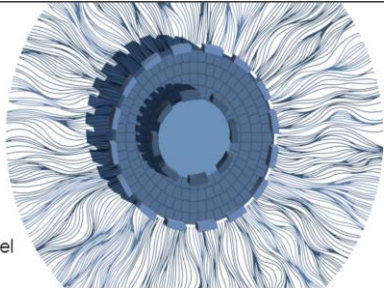


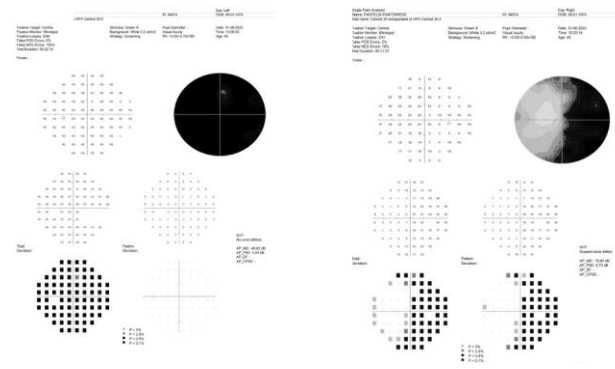
Pituitary macroadenoma associated unilateral vision loss masquerading as chronic central serous chorioretinopathy

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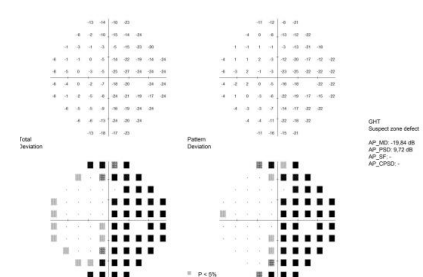
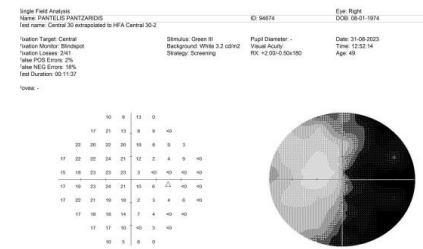
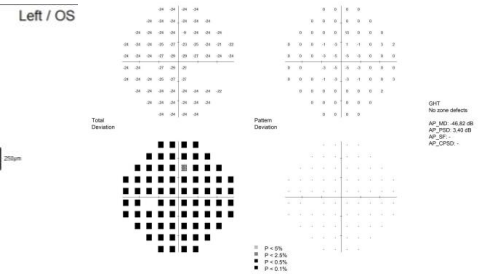
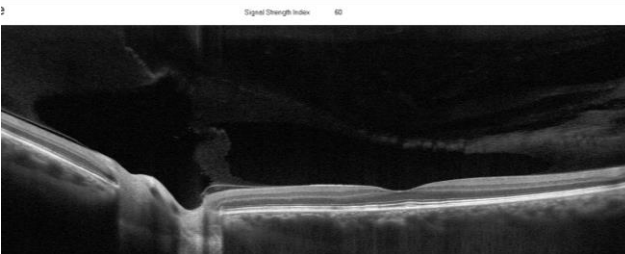
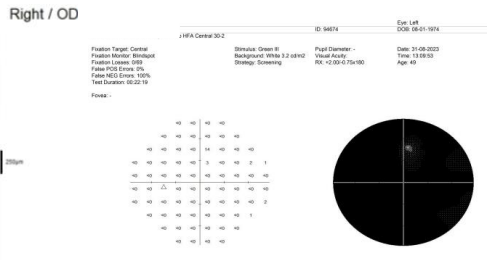
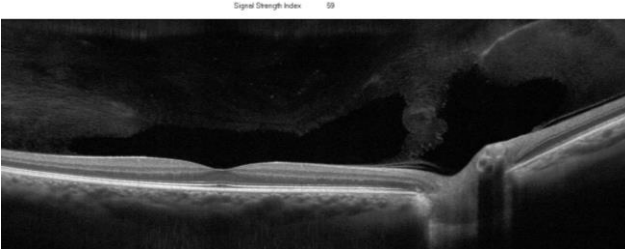
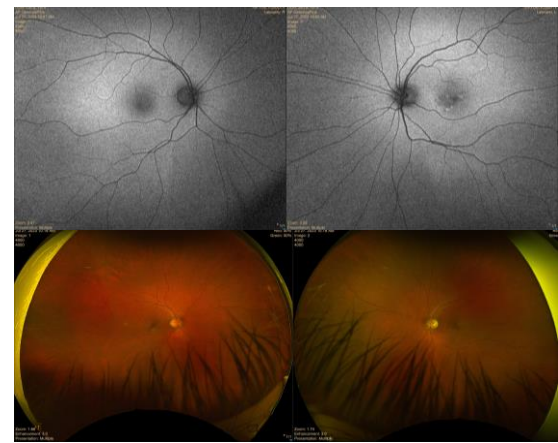
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Case presentation

- 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



- 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

