

## Peripheral serpiginous like choroiditis: A unique and unheard entity

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**Key words:** Acute retinal necrosis, choroiditis, peripheral serpiginous choroiditis

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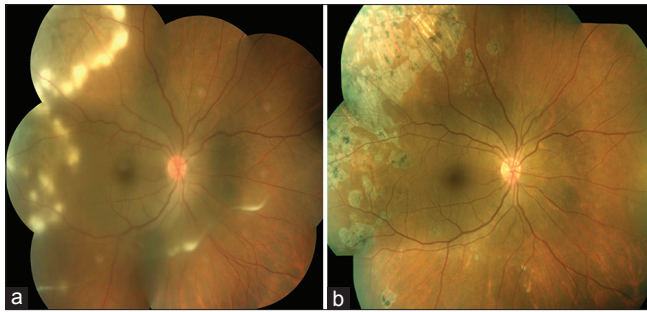
A 46-year-old female presented with complaints of diminution of vision in the left eye for 1.5 years associated with eye pain for 1 month. She had already taken intravitreal ozurdex (0.7 mg) thrice in the left eye, elsewhere. The fundus examination of the right eye showed a peripheral active serpiginous like lesion. [Fig. 1a] while the left eye had dense vitreous haze with choroiditis patches. A diagnostic vitrectomy was performed and the vitreous aspirate on polymerase chain reaction (PCR) was positive for cytomegalovirus. She was under antitubercular therapy based on Mantoux positivity. The best-corrected visual acuity was 6/6 in the right eye and counting finger close to the face in the left eye.

Based on PCR positivity, she was started on oral prednisolone 70 mg in a weekly tapering dose and valganciclovir 900 mg 2 times a day for 8 weeks. Serial follow-ups showed an improvement in visual acuity to 6/9 in the left eye with a resolution of the lesion in both eyes [Figs. 1b and 2].

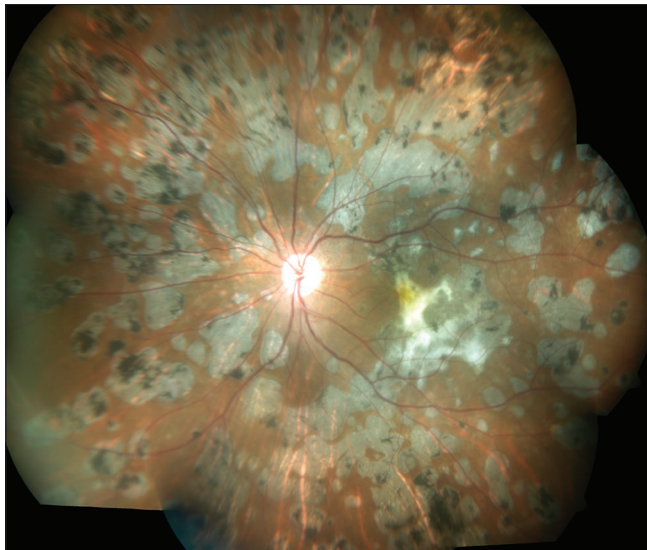
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**Figure 1:** (a) Color fundus photograph of the right eye showing a serpiginous choroidal lesion with fuzzy borders encroaching towards the macula. (b) Complete resolution of the lesion post-treatment with oral steroid and valganciclovir with atrophic lesion



**Figure 2:** Color fundus photograph of the left eye after the resolution of the lesions. Previous images could not be taken due to significant vitreous haze

## Discussion

The word *serpiginous* (Latin: *Serpere* means “to creep”) means “with a wavy or indented margin.” Clinically, serpiginous choroiditis (SC) is characterized by an amoeboid-like or a wavy lesion in the choroid which progresses in an irregular or serpentine fashion centrifugally. It is an asymmetric and

bilaterally inflammatory condition of the choroid that causes atrophy of the choriocapillaris or loss of overlying retinal pigment epithelium. SC is a rare condition with a prevalence of 0.2% to 11% of all uveitis patients in a study from south India.<sup>[1]</sup> It can be divided mainly into three types; the first is “peripapillary” which is the most common and majorly described type wherein the lesion is seen around the optic nerve head, usually unifocal and progresses in a serpentine pattern centrifugally to involve macula. The second is “multifocal serpiginous” which is more common in the Indian subcontinent. SC can also involve the macula alone and is termed “macular serpiginous choroiditis”. Herein, we describe a peripheral serpiginous like choroiditis with a centripetal encroachment, which was treated with oral steroids and resolved completely thereafter. Such a case can mimic acute retinal necrosis but can be distinguished by choroidal involvement. To our knowledge, this type of presentation has not been described earlier.<sup>[2-5]</sup>

## Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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Nil.

## Conflicts of interest

There are no conflicts of interest.

## References

1. Biswas J, Kharel R, Multani P. Changing uveitis patterns in South India-Comparison between two decades. *Indian J Ophthalmol* 2018;66:524.
2. Majumder PD, Biswas J, Gupta A. Enigma of serpiginous choroiditis. *Indian J Ophthalmol* 2019;67:325.
3. Nazari Khanamiri H, Rao NA. Serpiginous choroiditis and infectious multifocal serpiginoid choroiditis. *Surv Ophthalmol* 2013;58:203-32.
4. Lim WK, Buggage RR, Nussenblatt RB. Serpiginous choroiditis. *Surv Ophthalmol* 2005;50:231-44.
5. Mansour AM, Jampol LM, Packo KH, Hrisomalos NF. Macular serpiginous choroiditis. *Retina* 1988;8:125-31.