PUNCTATE INNER CHOROIDOPATHY
CASE REPORT

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PURPOSE

To describe a case of Punctate Inner Choroidopathy.

INTRODUCTION

Punctate inner choroidopathy (PIC) is a bilateral ocular inflammatory disease that mostly affects young, healthy and myopic women (1). Although the etiology has remained uncler, PIC was proposed to be a variant of multifocal choroiditis and panuveitis.

Little anterior segment or vitreous inflammation occurs (1). Bilateral white-yellow chorioretinal lesions develop at the level of the inner choroid and retinal pigment epithelium (RPE), and rarely extend to the midperiphery. They are usually bilateral, tough asymmetric. They progress to atrophic scars and appear punched-out. Choroidal neovascularization (CNV) can occur as a frequent complication of this condition.

Diagnosis is based on typical ocular findings; laboratory evaluation is usually not helpful.

METHODS

Medical records review.

CASE REPORT

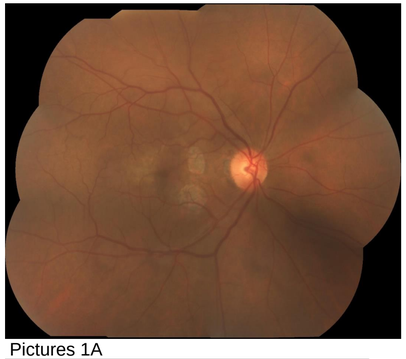
A 59-year-old-woman was referred to our service due to changes in the fundoscopy of her both eyes. She had no visual complaints at this time.
On ophthalmological examination, best corrected visual acuity (BCVA) was 20/30 in both eyes. There was no remarkable findings in the slit lamp examination.
Fundoscopy of her both eyes showed normal optic disc, perifoveal atrophy and scattered punched-out lesions throughout the posterior pole (Pics 1A and 1B).

CASE REPORT

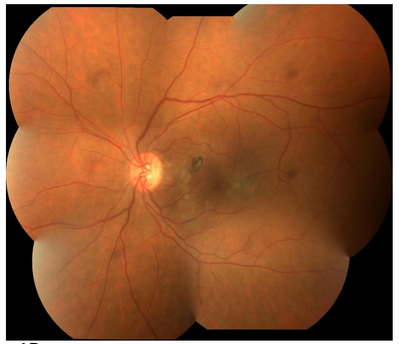
Spectral domain OCT revealed fragmentation of the external plexiform layer and areas of retinal thinning.(Pics 4A and 4B).

FA showed hyperfluorescence due to window defects, compatible with areas of atrophy of the RPE caused by the chorioretinal lesions (Pics 3A and 3B). Hyperautofluorescence was observed in the areas of fresh lesions and hypoautofluorescent spots were seen on the corresponding areas of chorioretinal atrophy(2) (Pics 2A and 2B).

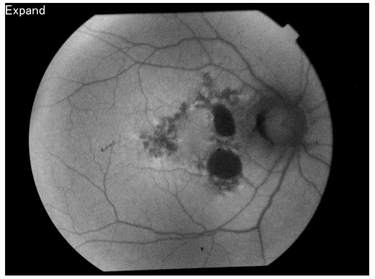
As this patient's ophthalmologic findings were all chronic, a six-monthly follow-up was carried out to evaluate the evolution, since the patient did not present signs of complications.



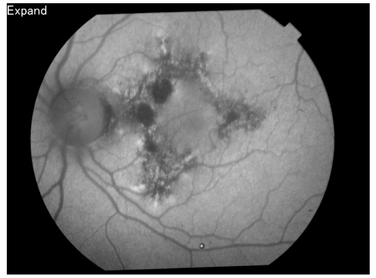
Pictures 1A



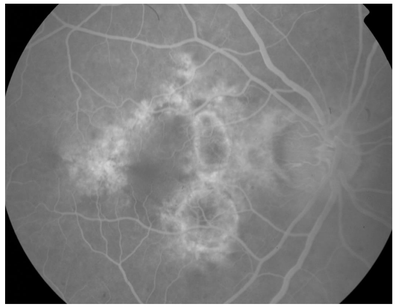
1B



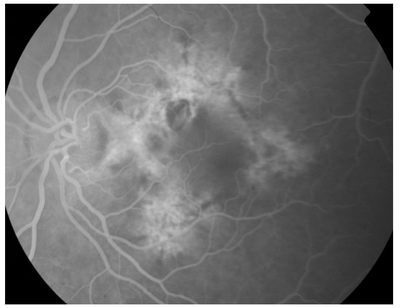
Pictures 2A



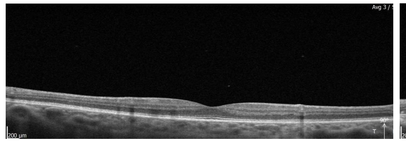
2B



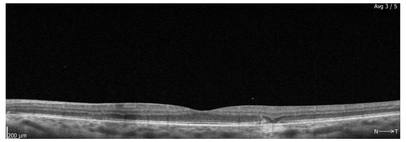
Pictures 3A



3B



Pictures 4A



4B

DISCUSSION

No treatment is advised for the majority of patients with PIC when there is no evidence of CNV. Visual prognosis is generally good, and depends on the status of the macula.
In acute cases, treatment is aimed at inflammation and its sequelae. Medical therapy includes topical, periocular, intraocular, or systemic corticosteroids; anti-VEGF for CNV, and immunosuppression in selected cases (2).

BIBLIOGRAPHY

1. Ryan's RETINA Sixth Edition – volume II - Section 2: Retinal Vascular Desease ; 59 – Coast Desease ; ELSEVIER, 2018.
2. YANOFF, Myron; DUKER, Jay S. **Ophthalmology**: Yanoff-Duker. 4th. ed. [*S. l.*]: Elsevier, 2014