



Impact on Visual Acuity of Patients with Angioid Streaks: A serie of cases

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PURPOSE

To describe a serie of angios streaks cases.

INTRODUCTION

Angioid streaks (ASs) were first described by Doyne in 1889 as irregular radiating lines extending from the disc to the periphery. They occur from ruptures in a calcified bruch membrane(1). They can be idiopathic or 50% is associated with elastic pseudoxanthoma (EP) followed by Ehlers-Danlos syndrome, Paget's disease and sickle cell anemia. Visual loss occurs due to choroidal neovascularization(CNV)(1).

METHODS

Medical records review.

RESULTS

Case 1:J.S,51 years old, best visual correction (BVC)was 20/200 in both eye, fundus examination presented pigmentary alterations of the "Peau d'orange" .Fluoresceinangiography (FA) showed a few points of hyperfluorescence .Case 2: J.B,58 years old, BVC was 20/200 in both eyes. Fundoscopy showed ASs with macular scar of subretinal neovascular membrane.AF showed hyperfluorescence diffuse. Case 3: B.N,age 64 presented BVC 20/200 in the right eye (RE)and 20/40 in the left eye(LE).Fundoscopy showed ASs around the optic disc in both eyes and was observed extensive macular subretinal neovascular membrane (MNVSR) healed without CNV in the RE.

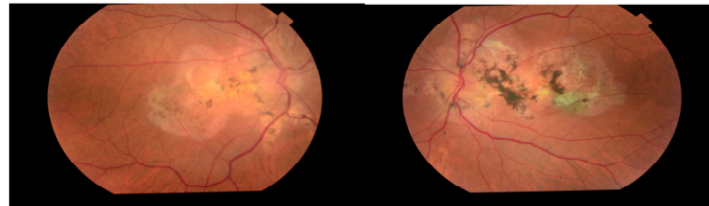


Fig. 1 and 2: Retinography of Case 1.

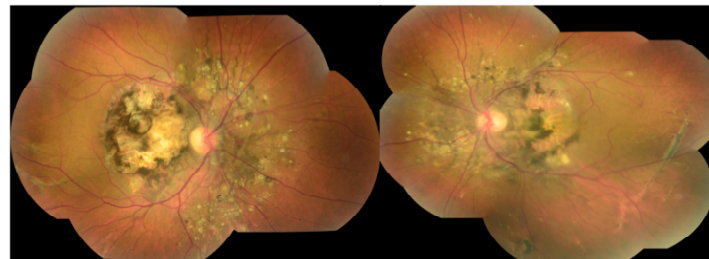


Fig 3 and 4 : Retinography of Case 2.

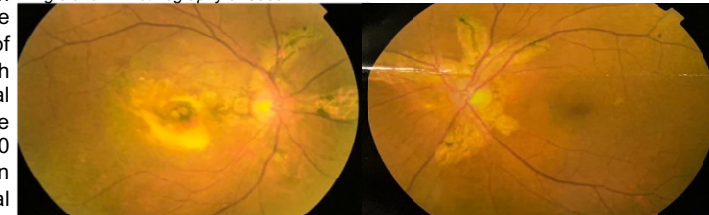


Fig 5 and 6 : Retinography of Case 3.

DISCUSSION

ASs are usually asymptomatic but It is important to remember that all patients with ASs should be screened for potential systemic associations(1). In the case of the patient with Peau d'orange was discarded EP. The incidence of CNV secondary to angioid streaks lies between 42% and 86%, while it occurs bilaterally even asymmetrically up to 71%.36(2). Usually, subretinal CNV (type 2) is seen. Added to that it is known that CNV is one of the conditions that leads the loss of vision, so If CNV is detected, the management options include laser photocoagulation, photodynamic therapy (PDT), transpupillary thermotherapy (TTT), macular translocation surgery, and anti-vascular endothelial growth factor (anti-VEGF) agents(2,3). In the reported cases no treatment was proposed because the membranes were already healed.

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