



The usefulness of multimodal imaging in identifying polypoidal choroidal vasculopathy lesions



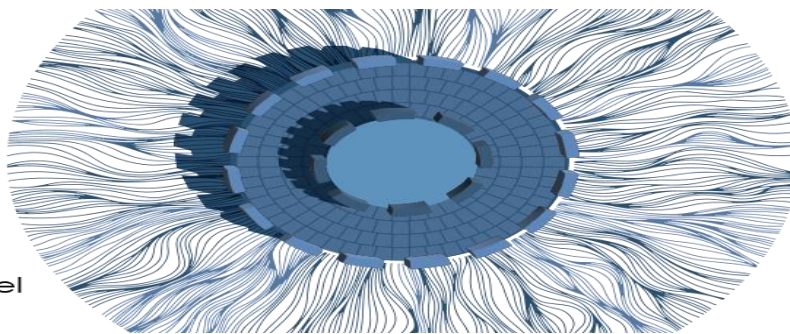
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**30 Μαΐου έως
1 Ιουνίου 2024**

Θεσσαλονίκη
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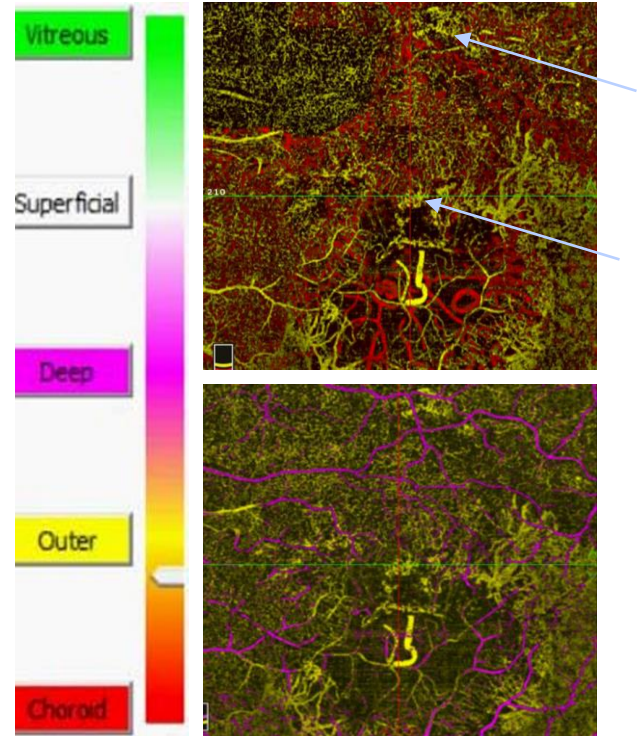
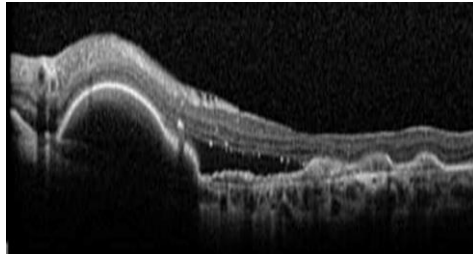
PURPOSE

To present a case of a patient suffering from **4 polypoidal choroidal vasculopathy (PCV) lesions** that could **not be detected** with OCT Angiography (**OCT-A**).

CASE PRESENTATION

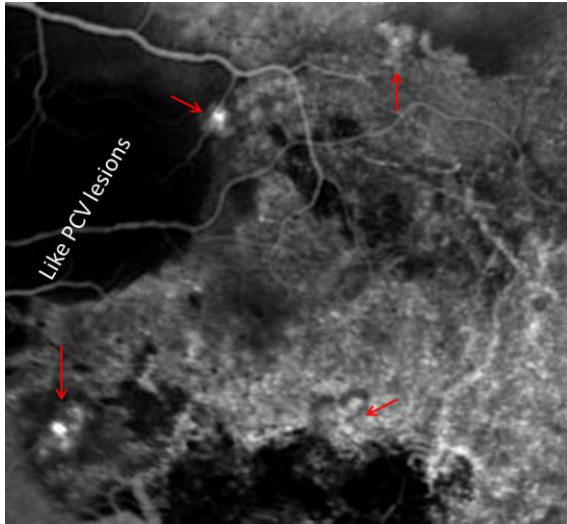
A **68-year-old female patient** presented to our department complaining for **visual deterioration** in her **left eye**, starting a month ago. Her best corrected visual acuity was 2/10, while the anterior segment examination did not demonstrate any abnormalities. Fundus examination revealed the presence of **macular exudation**, **intra- and sub-retinal haemorrhages**, as well as an extended region of **atrophy** due to the application of thermal laser a few years ago.

OCT-A was performed and 2 abnormalities resembling PCV lesions were noted.

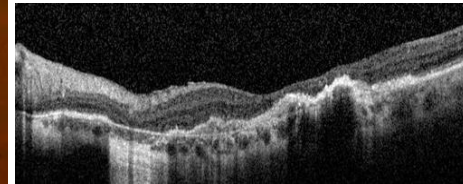
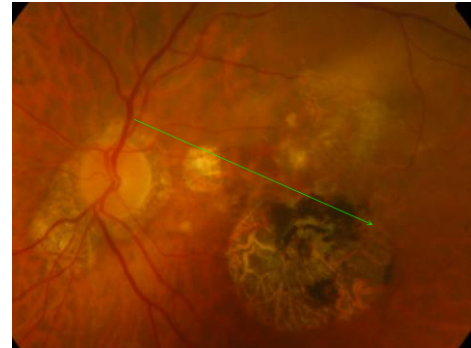


CASE PRESENTATION

Fluorescein angiography did not provide any significant additional data. However, indocyanine green angiography (**ICGA**) identified the presence of **4 polypoidal abnormalities** in the **choroidal vasculature**.



The applied **treatment** regimen comprised of a session of ICGA guided photodynamic therapy (**PDT**) along with **intravitreal injections of aflibercept** (IAI). Four different PDT target spots were targeted against the “polyps” and did not include their branching vascular network. Two months later (after the PDT session and one IAI), the exudative phenomena had regressed and the visual acuity was 4/10. On review, six months since the initial presentation (and after the second IAI), her visual acuity rose to 6/10 and no exudation or haemorrhages were present.



CONCLUSIONS

With our case we highlight the usefulness of **multimodal imaging** in setting an **accurate and definitive diagnosis**, resulting thus in appropriate treatment.