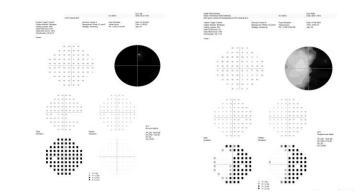
Pituitary macroadenoma associated unilateral vision loss masquerading as chronic central serous chorioretinopathy





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Financial disclosures: AJK: consultant Alcon, Glaukos, Keramed, BioGentek, Tilleron, Via Medica







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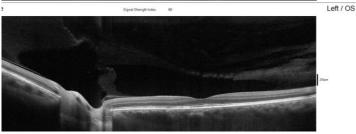


Eye Institute

Case presentation

- 49 y.o. male comes for second opinion due to over one year of progressive unilateral vision loss
- VA: 10/10 OD, CF OS
- Previous ophthalmological examination 6 months prior: 10/10 OD, 5/10 OS. Diagnosed as early geographic atrophy
- Another colleague suggested diagnosis of chronic central serous chorioretinopathy OS
- General Medical history: Dyslipidemia, Heart arrhythmia







New York University School of Medicine



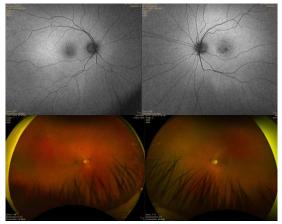
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P < 2.5% P < 0.5% P < 0.1%

HEA Central 30

Date: 31-08-202 Time: 13.09:53 Age: 49

> AP_MD: 46.82 dB AP_PSD: 3.43 dB AP_SF: -AP_CPSD: -



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Laser Vision

• Patient was referred for MRI of brain and orbits

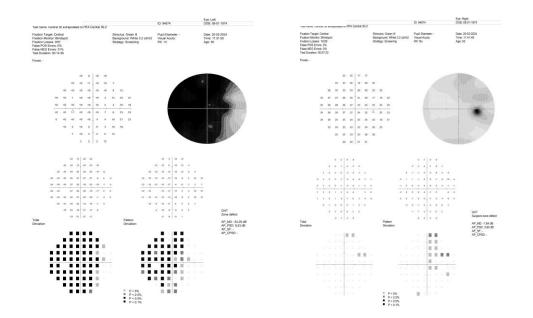
Discrepancy between VA and examination findings. No typical findings of either AMD or CSC MRI finding: 25x23mm pituitary macroadenoma with compression phenomena on optic chiasm

- Therapy by neurosurgeon: transnasal transsphenoidal resection of tumor
- Follow up examination 5 months

after the surgery:

VA 12/10 OD, 1/10 OS

Take home messages:
Red flag when clinical findings don't correlate well with the diagnosis
Pituitary adenomas can have compression phenomena or manifestations caused by hormone hypersecretions







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