macula scar, OS small localised pigment epithelium detachment with single drusen inferior. Slight cup disc ratio asymmetry OD>OS (Figure 3 and 4).

■ OCT

OD: distorted macula profile secondary to scarring (Figure 5).

OS: small localised PED (Figure 6).

■ Diagnosis

OS: pigment epithelium detachment

■ Management

Patient referred to see vitreo-retinal ophthalmologist the following week. Patient was diagnosed with bilateral multifocal serous pigment epithelial detachments (idiopathic or possible secondary to chronic serous chorioretinopathy). Patient had fundus fluorescein angiography which confirmed that there was no underlying choroidal neovascularization (Figure 7).

No specific treatment was indicated, except to be reviewed in one year with regular monitoring of the Amsler grid.

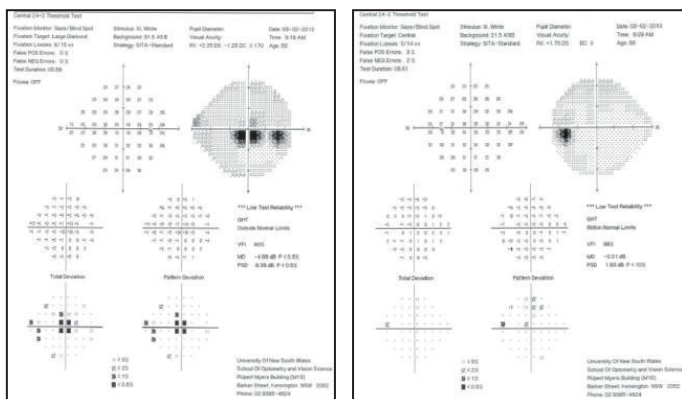


Figure 1.



Figure 3.



Figure 4.

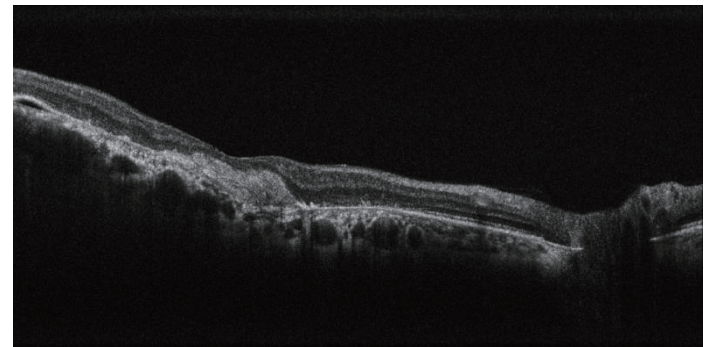


Figure 5.

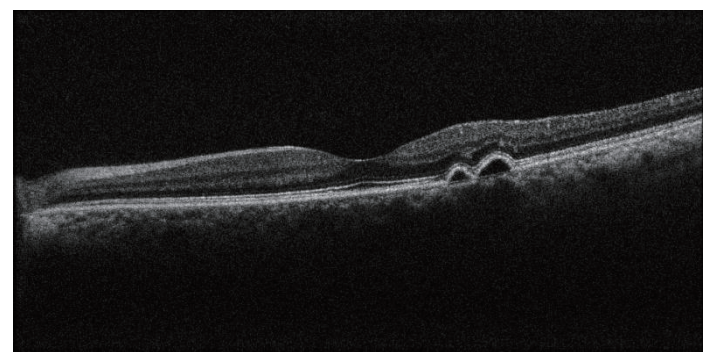


Figure 6.

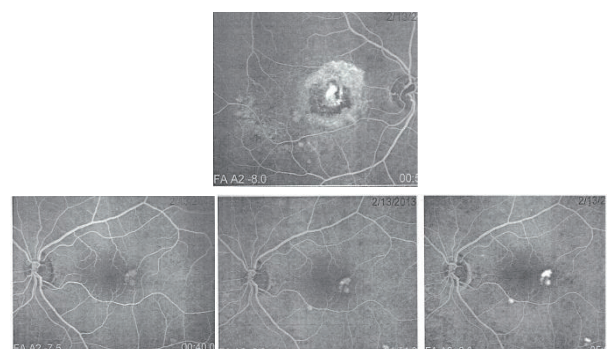


Figure 7.