CHANCE IN LIFESTYLE AND ORAL EPLERENONE TREATMENT FOR CENTRAL SEROUS CHORIORETINOPATHY. A CASE REPORT

García Fernández M., PhD, Castro Navarro J, PhD, González Castaño C, MD
Hospital Universitario Central de Asturias, Oviedo, Asturias, España

ADVANTAGES
To increase awareness of the importance of change in lifestyle and relaxation and other alternative stress-reduction techniques, for the improvement of patients with central serous chorioretinopathy diagnosis. Moreover, this stress reduction, combined with oral eplerenone treatment can contribute to the complete resolution of this pathology.

RESULTS

METHODS
One 58-year old man complained of progressive, painless loss of vision in their right eye (RE). A complete ocular examination, including determination of Visual Acuity (VA), anterior and posterior biomicroscopy, Optical Coherence Tomography (OCT), and Fluorescein Angiography (FA), were performed, at first and last examination. The systemic examination was normal, and there was no other relevant social history, except for a history of recent life stress.

EFFECTIVENESS AND SAFETY

• At FIRST VISIT, Best corrected visual acuity (BCVA) was 0.2 (decimal notation) in RE and 1.0 in LE. Anterior segment examination revealed no abnormalities. Fundoscopy, AFG and OCT examinations revealed the presence of fluid accumulation underneath the neurosensory retina in the macular area, without other retinal nor choroidal alterations, consistent with a diagnosis of central serous chorioretinopathy.

• Stress management techniques were recommended.

• ONE MONTH LATER, BCVA improved to 1.0 in RE. OCT showed the presence of minimum subretinal fluid.

• THREE MONTHS LATER, after repeated stressful situations in our patient’s life, BCVA decreased again to 0.9 (decimal notation). OCT showed an increase in subretinal fluid. We insisted on the importance of stress elimination.

• ONE MONTH LATER, BCVA and ocular exploration remained unchanged.

• So, we decided to start treatment with EPLERENONE, with a starting dose 25 mg administered once daily during one week, and a dose of 50 mg daily as maintenance therapy.

• ONE MONTH after treatment, BCVA improved to 1.0, and we appreciated slight reduction in subretinal fluid.

CONCLUSION
SO, IN OUR EXPERIENCE, STRESS-REDUCTION COMBINED WITH ORAL EPLERENONE, A SPECIFIC MINERALOCORTICOID RECEPTOR ANTAGONIST, CAN CONTRIBUTE TO RAPID RESOLUTION OF RETINAL DETACHMENT AS WELL AS IMPROVED VISUAL ACUITY.

REFERENCES

