Serpiginous choroidopathy

History

• 47 year old caucasian female
• Referred from optician due to HM VA right eye (LE – 6/6)
  – No subjective change in vision
  – No recent infections/night sweats/weight loss
  – No infectious contacts/recent travel/pets
• PMH: no diabetes/hypertension.
• Recruitment manager. Non-smoker
Examination

• VA:
  – Right eye – 0.98
  – Left eye – 0.00
• Anterior segment NAD
• IOP: right: 16; left 19
• No vitreous cells
• Suggested a diagnosis
  – Serpiginous choroidopathy
  – Bilateral, long standing disease
  – Advanced in the right eye
  – Complicated by CNV

Serpiginous choroidopathy

• Rare bilateral progressive inflammatory disease of RPE, choroid and choriocapillaris
  – 5% posterior uveitis
  – Men; young to middle-aged adults
  – HLA-B27 and retinal S-antigens
  – HSV and Factor VIII

• Painless unilateral vision loss
  – Blurry vision; photopsia; paracentral scotomas; metamorphopsia and visual field loss
Signs

- Grey-yellow subretinal infiltrates spread from peripapillary region

- Atrophy with early dense hypopigmented areas

- Minimal anterior chamber cells and minimal vitritis

Differential

- **Inflammatory chorioretinopathies**
  - APMPPE
  - Multifocal chorioretinitis

- **Serpiginous-like choroidopathy (SLC)**
  - TB
  - Toxoplasmosis
Serpiginous-like choroidopathy

Classical SC

Infectious serpiginous like choroidopathy – (Bartonella henselae)

Carenno et al, 2012

Serpiginous like choroidopathy vs serpiginous choroidopahty

• SLC
  ➢ Non-contiguous with the disc
  ➢ Frequently multifocal
  ➢ Peripheral involvement
  ➢ Spare the fovea
  ➢ Vitritis
Autofluorescence imaging

SC – active inflammation: dark areas with hyperautofluorescence at edges

Autofluorescence imaging

SC inactive: areas of hypoautofluorescence
Antiphospholipid syndrome

Tang et al, 2009

CNV

• Accounts for severe visual loss; affecting young patients
• Infrequent complication of posterior uveitis:
  – Presumed ocular histoplasmosis (3.8%)
  – Punctate inner choroidopathy (17-40%)
  – Serpiginous choroiditis (<30%)
  – Vokt-Koyanagi-Harada (up to 9%)

• Extensive subretinal scarring

Lee et al, 2003
Treatment

- **Acute macular serpiginous choroidopathy:**
  - Corticosteroids (systemic/regional)
  - Pulse cyclophosphamide
  - Steroid sparing agents including azathioprine

- **Treatment of complications**
  - CNV
    - Laser – extrafoveal membranes
    - Anti-VEGF (used in a range of inflammatory CNV including presumed ocular histoplasmosis, punctate inner choroidopathy Mansour et al, 2012)


- PMCID: PMC1771863

- Serpiginous choroidopathy presenting as choroidal neovascularisation

- D K Lee,1 W Augustin, 2 R R Buggage,2 and E B Suhler2