

## Polypoidal choroidopathy associated with choroidal nevus

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**Key words:** Indocyanine green angiography, near infrared, nevus, optical coherence tomography, polypoidal choroidopathy

Polypoidal choroidopathy is characterized as an anomalous vascular network with aneurysmatic dilatations. It is frequently associated with other diseases such as neovascular age-related macular degeneration and is also observed as unique finding. Its occurrence associated with choroidal nevi has previously been reported.<sup>[1]</sup>

We present the case of a 54-year-old female affected with polypoidal choroidopathy associated with a choroidal nevus and found in a routine examination. Fundus examination revealed normal macula and optic nerve head, but an orange round-oval subretinal lesion associated with exudation and the presence of a choroidal nevus in the nasal-superior vascular arcade could also be observed [Fig. 1]. We performed spectral domain optical coherence tomography (SD-OCT), near infrared reflectance imaging [Fig. 2], and indocyanine green angiography (ICGA) of these lesions [Fig. 3], which descriptions are shown in the figure legends. Since these associated lesions did not cause any visual disability, no active treatment was initiated and observation was decided.

### Discussion

In this case, specific findings of polypoidal choroidopathy and choroidal nevus have been shown.

SD-OCT revealed typical characteristics of polypoidal choroidopathy such as sharp pigment epithelium detachment with a hyporeflective lumen within a hyperreflective lesion.<sup>[2]</sup> Typical nevus characteristics, such as a flat choroidal mass with superficial hyperreflectivity and associated drusen, could also be observed with this imaging tool.<sup>[3]</sup>

Near infrared reflectance image also showed hyperreflectance of the pigmented lesion adding for the diagnosis of a choroidal nevus.<sup>[4]</sup>

ICGA imaging confirmed the diagnosis of polypoidal choroidopathy, showing a polyp-like hypercyanescent lesion.<sup>[5]</sup>

The existence of such lesions associated with choroidal nevi does not imply that this is a malignant lesion; the appearance of choroidal neovascularization associated with choroidal nevi has previously been reported.<sup>[1]</sup>

### Conclusion

Precise multimodal imaging may help accurately diagnose associated concurrent lesions with polypoidal choroidopathy.



**Figure 1:** Color fundus photography showing single orange round-oval subretinal lesion (choroidal polyp), surrounded by a yellowish exudation in the field of a pigmented choroidal lesion corresponding with a choroidal nevus. These lesions are located adjacent to the superior-nasal vascular arcade

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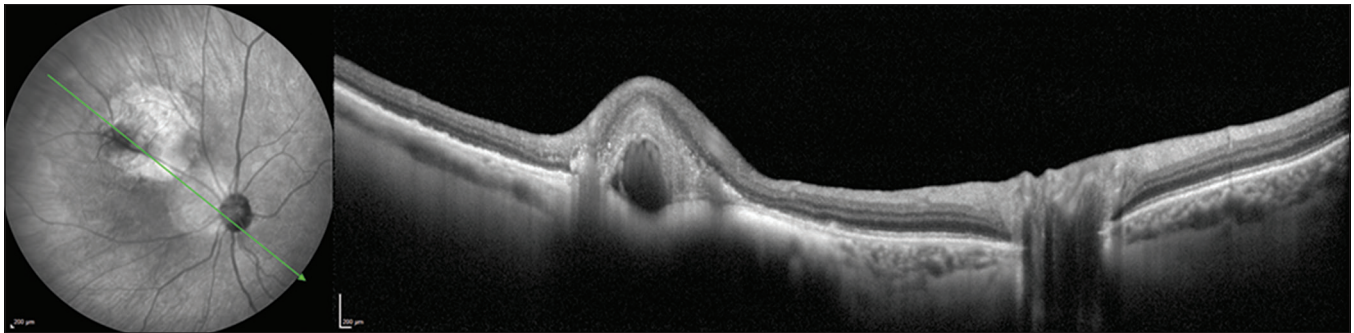
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**Figure 2:** Spectral domain optical coherence tomography image showing a sharp pigment epithelium detachment with a hyporeflective lumen within the hyperreflective pigment epithelium detachment, and surrounding hyperreflective hard exudates and hyperreflective subretinal fluid. In the surrounding choroid, a flat choroidal mass with hyperreflective surface shadowing the underlying lesion, thinning of the choriocapillaris and adjacent retinal drusen, corresponding to the choroidal nevus, can also be observed. The near-infrared image shows a hyperreflectant lesion corresponding to the pigmented nevus



**Figure 3:** Indocyanine green angiography showing the polypoidal choroidal lesion and the choroidal nevus in the three phases of the indocyanine green angiography (early, intermediate and late, from left to right). The polyp is observed as a round hypercyanescent lesion which appears within the first 6 min after contrast injection and maintains its hypercyanescence until late phases. This lesion lies on a hypocyanescent lesion corresponding to the choroidal nevus

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### Conflicts of interest

There are no conflicts of interest.

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