

Pregnancy associated central serous chorioretinopathy: its clinical profile

Aleza Omar, Noorlaila Baharuddin, Suriana Suaibun

Department of Ophthalmology, Hospital Putrajaya, Wilayah Persekutuan Putrajaya, Malaysia

ABSTRACT

Central serous chorioretinopathy (CSC) is characterised by localised serous detachment of the sensory retina at macula. We report a clinical analysis of 4 pregnant ladies diagnosed with CSC in Hospital Putrajaya. Diagnosis based on clinical features and optical coherence tomography (OCT). Three Malay women and one Chinese woman, with average age 33.5 years old, developed unilateral CSC at mean gestational age of 30-week gestation. Two were primigravida while the other two multigravida. Visually symptomatic with central reduce in vision with a mean vision at presentation was 6/12 and 6/6 during subsequent visit. One patient had varied symptom of diplopia. They had shallow serous elevation of sensory retina involving fovea with varied central retinal thickness at first presentation; mean of 450.5 μm and subsequent visit 288.75 μm . Pigment epithelial detachment observed in three of these cases. Mean choroidal thickness during first presentation was 381.5 μm and subsequent visit 336.75 μm . Due to the contraindications associated with pregnancy and patients will, all patients were treated conservatively. There were two cases with resolution after pregnancy, while the other two still having subretinal fluids during the latest review. CSC is male preponderance, uncommon in pregnancy but typically occurs at third trimester where choroidal thickness and increased plasma cortisol levels occurs causing changes leading to CSC. Subretinal hyper-reflective fibrins are typical findings of CSC in pregnancy while pigment epithelial detachments are often observed within the subretinal areas. Acute CSC is typically a self-limited process. Half-dose photodynamic therapy considered in persistent or recurrent case after delivery.