

Subretinal Fibrin as a Clinical Biomarker for CNV Development

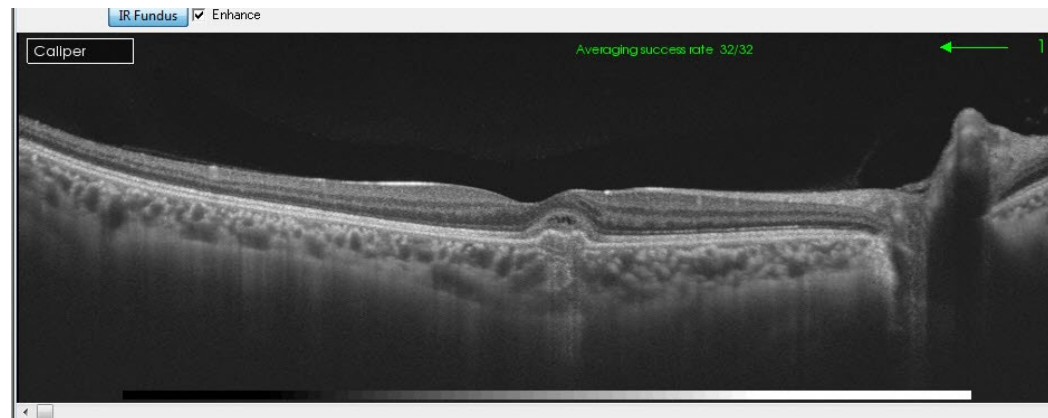
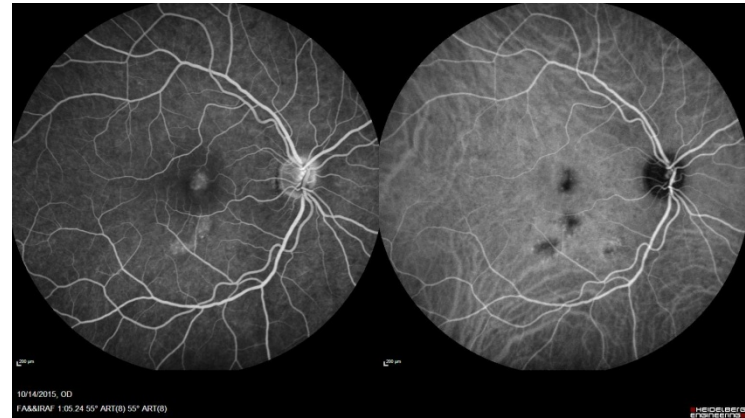
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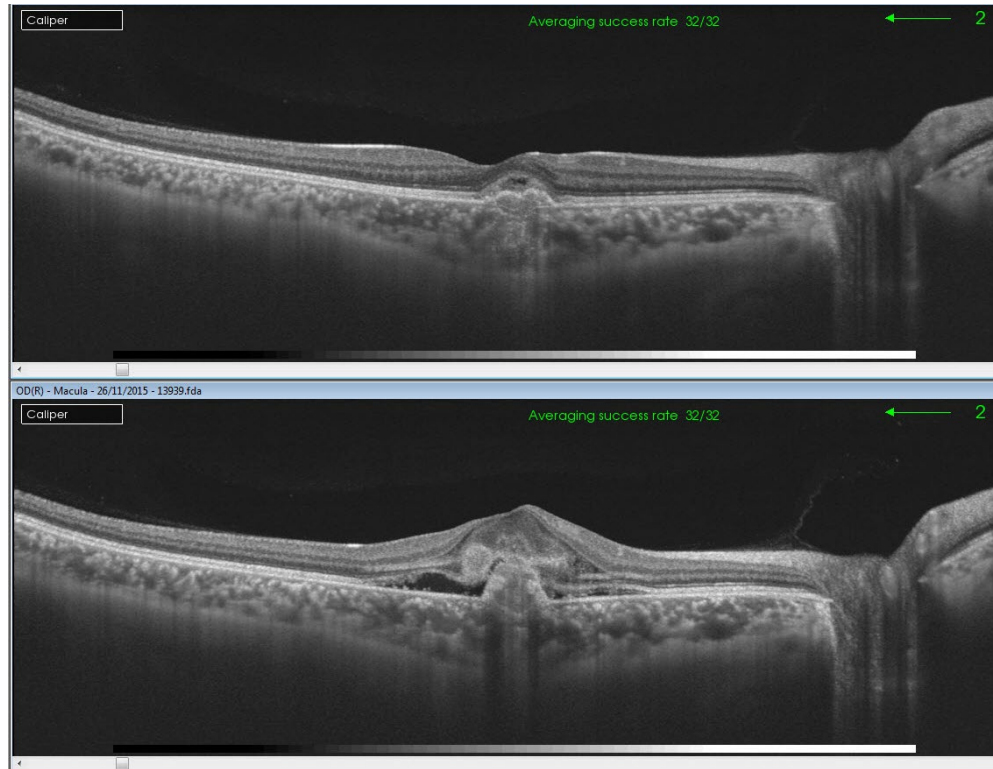
There is a continuous search for biomarkers that indicate the presence of CNV and predict response to therapy. We describe 4 eyes in which the significant clinical finding was subretinal fibrin and mild disturbance in vision . None showed CNV, PED , SRF or haemorrhage . OCT showed subretinal hyper reflectivity overlying a localised PED in 2 eyes and more extensive irregular RPE elevation in 2 eyes. All eyes had RPE disruption on OCT . In 2 eyes with suspected inflammatory lesions and localised RPE elevation, there was no CNV on angiography or OCT , but both developed drop in vision due to active CNV and subretinal hemorrhage less than a month later. In 2 eyes , ICG and OCTA showed type 1 CNV below the fibrin at the time of presentation. All eyes underwent treatment with intravitreal antiVEGF .

The unexplained presence of subretinal fibrin can be a biomarker for the presence of, or indicator for development of CNV. Close followup and ICG and /or OCTA are warranted in these cases.

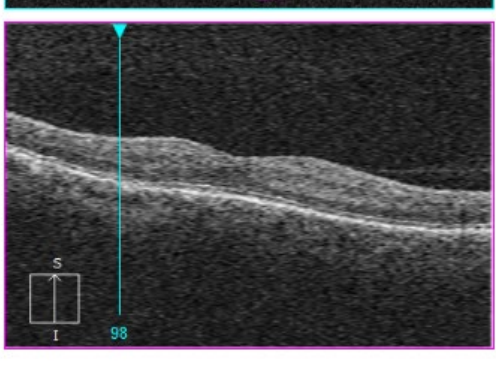
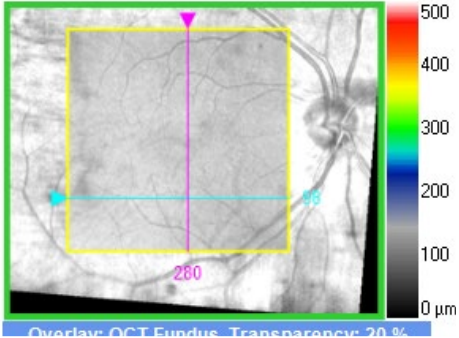
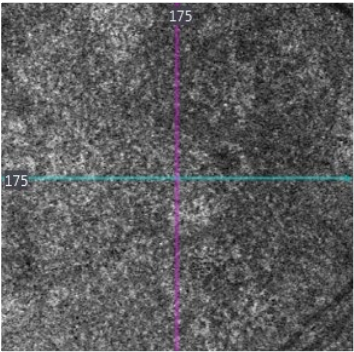
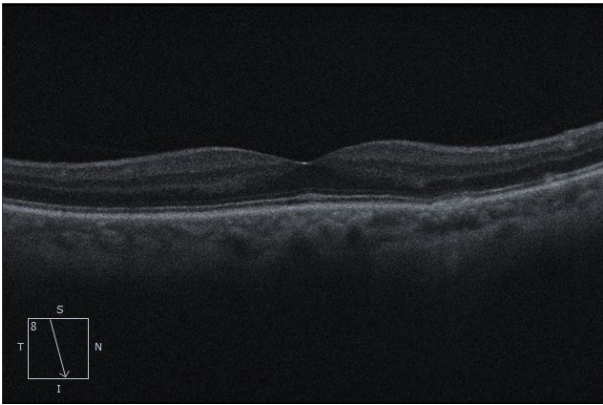
Case 1 : 30y, female , blurred vision OD
Suspected TB
BCVA 6/9N6



1 month – drop in vision to 6/12



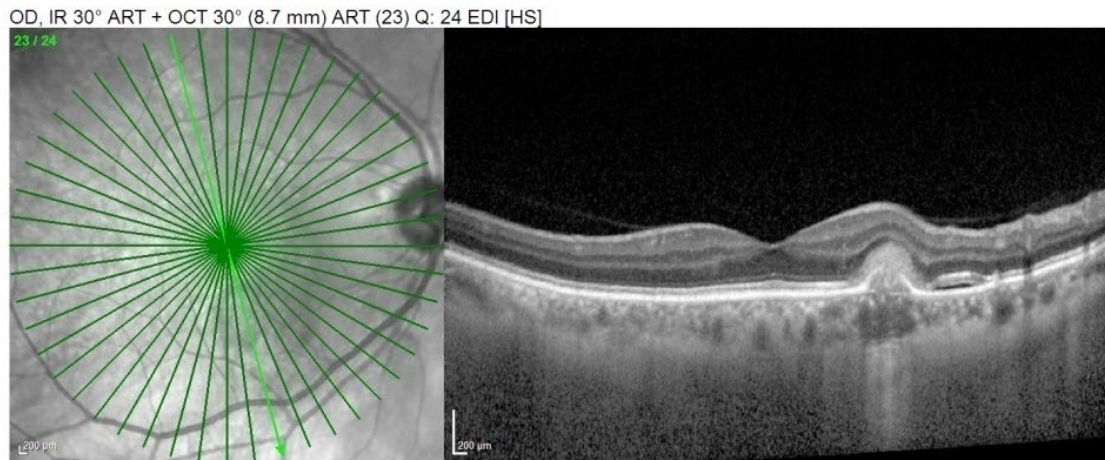
Case 2 : 50 Y, Female, asymptomatic OD OS – anti VEGF for post inflammatory CNV



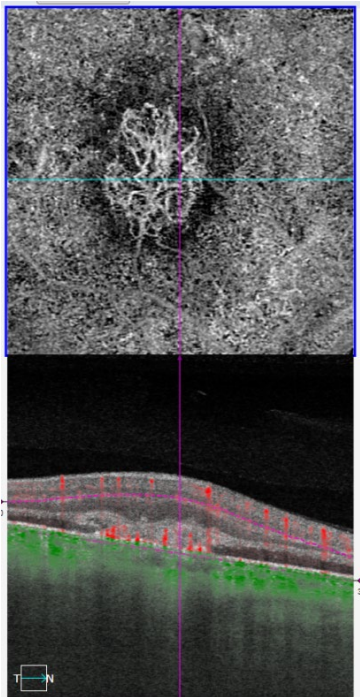
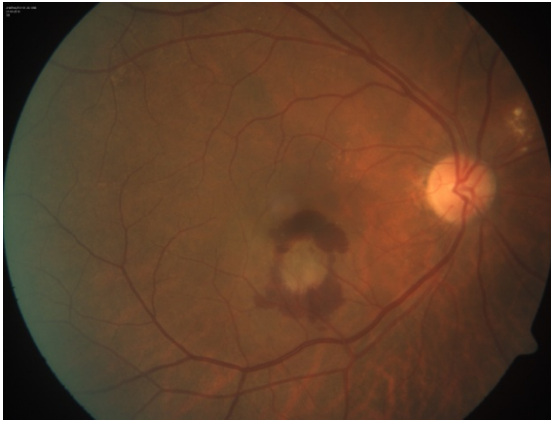
Routine review, 6/6 N6

Yellow spot below fovea OD ?fibrin

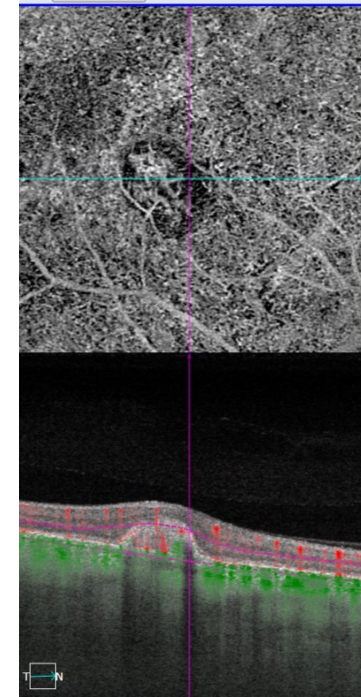
Declined further intervention



3 weeks.. BCVA 6/24 N12



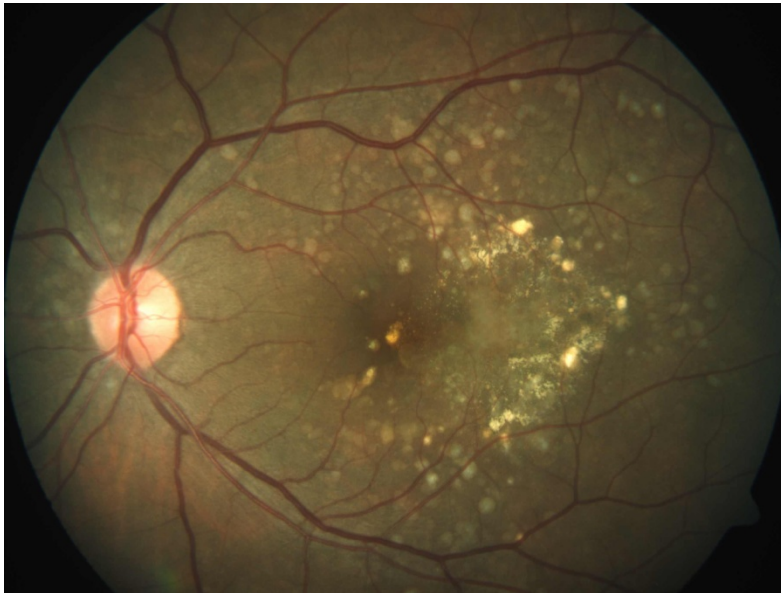
1 mo post ranibizumab 6/9 N6



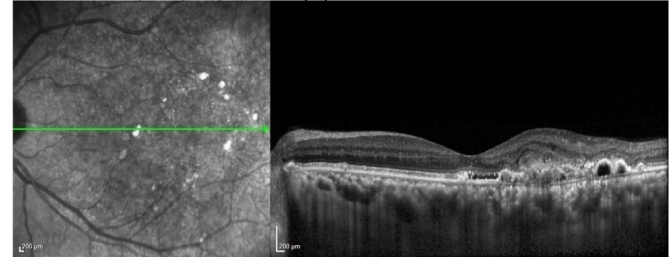
Ranibizumab x 3 6/6 N6



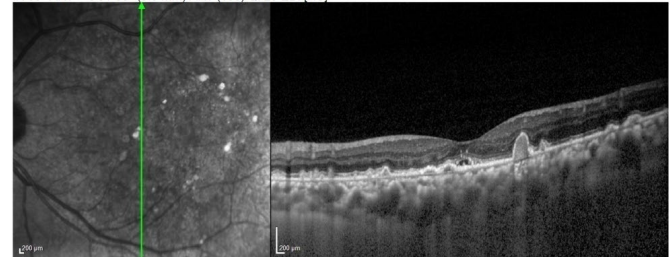
Case 3 : 50 y, female, scarred CNV OD
Mild blur OS – 1 month
BCVA 6/9 N6

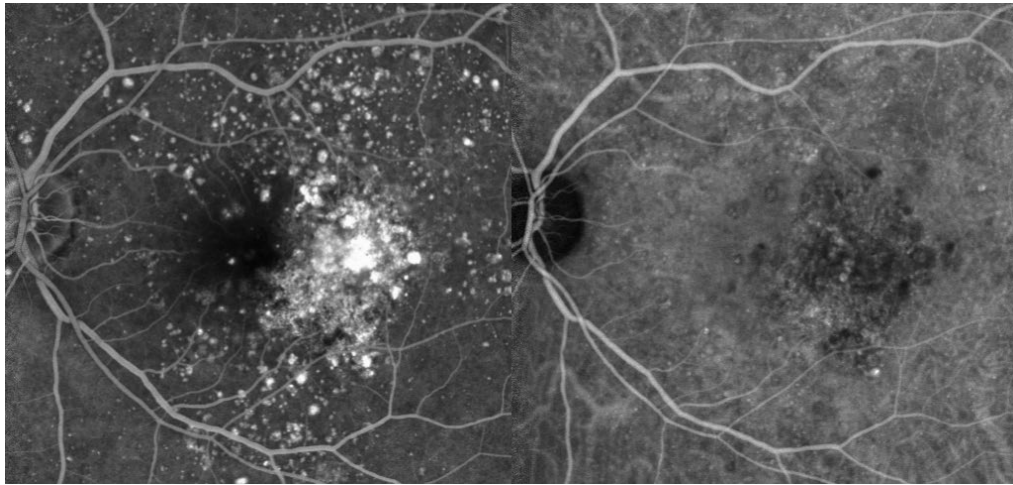


IR 30° ART + OCT 30° (9.0 mm) ART (100) Q. 36 EDI [HS]

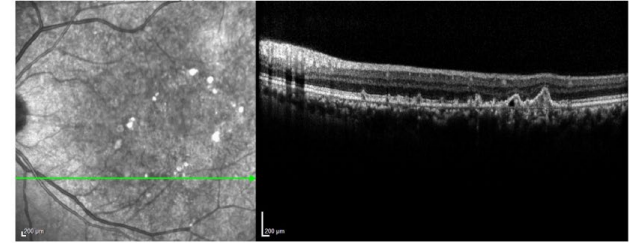


IR 30° ART + OCT 30° (9.0 mm) ART (100) Q. 28 EDI [HS]

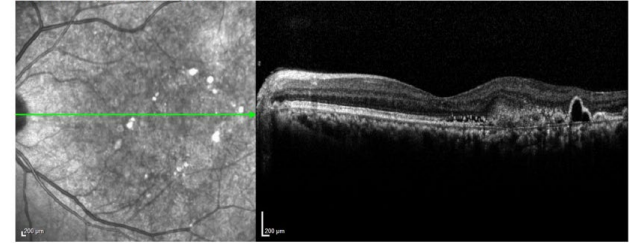




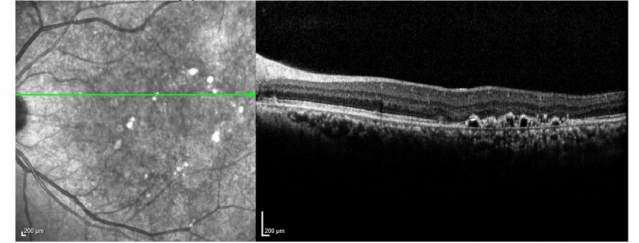
IR 30° ART + OCT 30° (9.0 mm) ART (9) G- 35 [H5]



IR 30° ART + OCT 30° (9.0 mm) ART (9) G- 27 [H5]

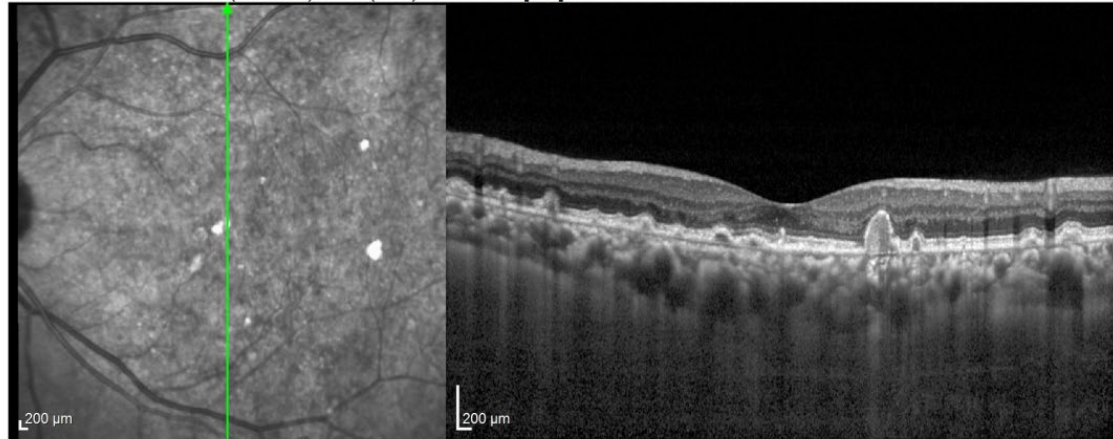


IR 30° ART + OCT 30° (9.0 mm) ART (9) G- 26 [H5]

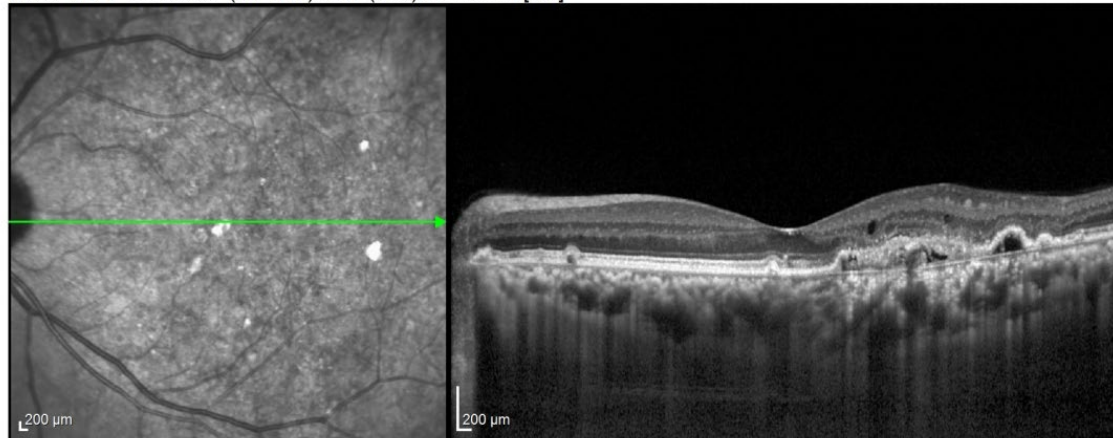


Post 5 ranibizumab

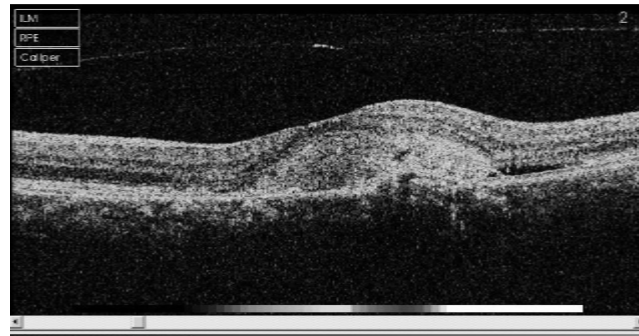
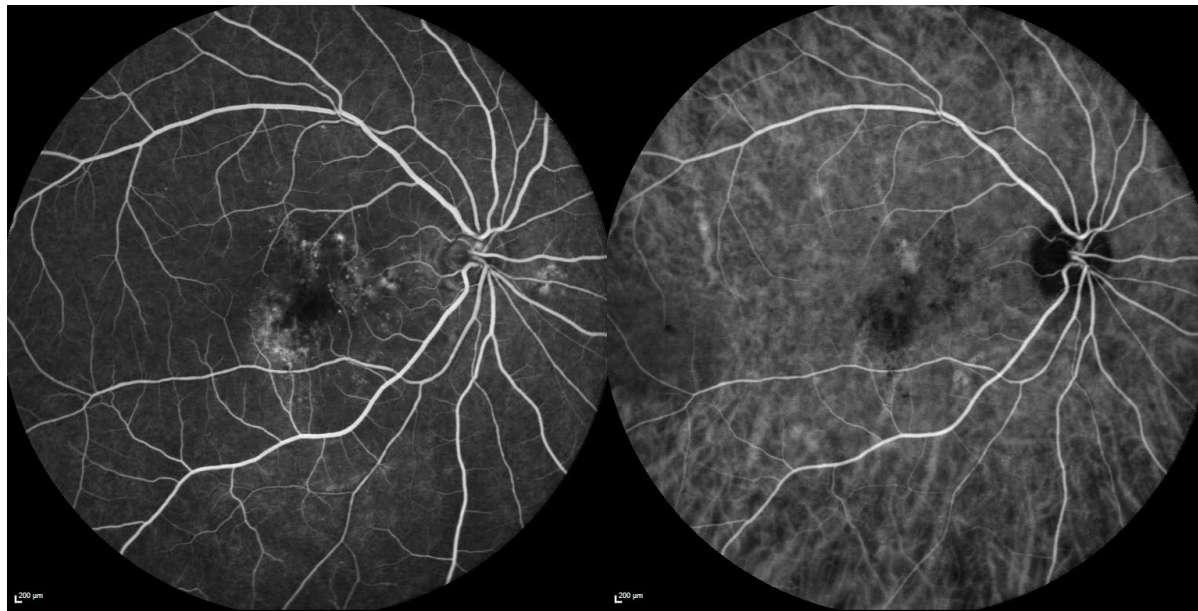
IR 30° ART + OCT 30° (8.7 mm) ART (100) Q: 30 EDI [HS]



IR 30° ART + OCT 30° (8.7 mm) ART (100) Q: 32 EDI [HS]



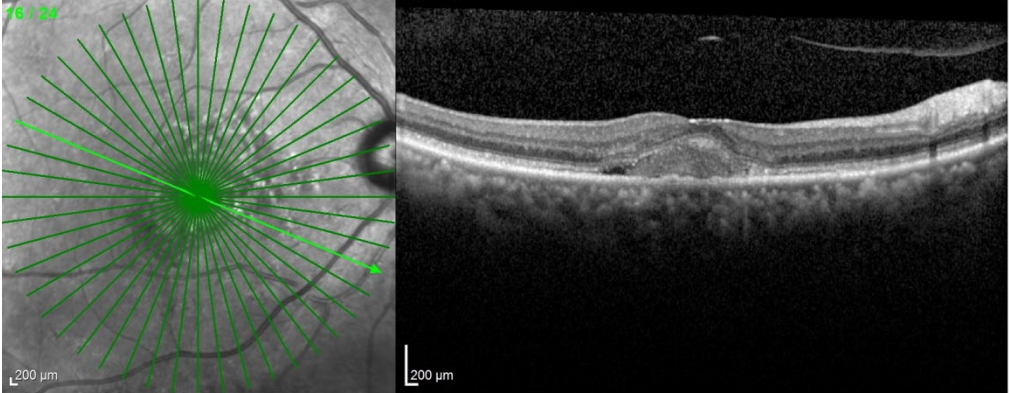
Case 4 : 70 year old male
Smoker, chronic CSCR ? Aggravated by steroids
Metamorphopsia OD 1 year
OD: 6/7.5 N6 OS : 6/6 N6
2015



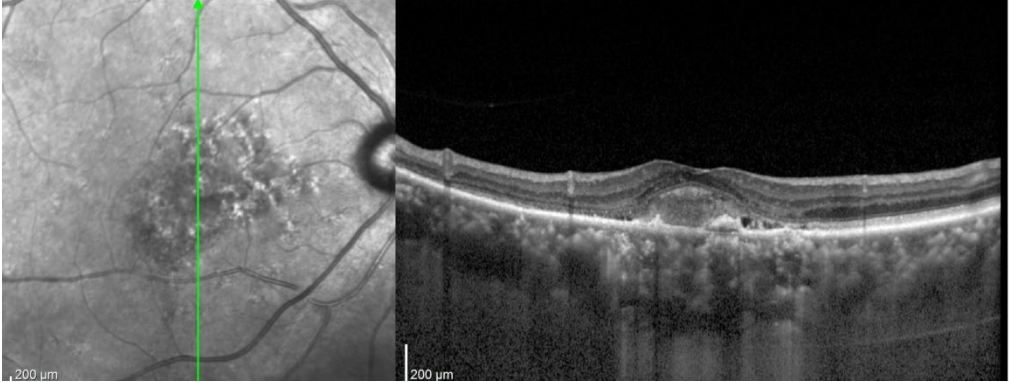
2018 – 6/9 N6, opinion for cataract surgery

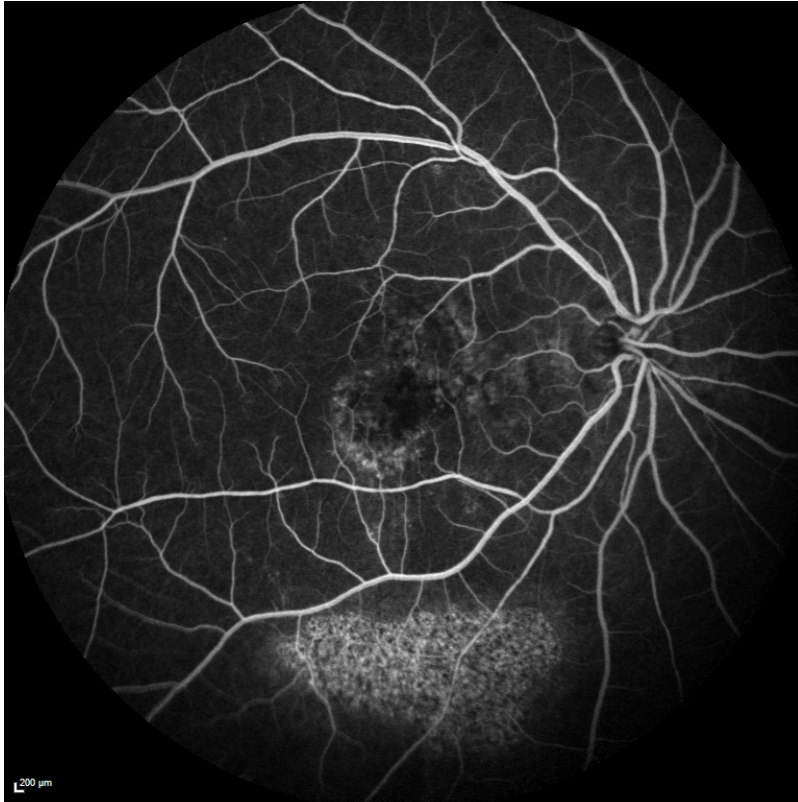


IR 30° ART + OCT 30° (8.8 mm) ART (25) Q: 23 [HS]



IR 30° ART + OCT 30° (8.8 mm) ART (100) Q: 28 EDI [HS]





200 μ m

200 μ m

MATHEW, SAMUEL DR, 6/1/1948, #3464555

6/4/2018, OD

FA&ICGA 0:37.65 55° ART(6) 0:37.62 55° ART(6)

Post Aflibercept – 1 month

