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Correlation of fundus biomicroscopy, OCT and indocyanine green angiography in central serous chorioretinopathy

Fabio Bom Aggio, MD; Wagner Camilo Silva, MD; Fernando Marcondes Penha, MD; Michel Eid Farah, MD **Purpose:** To correlate relevant morphological data provided by fundus biomicroscopy (FB), indocyanine green angiography (ICGA) and optical coherence tomography (StratusOCT) in central serous chorioretinopathy (CSC) in the active phase. **Methods:** Medical records, including FB, fluorescein angiography (FA), ICGA and OCT findings in 21 eyes of 20 consecutive patients (14 men, 6 women; mean age: 40.6 ± 7.4 years) diagnosed with CSC in the active phase, i.e., with leakage from the RPE detected on FA, were reviewed. **Results:** Neurosensory retinal detachments (NSRDs) were seen in 18 (85.7%), pigment epithelium detachments (PEDs) in 4 (19%) and retinal pigment epithelium (RPE) changes in 9 (42.8%) of the 21 studied eyes by FB. The method detected a total of 19 NSRDs and 4 PEDs. ICGA revealed choroidal leakage in 20 (95.2%), PEDs in 9 (42.8%), subretinal pooling in 8 (38%) eyes. ICGA detected a total of 8 NSRDs and 17 PEDs. StratusOCT depicted NSRDs in all 21 eyes, PEDs in 10 (47.6%), small bulges protruding from RPE in 5 (23.8%) and schisis changes in 2 (9.5%). A total of 23 NSRDs and 17 PEDs were identified with this technique. **Conclusions:** StratusOCT appears to be more efficient in the detection of retinal and RPE lesions associated with CSC than the other methods, with the advantage of being a non-invasive technique. However, ICGA is probably equally efficacious in the identification of PEDs for experienced retinal specialists and useful in doubtful diagnoses of CSC, as the presence of choroidal hyperpermeability is a hallmark of this disease.