TRANSPUPILLARY THERMOTHERAPY FOR THE MANAGEMENT OF COATS’ DISEASE WITH MULTIPLE MACROANEURYSMS IN THE POSTERIOR POLE

Salim Ben Yahia, MD, Rim Kahloun, MD, Malak Bouzayene, MD, Olfa Hadj Taher, MD, Sonia Attia, MD, Riadh Messaoud, MD, Moncef Khairallah MD.
Department of Ophthalmology, Fattouma Bourguiba University Hospital, Monastir - Tunisia.
Email: salim.benyahia@fmm.rnu.tn

PURPOSE

- Coats’ disease is an idiopathic, typically unilateral, retinal vasculopathy that causes telangiectasia in all elements of the vasculature.
- In addition to telangiectasia, there may be capillary nonperfusion, with aneurysmal formation, exudation within and beneath the retina, and massive lipid deposition.
- Coats’ disease diagnosed in adulthood is rare [1]. Therefore, the treatment options and longer clinical course are not well established.
- We report an atypical case of Coats’ disease in an adult patient managed with transpupillary thermotherapy.

CASE REPORT

- A 48-year-old otherwise healthy female, presented with decreased vision in her left eye (LE).
- Visual acuity (VA) was 20/20 in her right eye (RE) and 20/200 LE.
- Fundus examination was normal in the RE and revealed cinicantes of hard exudates temporal to the fovea associated with multiple macroaneurysms along a branch of superotemporal artery in the LE (Figure 1).
- Fluorescein angiography was normal in the RE and showed inferior macular telangiectasia with dye leakage, in addition to macroaneurysms in the LE (Figures 2A and 2B).
- Optical coherence tomography of the LE revealed cystoid macular edema and serous retinal detachment (SRD) involving the fovea (Figure 2C).
- Macraaneurysms were treated with transpupillary thermotherapy (spots of 0.6 mm, 300 mW power, and 60 s duration).
- Three months later, VA improved to 20/63 in the LE with thrombosis of macroaneurysms (Figure 3) and partial resolution of macular edema and SRD on OCT.

CONCLUSIONS

- Coats’ disease can first be diagnosed in adulthood with retinal vascular abnormalities similar to those seen in younger patients. There are a number of important differences in disease manifestation in adults, including limited area of involvement, slower apparent progression of disease, and hemorrhage near larger vascular dilations [1,2].
- The adult cases are often asymptomatic and the extent of exudation and retinal detachment tends to be mild and limited. However, the involvement of the macula as a result of subretinal exudates or SRD can produce poor VA.
- Although various methods, including laser photoocoagulation, photodynamic therapy and intravitreal bevacizumab injection, have been employed to treat this condition [2,3,4], transpupillary thermotherapy can be considered as the first line treatment for patients with adult-onset of Coats’ disease complicated by SRD.

REFERENCES