

## IMAGING FINDINGS, THERAPEUTIC APPROACH AND COMPLICATIONS OF PUNCTATE INNER CHOROIDOPATHY IN PATIENTS WITH HIGH MYOPIA

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### Introduction:

Myopia is a leading cause of visual impairment. Recent meta-analyses suggest that close to half of the world's population may be myopic by 2050, with as much as one-fifth of the myopic population having high myopia (HM), which may lead to an increased prevalence of macular complications including chorioretinal macular atrophy, choroidal neovascularisation, and subretinal fibrosis.

Conversely punctuate inner choroidopathy (PIC) is an uncommon multifocal chorioretinopathy characterised by the presence of small, focal, lesions occurring at the level of the inner choroid/RPE in the absence of vitreous inflammation. It usually affects young myopic female patients, and although most cases run a self-limited course up to two-thirds of eyes develop macular complications like those seen in HM.

### Objective:

To evaluate clinical features, complications, and treatment response in patients with PIC and associated HM.

### Methods:

Retrospective case-series of patients with PIC and co-existing HM. All patients underwent multimodal imaging. Fluorescein and indocyanine green retinal angiography were performed in selected cases.

### Conclusions:

The overlap between myopic macular structural changes and those seen in PIC represent a major diagnostic challenge. Recent advancements in multimodal imaging have improved differentiating inflammatory from neovascular lesions, and to provide a tailored therapeutic approach.

Whereas early treatment with corticosteroids and/or anti-VEGF agents may be sufficient to control the initial inflammatory and/or neovascular response and limit the extent of RPE disturbances, there is limited data regarding the efficacy of additional immunosuppressive agents in reducing the development of irreversible visual complications such as subretinal fibrosis in this subgroup of patients.