

Case Presentation

Polypoidal Choroidal Vasculopathy and ICGA

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Patient History

74 years, man, decreased vision (20/200) for one month.

Diagnostic Imaging

Color photography (CF), fluorescein (FA) and Indocyanine green angiography (ICGA) as well as SD-OCT were performed (fig. 1). Classic CNV and CME were present on FA. The ICGA revealed polypoidal lesions and CNV. The corresponding SD-OCT scan acquired with the SPECTRALIS® HRA+OCT demonstrated steeply elevated RPE and moderate reflectivity that shows fibrin. In addition to the fibrin deposition a serous retinal detachment with a small amount of lipids and a hemorrhage were present.

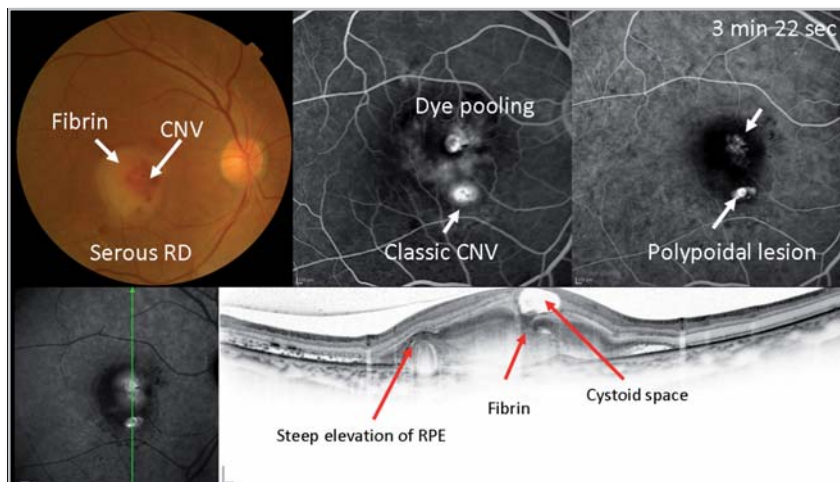


Figure 1

Patient at baseline.

The green line in the infrared image indicates the position of the SD-OCT scan.

Treatment

PDT in combination with anti-VEGF therapy (Lucentis) was conducted. After the first PDT plus Lucentis the retina looked dry (fig. 2). Polypoidal lesions and CNV were less evident. In the SD-OCT image the polypoidal lesion was flattened and no CME was present.

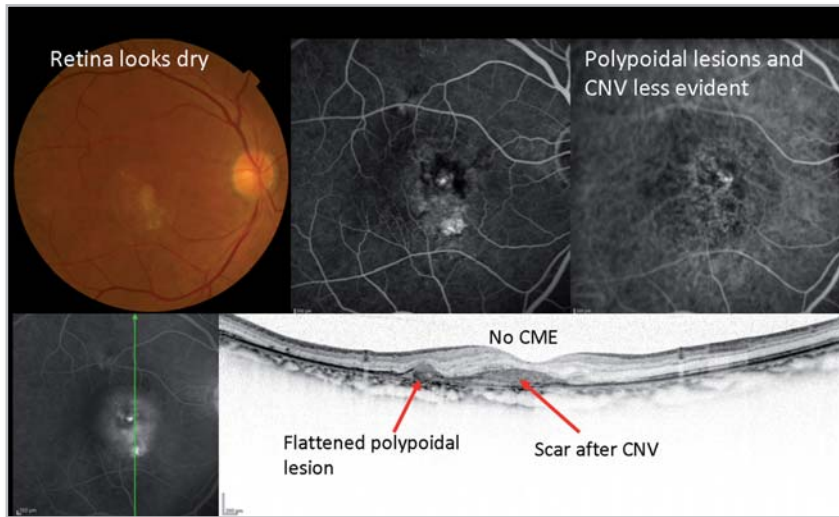


Figure 2

Patient after combination therapy of PDT plus Lucentis.

Conclusion

ICGA is a “must” for every patient with CNV to detect polypoidal lesions. SPECTRALIS HRA+OCT allows simultaneous ICGA and SD-OCT with a good registration of the lesions identified in ICGA to the changes in OCT.