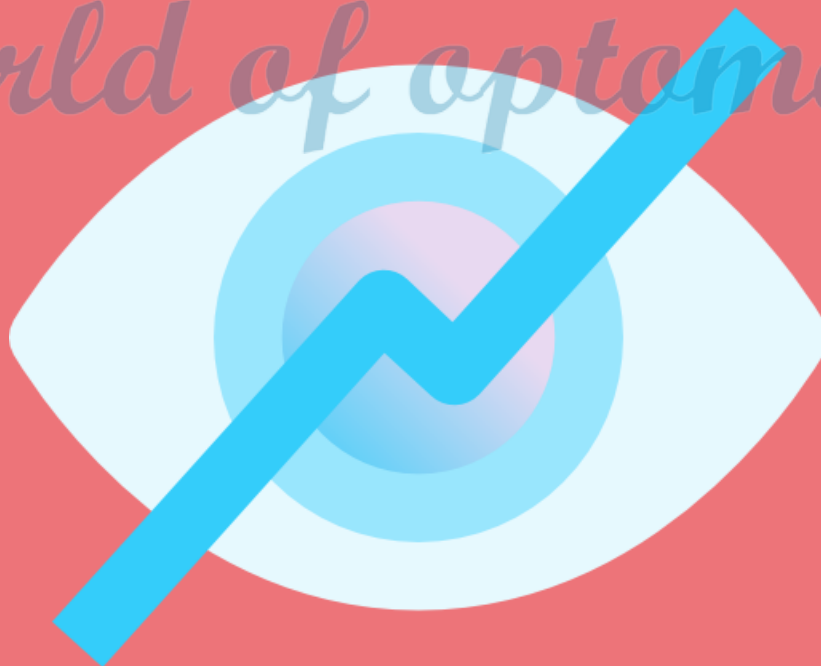


# TWOP Case Study

## CENTRAL SEROUS RETINOPATHY

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# Patient History



**CHIEF COMPLAINTS:** Mr X, 34 years old presented with the complaint of **distorted vision** (OS) since **2 years** ago. It occurs gradually and no progression were noticed. It **resolves & reoccur** by again. Patient reported as he is a **heavy VDU user** (10 hours/day).

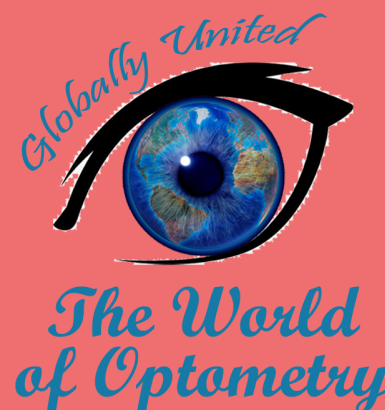
**PAST OCULAR HISTORY:** Patient is a **spectacle wearer** for more than 20 years & No CL use. No history of eye trauma or any surgery. No history of Binocular Vision Anomalies.

**OCULAR MEDICATIONS:** Using **Artificial Tears** OU: Bd, (Systane Ultra).

**PAST MEDICAL HISTORY:** History of **Thalasemia** for 20 years.

**SURGICAL HISTORY:** No history of surgery.

**PAST FAMILY HISTORY:** Mother has the history of Thalasemia & both parents are myopic.



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# Clinical Findings:

## Visual Acuity (Habitual) at D:

- OD: 6/5 (+1.00: 6/24)
- OS: 6/9+3 (PH: 6/9+4)
- OU: 6/5

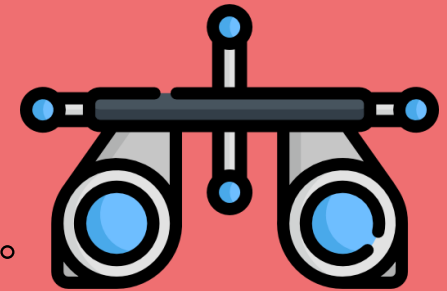
**\*Other entrance tests shows  
No Abnormalities Detected.**

## Visual Acuity (Habitual) at N:

- OD: N 5 @ 30 CM
- OS: N 5 @ 30 CM
- OU: N 5 @ 30 CM

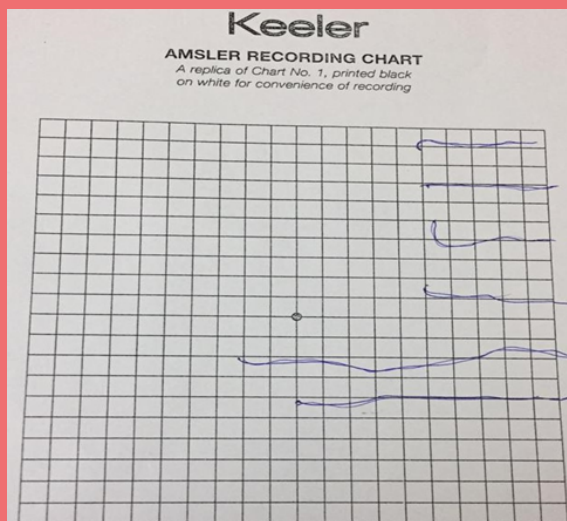
## Keratometry:

- OD:  $-0.875 \times 16^\circ$
- OS:  $-0.25 \times 7^\circ$



## AMSLER GRID;

- OD: No Abnormalities
- OS:



## Refraction:

- OD:  $-2.75DS/-0.75DC \times 50^\circ$   
VA: 6/5
- OS:  $-0.75DS/-0.75DC \times 150^\circ$   
VA: 6/9+4



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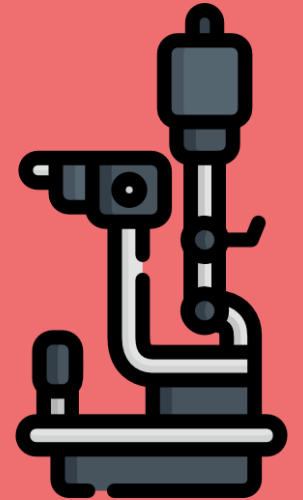
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# Clinical Findings:

## Slit Lamp Examination:

- Meibomian Gland Blockage Grade (G)  
G 1.0 Superior, G 1.5 Inferior Lid (OD).  
G 0.5 Superior and G 1.0 Inferior Lid (OS),
- Tear Break Up Time (TBUT): OD: 2 Sec, OS: 3 Sec



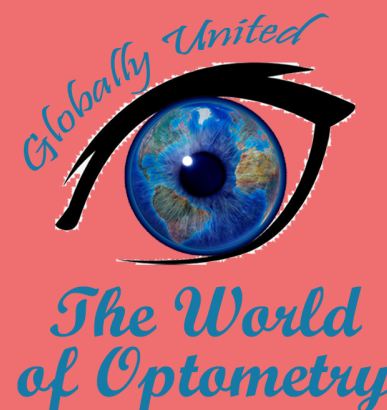
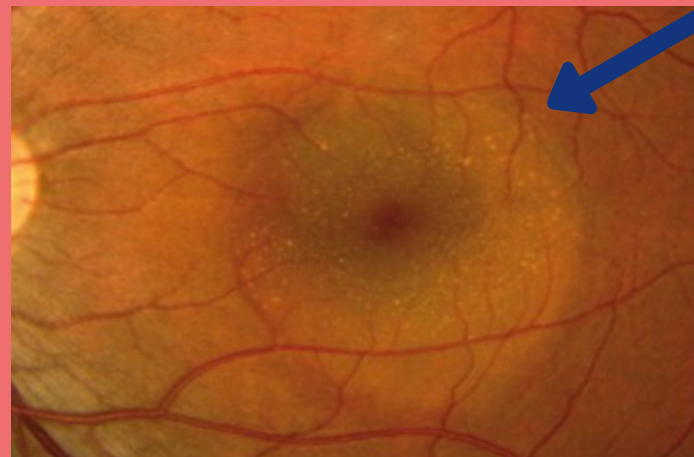
## Fundus Evaluation:

- OD: Optic nerve head crescent and "tigroid" appearance of the posterior retina, were demonstrated.
- OS: Elevated Macular Retina with the presence of drusens (Suggestion of CSR)

OD

OS

CENTRAL  
SEROUS  
RETINOPATHY



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DRAG TO THE SIDE  
DRAG TO THE SIDE

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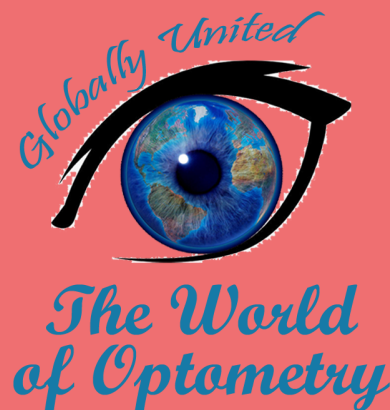
# Diagnosis

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## CENTRAL SEROUS RETINOPATHY

OTHERS: MEIBOMIAN GLAND DYSFUNCTION & DRY EYE



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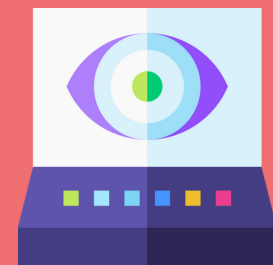


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# Management/Treatment

- **Warm compression** to subside the meibomian gland blockages.
- **Continue using Artificial Tears QID.**
- **Visual Hygiene (20-20-20 rule)** due to prolonged VDU usage.
- Home **Amsler Grid** to monitor the progression of distortion.
- KIV for further evaluation (i.e. **Optical Coherence Tomography and Fundus Fluorescein Angiography**) on the changes in patient's retina.
- TCA 3/12. Available treatment are **Conservative measures**. Reassurance is the only treatment required in majority of the cases, since CSR undergoes **spontaneous resolution in 80 to 90%** cases.



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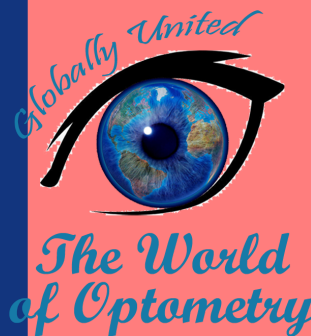
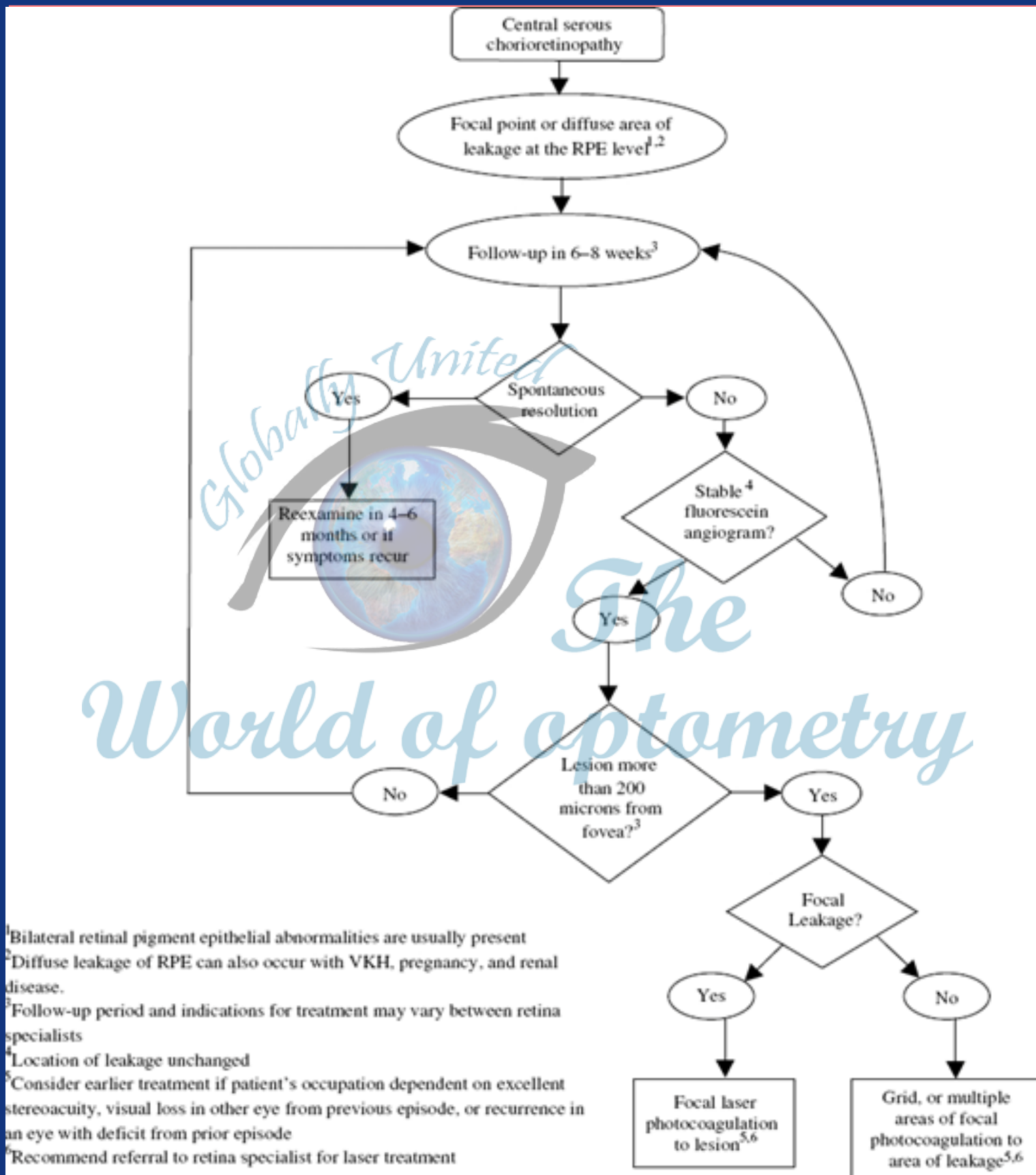


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# Discussion (Flow Treatment)



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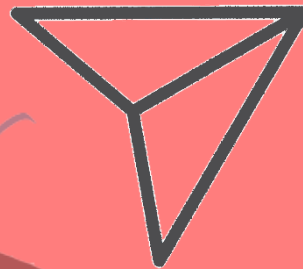
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