Idiopathic Choroidal Neovascular Membrane in a 9-year-old child

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A 9-year-old boy presented with complaints of defective vision in right eye of 6 months duration. On examination his visual acuity was 6/18 N6 in the right eye and 6/6 N6 in the left eye. Anterior segment examination was within normal limits. IOP was 12 mm Hg in both the eyes. Detailed fundus examination revealed a yellowish subretinal lesion with a tinge of haemorrhage nasal to the fovea (Figure 1A). Fundus examination of the left eye was within normal limits. OCT examination revealed a hyperreflective band in front of RPE Choriocapillary complex suggestive of choroidal neovascular membrane (CNVM) in the right eye. Fundus fluorescein angiography showed a well-delineated area of early hyperfluorescence, which was about 1/4th disc diameter in size and located inferotemporal to the fovea surrounded by an area of hypofluorescence (Figure 1B). As the angiogram progressed, the hyperfluorescence increased in size and

Fig. 1. (A) Pretreatment colour photo (B) Early film of FFA showing the lacy pattern in the CNVM, (C) Late film of FFA showing leakage from CNVM, (D) Immediately after laser.
intensity with fuzzy margins in the late phase suggestive of extrafoveal choroidal neovascular membrane in the right eye (Figure 1C). FFA of the left eye was within normal limits. There was no evidence of past inflammation or trauma. The child was diagnosed to have idiopathic choroidal neovascular membrane and was given thermal laser to the extrafoveal CNVM in the right eye. Figure 1D shows colour photo immediately after laser treatment. In the last follow up visit at 6 months, visual acuity in the right eye remained at 6/18 N6. Repeat OCT showed scarring of the CNVM with no retinal edema or subretinal fluid.

Discussion

CNVM is a rare entity in pediatric population. Inflammation, trauma, optic disc drusen and idiopathic causes have been described. Some of them undergo spontaneous involution. Treatment with thermal laser and submacular surgery are reported to be effective in a number of cases. Here we present a case of idiopathic CNVM in a 9 year old boy with no evidence of inflammation or trauma. Since the location of CNVM was extrafoveal it was amenable to thermal laser. He is not having any recurrence at 6 months. CNVM should be kept in mind as a rare cause of defective vision in pediatric age group.

References