



PERIPHERAL HEMORRHAGIC EXUDATIVE CHORIORETINOPATHY

Isabela Feltrin Romano¹; Paulo Henrique de Horizonte²; André Marcelo Vieira Gomes³; Caroline Davoglio de Mello¹; Amanda Venturini Arantes¹; Carolina Maria B. Lemos⁴; Walther Campos Neto⁴

1. Residents of the 3rd year in Instituto Suel Abujamra. 2. Retina Surgery Fellow of the 1st year at the Instituto Suel Abujamra. 3. Head of the Retina and Vitreous sector at the Instituto Suel Abujamra. 4. Residents of the 2nd year in Instituto Suel Abujamra

PURPOSE

Report a case of Peripheral Hemorrhagic Exudative Chorioretinopathy.

INTRODUCTION

Peripheral Hemorrhagic Exudative Chorioretinopathy (PEHCR) is an uncommon degenerative process, usually bilateral and symmetric in older patients and most common in caucasians.¹ Some authors consider it to be a version of age-related macular degeneration and others believe that it is a specific variant of polypoidal choroidal vasculopathy. It is characterized by the deposition or atrophy of the retinal pigment epithelium (RPE), exudation or sub-retinal bleeding and rarely by vitreous hemorrhage. PEHCR can simulate an inflammatory process, a macroaneurysm and even a choroidal melanoma. It usually presents itself as an elevated mass, usually temporal, between the equator and ora serrata, involving 1 or 2 quadrants.

METHODS

Medical record review.

RESULTS

Woman, 80 years old, hypertensive, with a history of ocular trauma in the right eye (RE) in childhood and vitrectomy in the left eye (LE) 6 years ago because of vitreous hemorrhage. Reports low visual acuity (VA) in the LE since 1 week.

THE EXAM:

VA with correction RE: Hand Movements, LE: 20/80.

Biomicroscopy: RE: Paracentral corneal leucoma and total cataract. LE: Pseudophakia

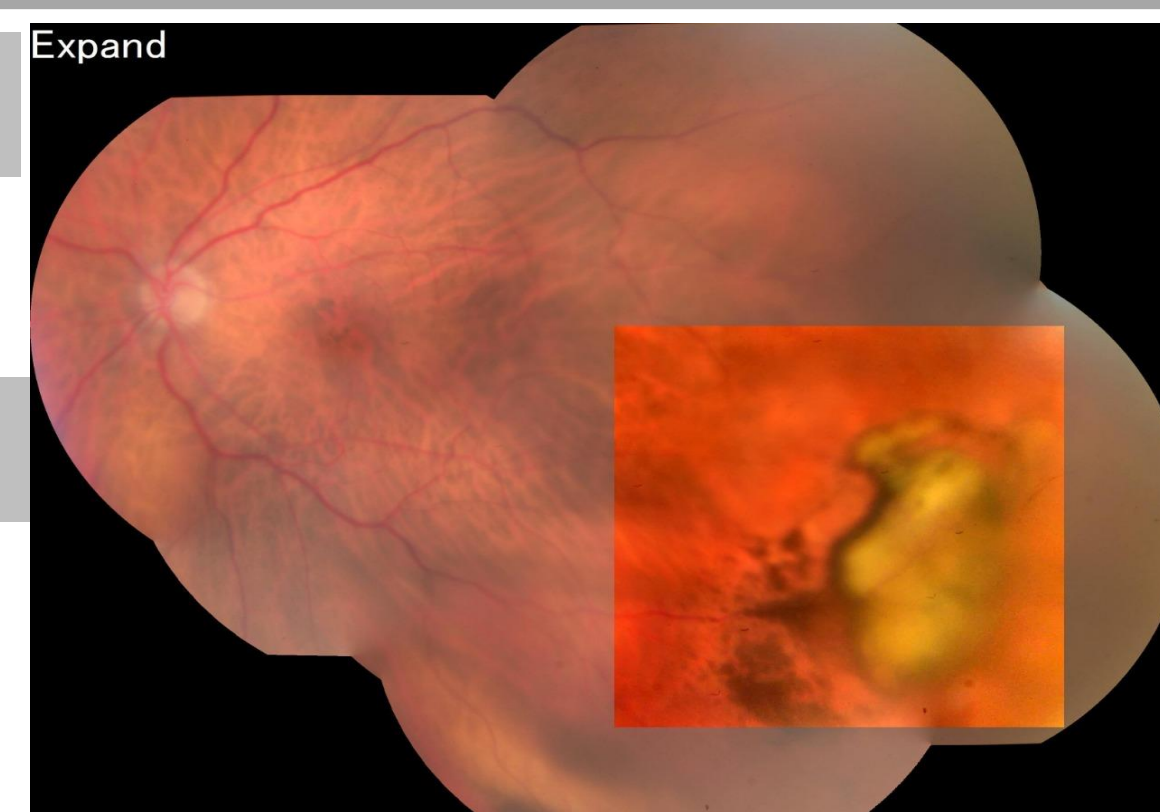


Fig 1, 2 : Retinography and Fluorescence angiography of the left eye.

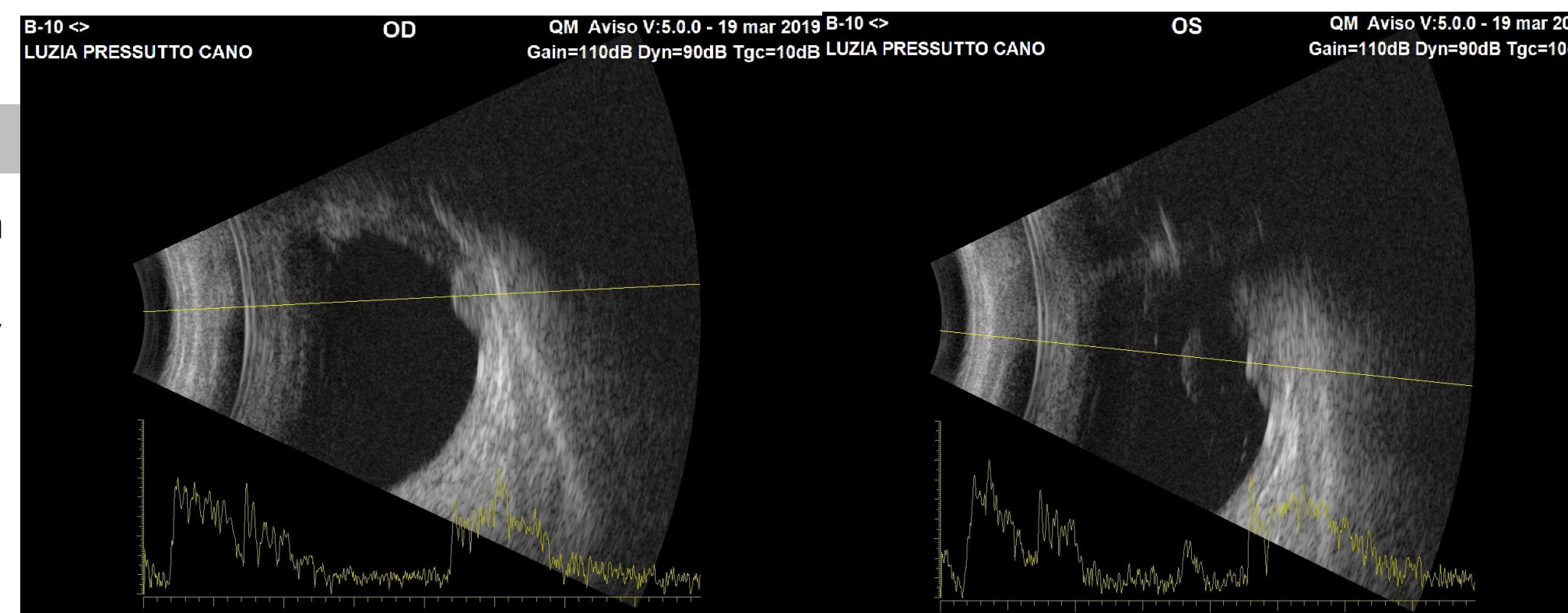
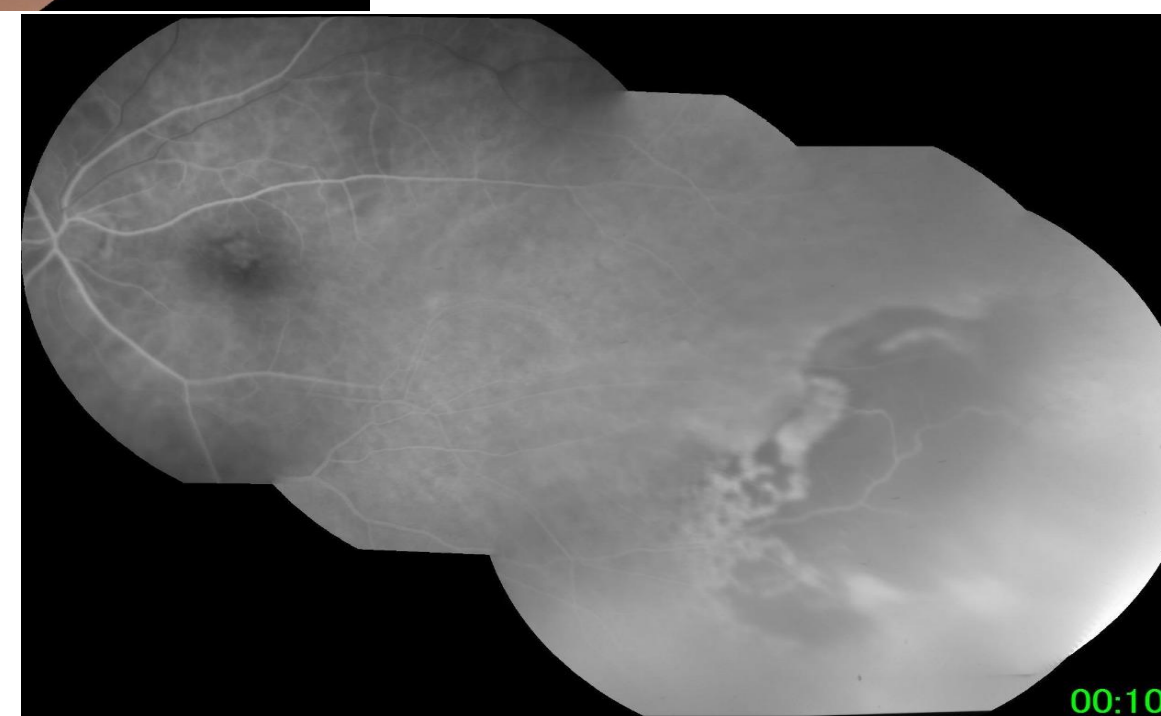


Fig 3 and 4: Ultrasound of both eyes

Fundoscopy: RE: Impossible; LE: clear vitreous, pigment deposition; yellowish lesion at 15h, associated with sub-retinal bleeding at the edges. Ultrasound: RE: raised lesion in the temporal periphery with irregular surface and irregular echoes; slightly elevated papilla.

LE: Abundant mobile vitreous cortex in the cavity, raised lesion in the temporal periphery, very irregular and acoustically heterogeneous interior.

DISCUSSION

In comparison with the others differential diagnosis, in the melanoma, the mass is usually located between the macula and equator and affects less than 1 quadrant, in addition to being most-commonly a unilateral lesion.² Many eyes with PEHCR have macular or peripheral degenerative characteristics, such as drusens, change in the RPE and choroidal neovascularization.¹ Most cases resolve spontaneously, with atrophy and hyperplasia of the RPE remaining, in addition to fibrosis. The present case involved a white, elderly woman with fundoscopic and ultrasound findings simulating a choroid melanoma, but she presented clinical and epidemiological characteristics corroborating a PEHCR diagnosis.²

BIBLIOGRAPHY

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