

# CASO CLÍNICO

E1 THAÍS BASTOS

# CASO CLÍNICO

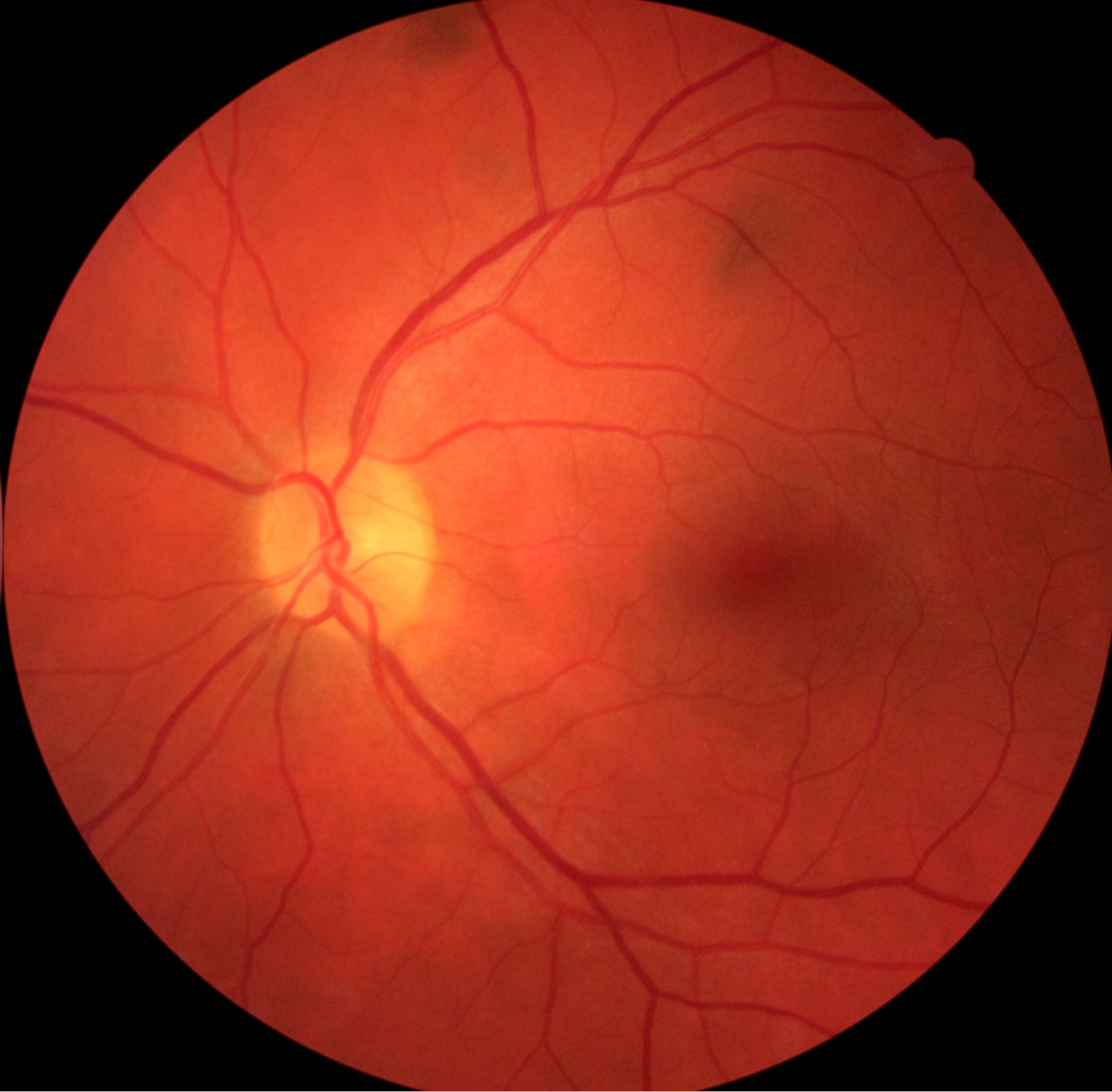
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- 47 ANOS, masculino
- Encaminhado por nevus de coroide com sangramento.  
Queixa de moscas volantes OD  
Fazia seguimento clínico do nevus há 4 anos
- AP: has, dislipidemia

# EXAME

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- AV: 20/25  
20/20
- BIO: S/ ALT



# HIPÓTESE DIAGNÓSTICA

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- NEVUS DE COROIDE

- SANGRAMENTO

- POLIPOIDAL?

- MNVSR SECUNDÁRIA?

- MALIGNIZAÇÃO?

- CD: EXAMES COMPLEMENTARES

”To Find Small Ocular Melanoma Using Helpful Hints Daily”

T: THICKNESS > 2MM: ?

F: fluid (subretinal): +

S: symptoms: +

O: orange pigment: -

M: margin < 3mm OD: +

UH: ultrasound hollowness: ?

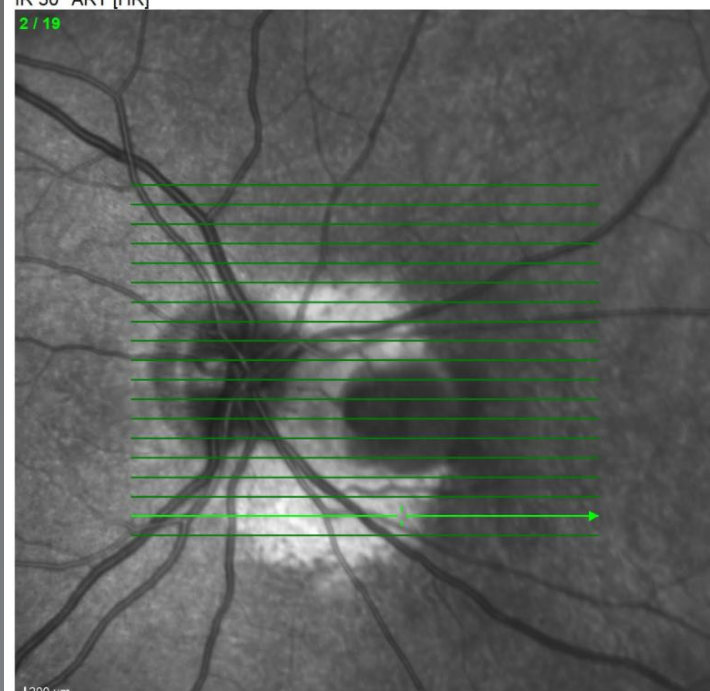
H: absence of halo: +

D: absence of drusen: -



IR 30° ART [HR]

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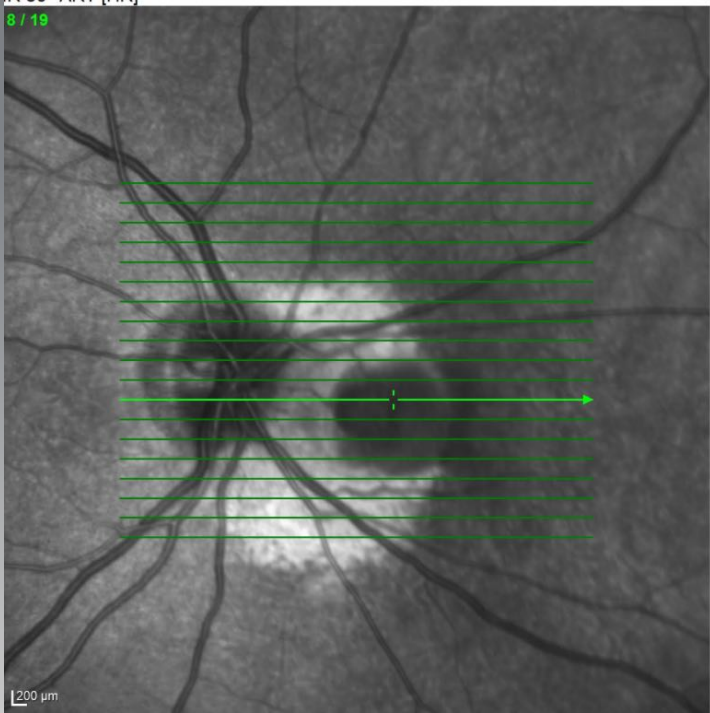


OCT 20° (5.9 mm) ART (25) Q: 28 [HR]

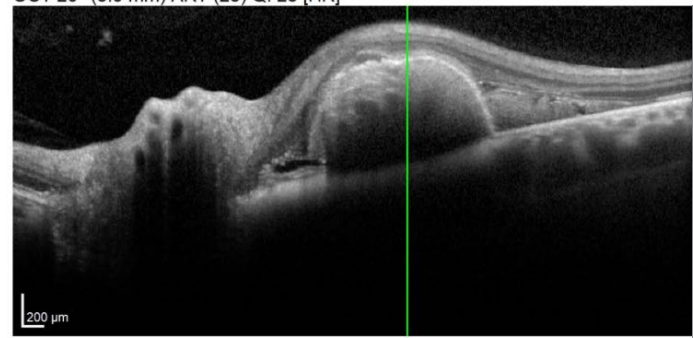


IR 30° ART [HR]

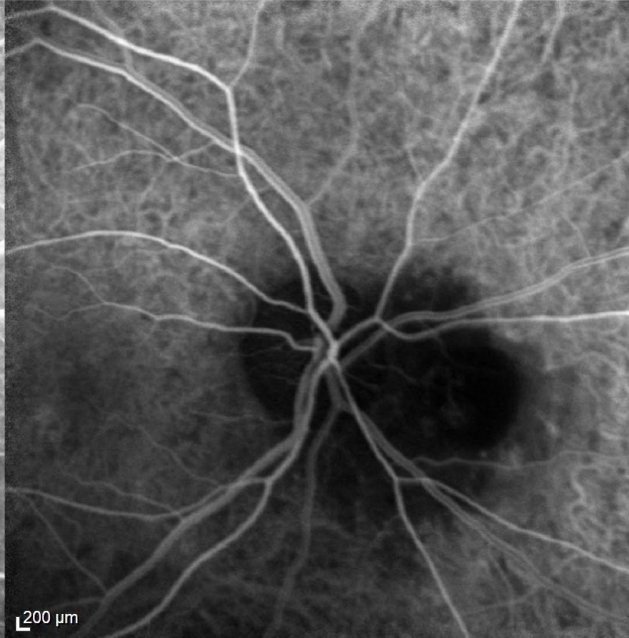
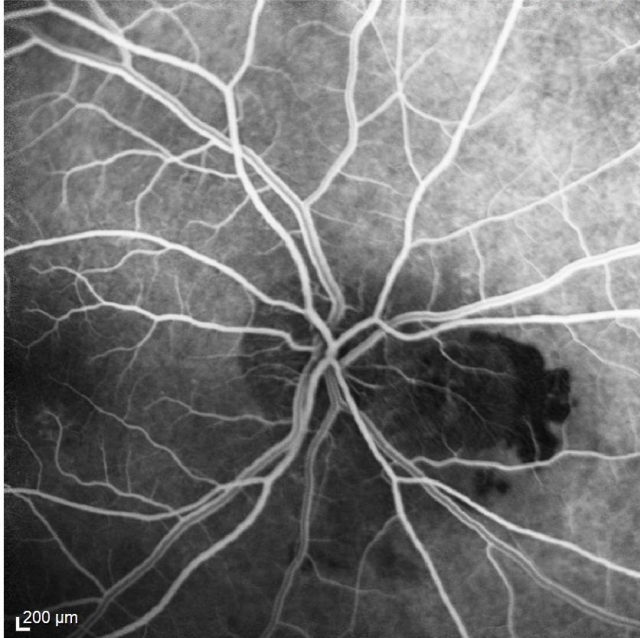
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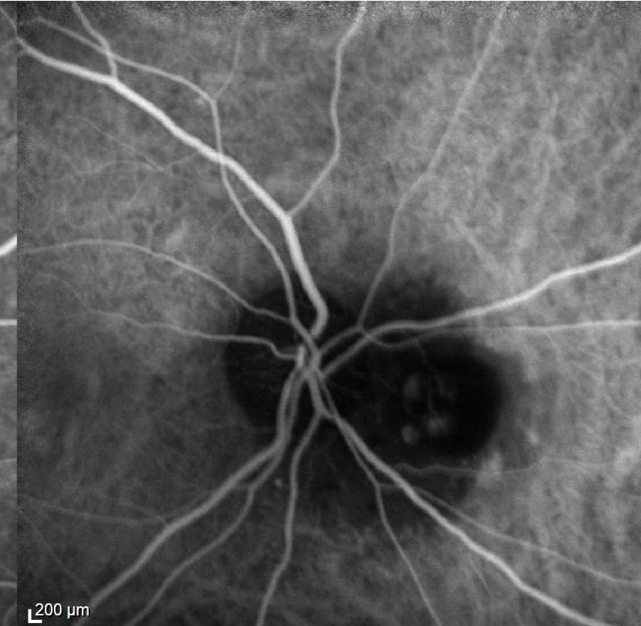
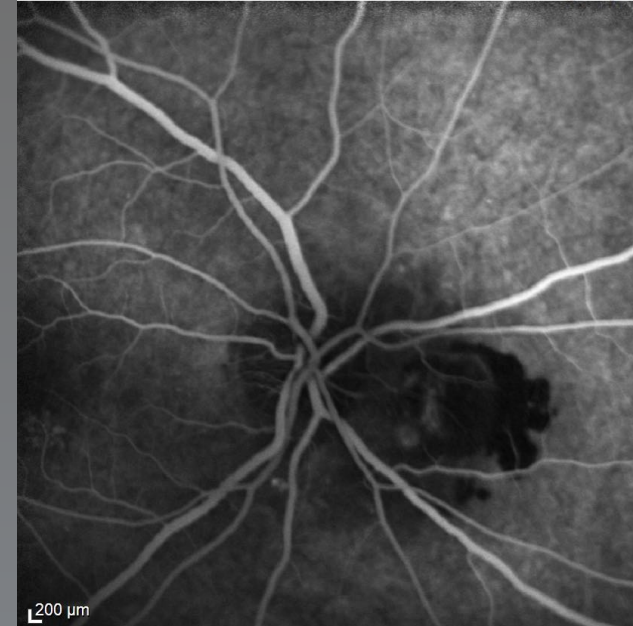
OCT 20° (5.9 mm) ART (25) Q: 25 [HR]



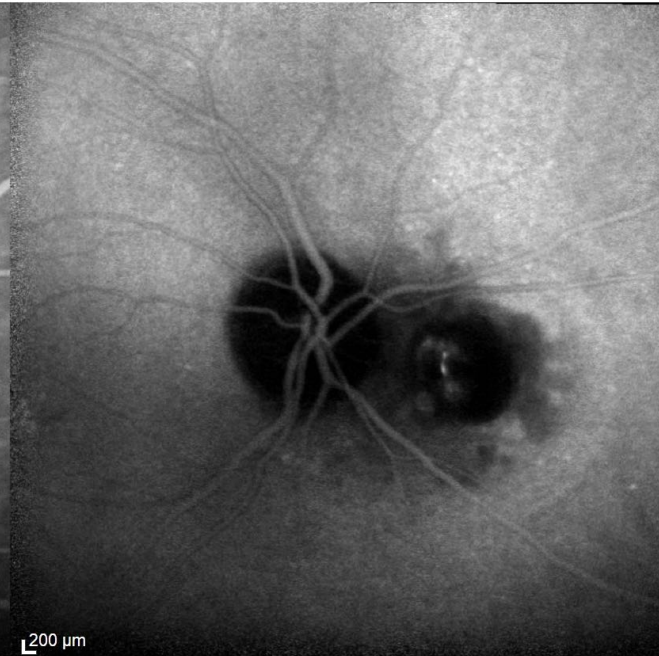
FA 387:58.17 30° ART + ICGA 387:58.15 30° ART [HS]



FA 388:34.47 30° ART + ICGA 388:34.44 30° ART [HS]



FA 396:22.89 30° ART + ICGA 396:22.87 30° ART [HS]





CASE REPORT

Open Access



# Choroidal nevus and polypoidal vasculopathy: case series

Karlos Ítalo S. Viana<sup>1</sup>, Pedro F. Dalgarrondo<sup>1</sup>, Zelia Correa<sup>2</sup> and Rodrigo Jorge<sup>1\*</sup> 

## Abstract

**Background:** To report an association between choroidal nevus and polypoidal choroidal vasculopathy (PCV) in three patients.

**Case presentation:** We have encountered 3 isolated patients in our center presenting with subretinal exudation and a choroidal nevus that were thoroughly evaluated by slit lamp biomicroscopy, fundus photos, Fluorescein angiography (FA), indocyanine green angiography (ICG), B-scan ultrasound, and optical coherence tomography (SD-OCT—Heidelberg). The classic features of choroidal neovascularization seen on PCV were present in all 3 patients, all of whom had a substantial response to intravitreal antiangiogenic agent. OCT, Fluorescein and ICG Angiography, and Fundus autofluorescence (FAF) revealed similar findings in all cases.

**Discussion and conclusions:** We have identified a clinical pattern of PCV and choroidal nevus that can be diagnosed early using fluorescein angiography, ICG and OCT.

**Keywords:** Antiangiogenic, Autofluorescence, Choroidal nevus, Polypoidal choroidal vasculopathy, Retinal pigmental epithelial detachment



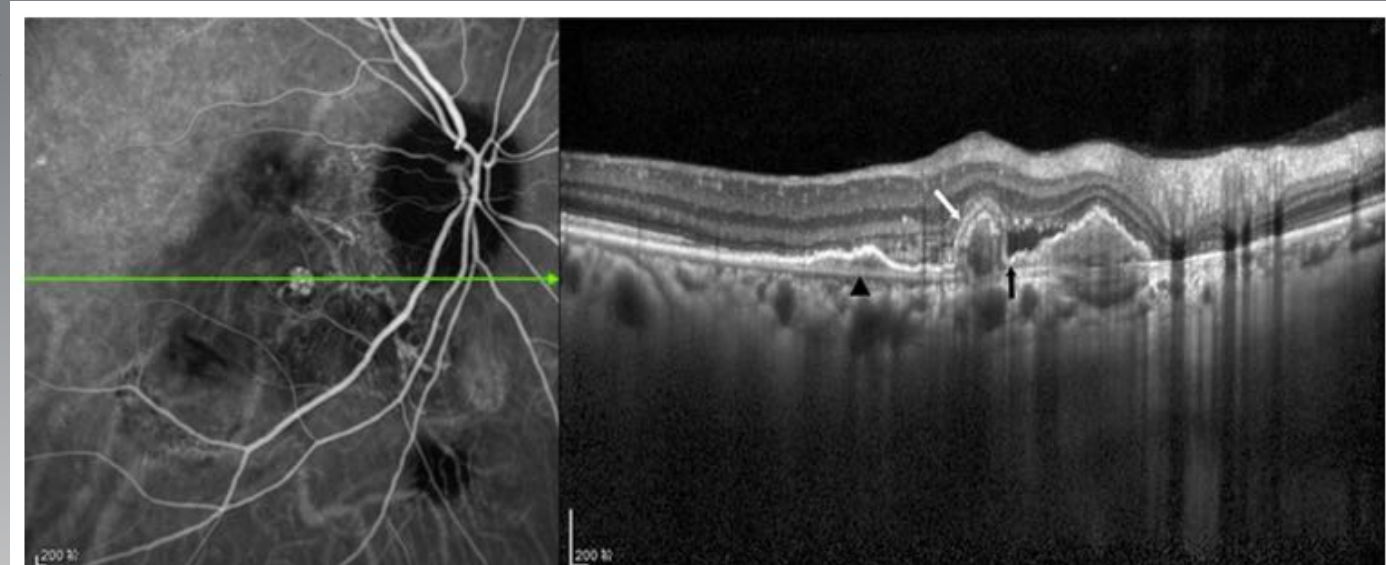
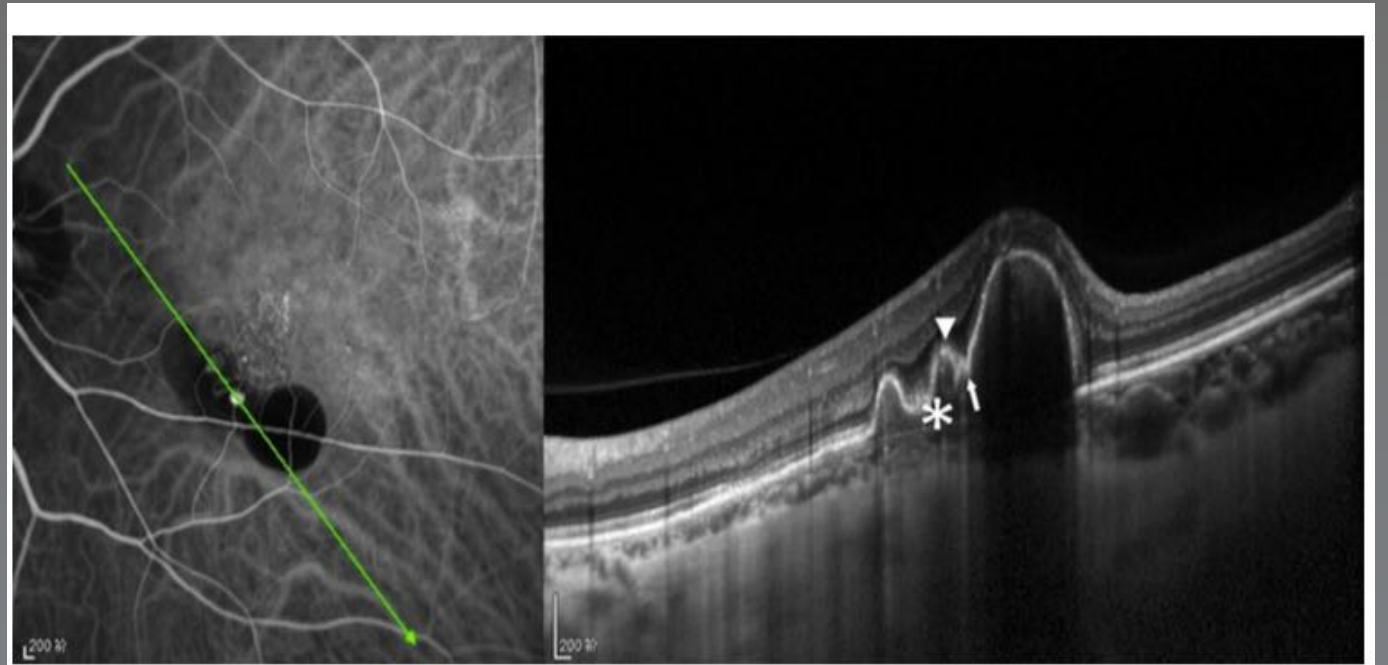
# POLIPOIDAL

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- **NOME ATUAL:** NEOVASCULARIZAÇÃO ANEURISMÁTICA TIPO I
- **DEFINIÇÃO:** ramificação anormal de vasos ( BRANCHING VASCULAR NETWORK), com dilatações aneurismáticas
- **CLÍNICA:** quadros recorrentes de maculopatia serossanguinolenta  
NOS OCIDENTAIS: REGIÕES PERIDISICAIS
- **ACHADOS:** ausência de drusas e alterações pigmentares coróide espessa (ESPECTRO PAQUICOROIDE?)
- **EXAME PADRÃO-OURO:** ICG

# OCT

- SINAL DA DUPLA CAMADA
- MULTIPLOS DEP
- PED COM ÂNGULO RETO
- PED EM POLEGAR
- PAQUIVASOS E PAQUICOROIDE





# Polypoidal Choroidal Vasculopathy

## *Definition, Pathogenesis, Diagnosis, and Management*

Chui Ming Gemmy Cheung, FRCOphth,<sup>1,2</sup> Timothy Y. Y. Lai, MD,<sup>3</sup> Paisan Ruamviboonsuk, MD,<sup>4</sup> Shih-Jen Chen, MD,<sup>5</sup> Youxin Chen, MD,<sup>6</sup> K. Bailey Freund, MD,<sup>7,8</sup> Fomi Gomi, MD,<sup>9</sup> Adrian H. Koh, MD,<sup>10</sup> Won-Ki Lee, MD,<sup>11</sup> Tien Yin Wong, FRCS, PhD<sup>1,2</sup>

Polypoidal choroidal vasculopathy (PCV) is an age-related macular degeneration (AMD) subtype and is seen particularly in Asians. Previous studies have suggested disparity in response to intravitreal injections of anti-vascular endothelial growth factor (VEGF) agents between PCV and typical AMD, and thus, the preferred treatment for PCV has remained unclear. Recent research has provided novel insights into the pathogenesis of PCV, and imaging studies based on OCT suggest that PCV belongs to a spectrum of conditions characterized by pachychoroid, in which disturbance in the choroidal circulation seems to be central to its pathogenesis. Advances in imaging, including enhanced depth imaging, swept-source OCT, en face OCT, and OCT angiography, have facilitated the diagnosis of PCV. Importantly, 2 large, multicenter randomized clinical trials evaluating the safety and efficacy of anti-VEGF monotherapy and combination with photodynamic therapy (PDT) recently reported initial first-year outcomes, providing level I evidence to guide clinicians in choosing the most appropriate therapy for PCV. In this review, we summarize the latest updates in the epidemiologic features, pathogenesis, and advances in imaging and treatment trials, with a focus on the most recent key clinical trials. Finally, we propose current management guidelines and recommendations to help clinicians manage patients with PCV. Remaining gaps in current understanding of PCV, such as significance of polyp closure, high recurrence rate, and heterogeneity within PCV, are highlighted where further research is needed. *Ophthalmology* 2017;■:1–17 © 2017 by the American Academy of Ophthalmology

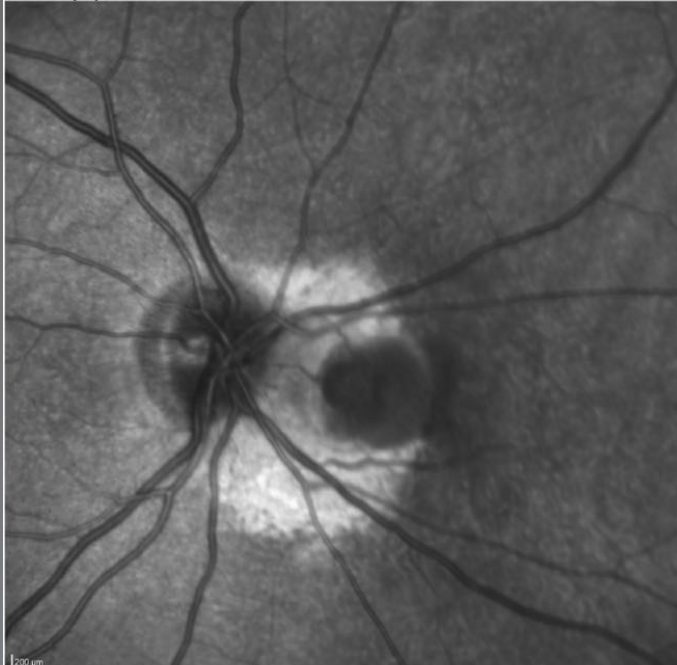
# TRATAMENTO

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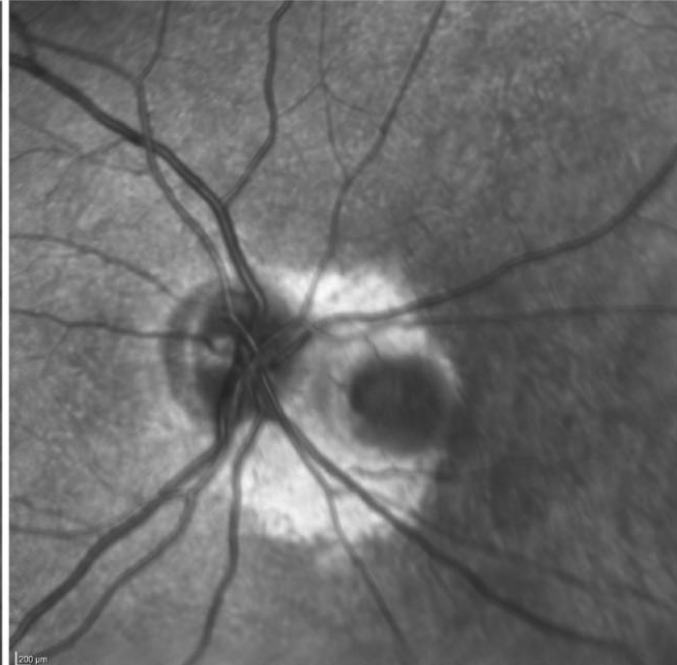
- LASER FOCAL
- PDT: maior taxa de fechamento dos pólipos
- ANTI-VEGF: melhor ganho de visão  
AFLIBERCEPT: PRIMEIRA OPÇÃO
  
- OBS:
- Não há relação entre fechamento dos pólipos e acuidade visual
- Não há estudos comparativos entre os anti-VEGF



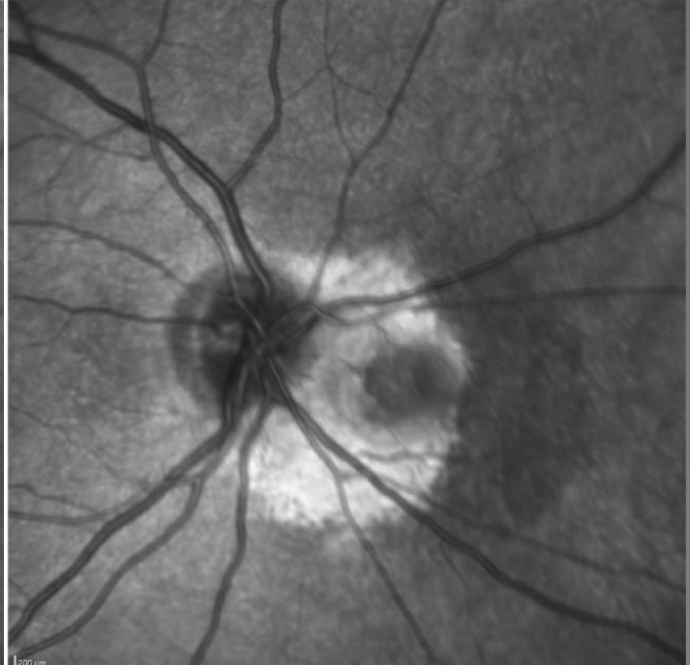
IR 30° ART [HR]



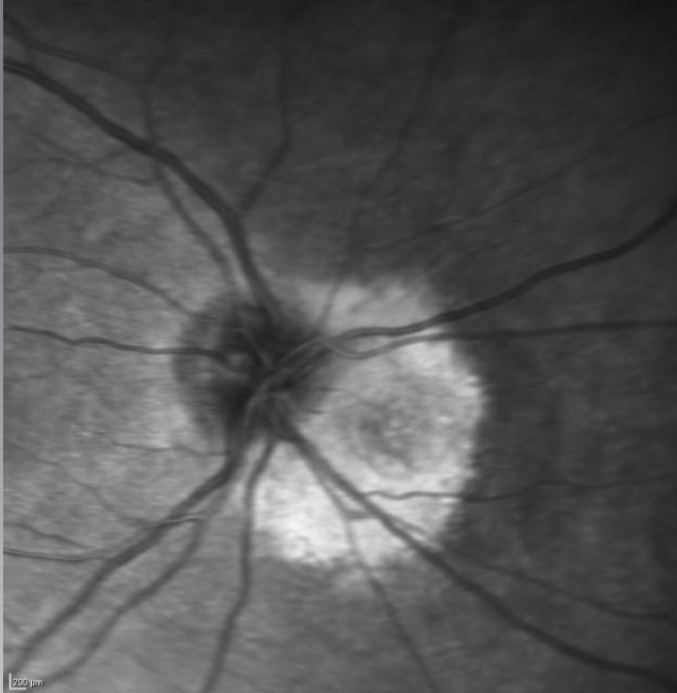
IR 30° ART [HR]



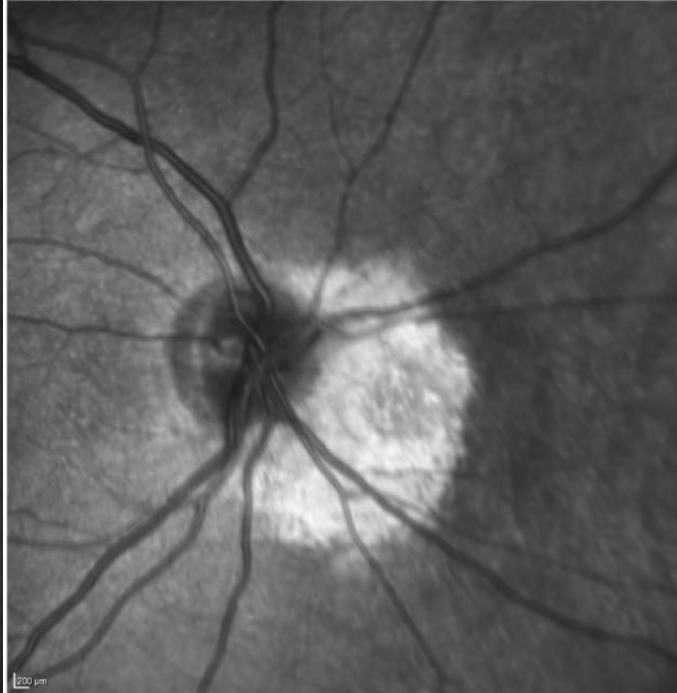
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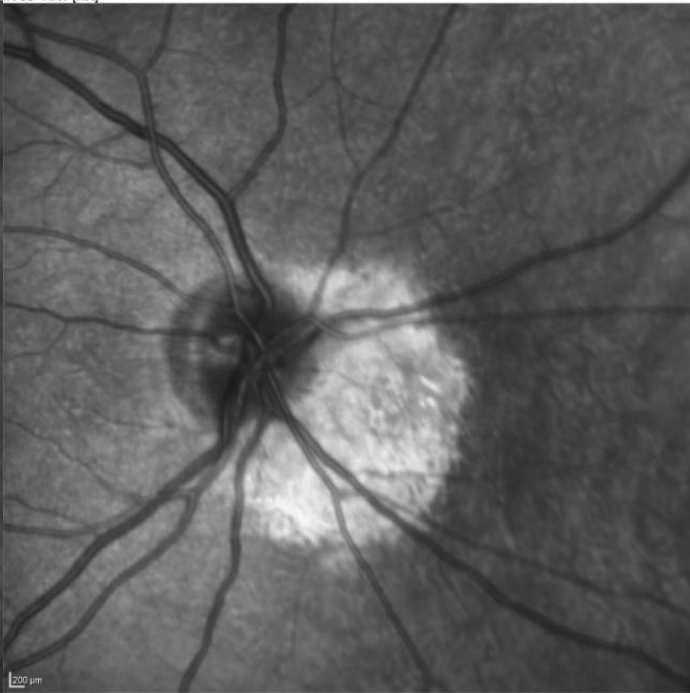
IR 30° ART [HR]



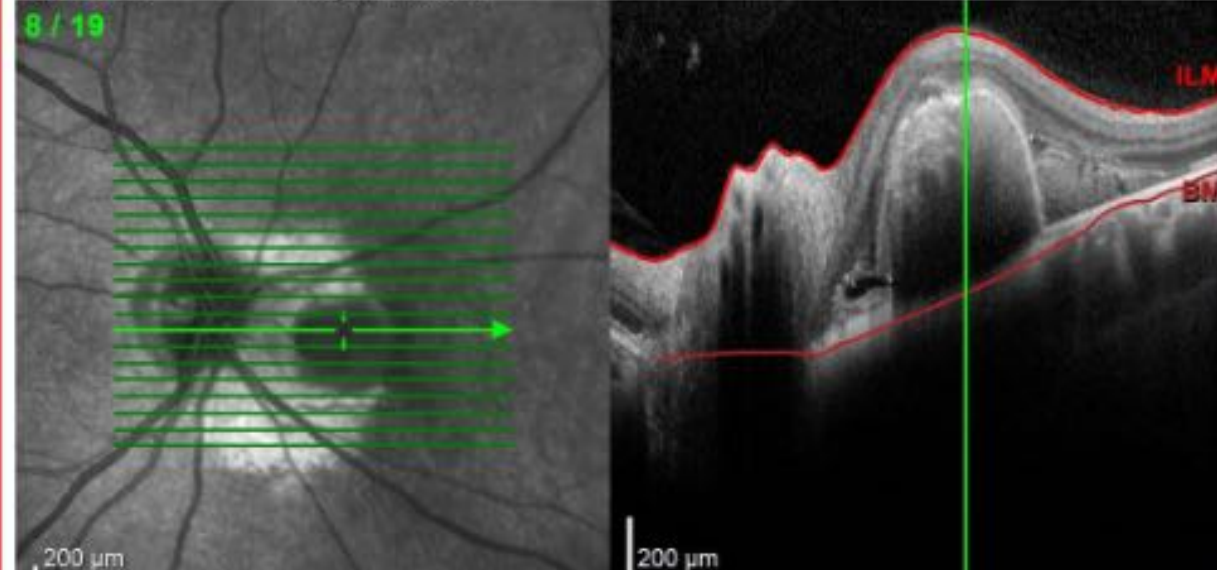
IR 30° ART [HR]



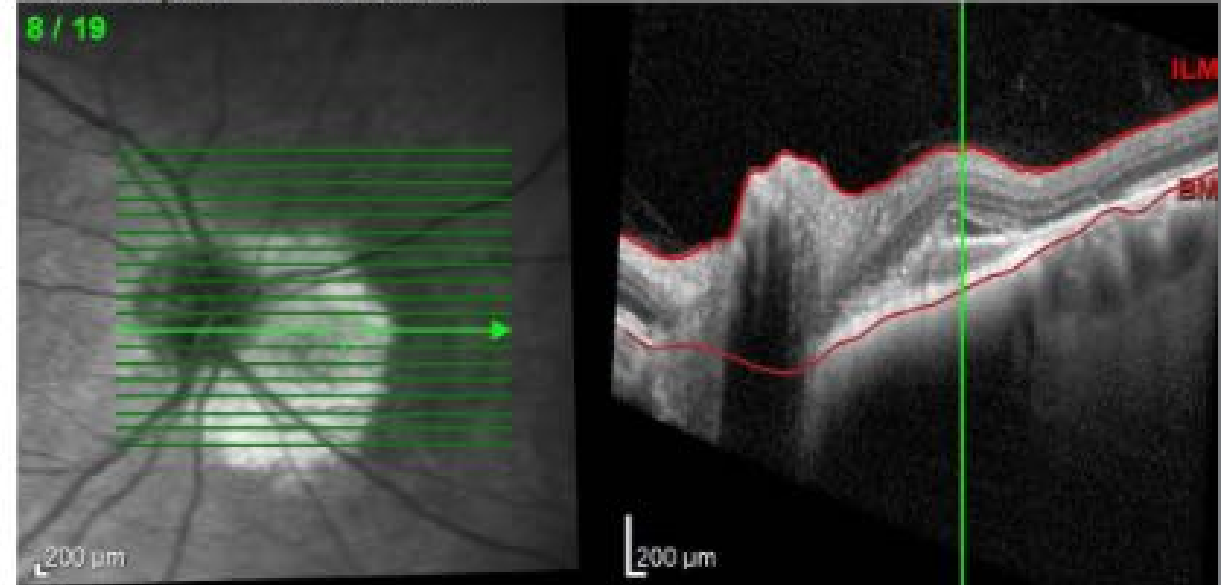
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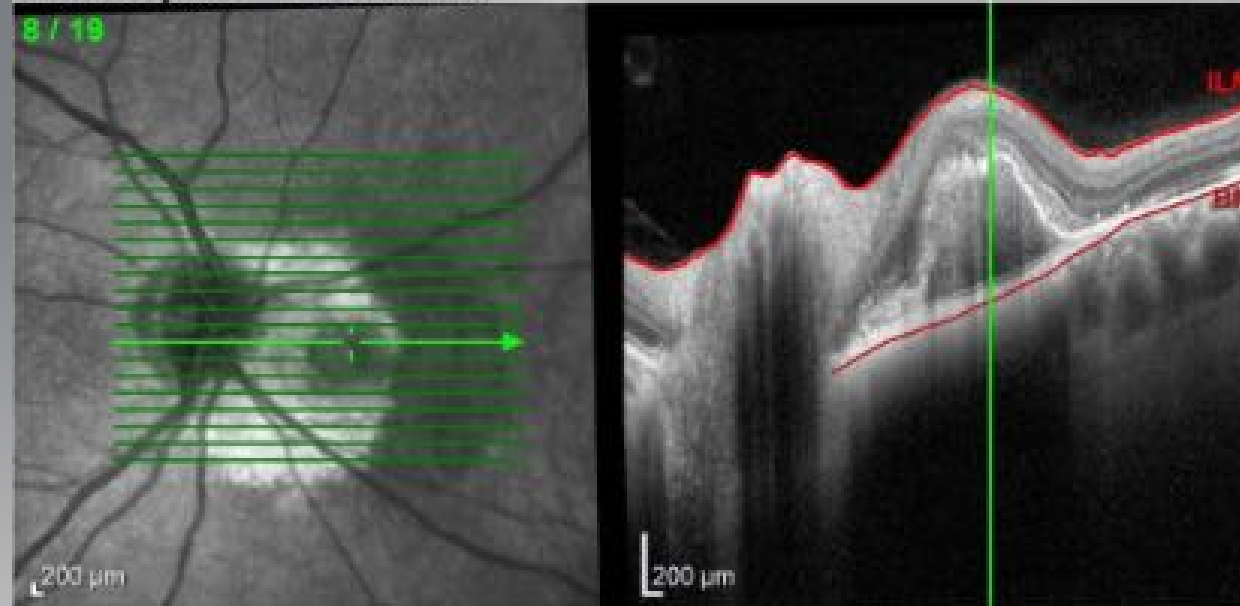
Baseline Sep/11/2017



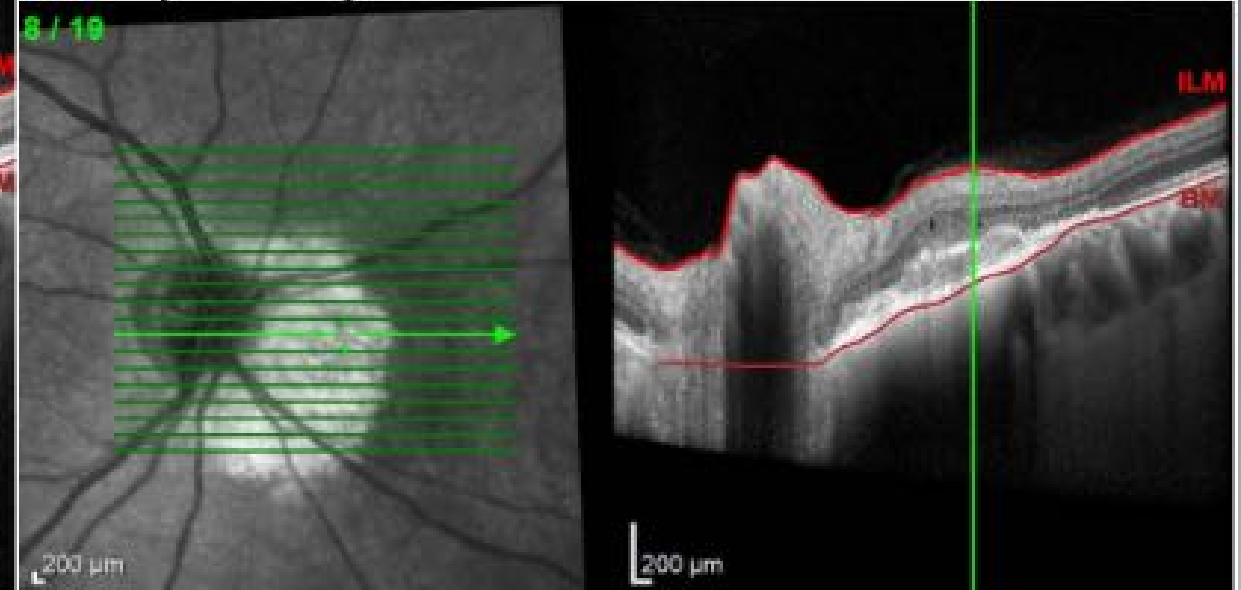
Follow-Up #3 Mar/12/2018



Follow-Up #2 Dec/12/2017



Follow-Up #7 May/18/2020



OBRIGADA!

