

Central serous chorioretinopathy of the 3rd trimester of pregnancy: A rare cause of visual acuity loss in pregnancy!

Rim El Hachimi; Rida El Hadiri; Tachfouti Samira; Nouredine Boutimzine; Amazouzi Abdellah; Lalla Ouafa Cherkaoui

Mohamed V University of Rabat, Department of Ophthalmology A, Speciality Hospital of Rabat, Morocco.

Received Date : Mar 21, 2023
Accepted Date : April 21, 2023
Published Date : April 28, 2023
Archived : www.jcmimagescasereports.org
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***Corresponding Author:** Rim El Hachimi, Mohamed V University of Rabat, Department of Ophthalmology A; Speciality Hospital of Rabat; Morocco.
Email: rimelhachimi@gmail.com

Abstract

We report a case of a 26-year-old patient, 32 weeks pregnant, who consults for a decrease in bilateral visual acuity. A macular OCT showed bilateral retinal serous detachment. Bilateral central serous chorioretinopathy in the context of pregnancy was diagnosed. The main differential diagnoses are with toxemia of pregnancy and other causes of RSD (infectious or non-infectious). Monitoring was recommended. The course was marked by the resorption of the RSD one month after giving birth. Pregnancy is a known risk factor for CRSC. The diagnosis is based on fundus examination and multimodal imaging data, especially macular OCT, given its safety and repeatability. The CRSC of the 3rd trimester of pregnancy is rare but often important. The condition usually resolves after childbirth with a risk of recurrence in subsequent pregnancies.

Keywords: Central serous chorioretinopathy; Pregnancy; 3rd quarter; SRD.

Clinical Image

We report a case of a young female patient aged 26, 32 weeks pregnant, with no particular medical and surgical history, who consulted for decrease in visual acuity. Clinical examination found visual acuity reduced to 02/10 in OS and counting the fingers in OD. The examination of the fundus founds a loss of the foveolar reflex. A macular OCT objectify bilateral serous retinal detachment (Figure 1A). The diagnosis of temporary central serous chorioretinopathy in pregnancy was made. Monitoring was recommended. The evolution was marked by resorption of the retinal serous detachment one month after delivery (Figure 1B). CRSC is characterized by serous detach-

ment of the neuro sensorial retina and/or retinal pigment epithelium (RPE). This pathology is the prerogative of young middle-aged men. A number of endogenous and exogenous factors are involved in the pathophysiology of CRSC including elevated endogenous or exogenous corticosteroid levels, type A personality, gender(male), smoking, pregnancy, and others. The foveal involvement is responsible for more or less consequent visual acuity impairment with a macular syndrome. Diagnosis is based on fundus examination and multimodal imaging data. CRSC in the 3rd trimester of pregnancy is rare but often important. The attack is generally resolved after childbirth with a risk of recurrence during subsequent pregnancies.

Citation: Rim El Hachimi. Central serous chorioretinopathy of the 3rd trimester of pregnancy: A rare cause of visual acuity loss in pregnancy!. J Clin Med Img Case Rep. 2023; 3(2): 1427.

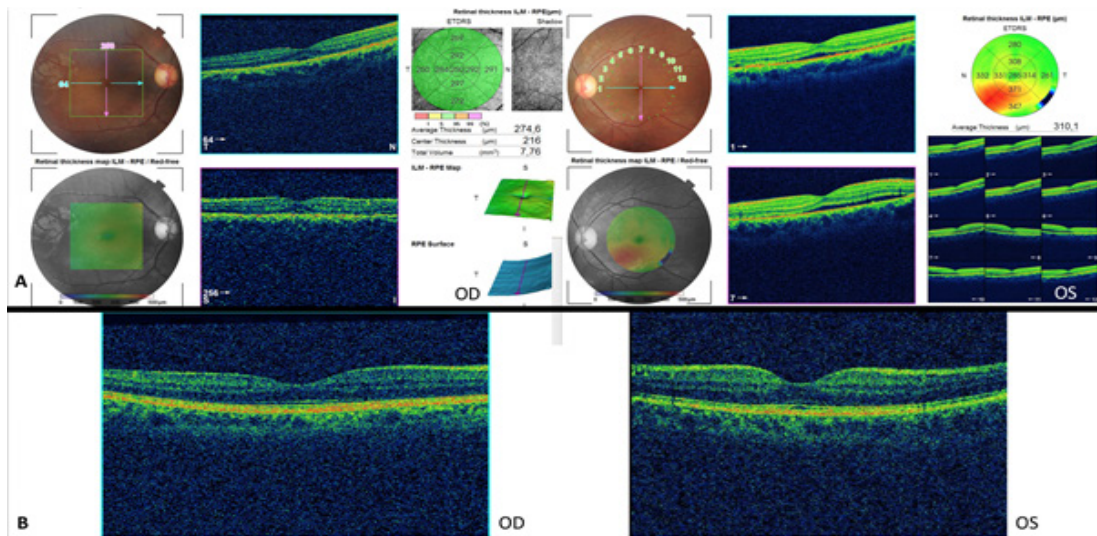


Figure 1: A : OCT maculaire objectivant un DSR bilatéral plus important à gauche. B : Évolution du DSR un mois après l'accouchement.