

## Acute bilateral visual acuity decrease in the 1st trimester of pregnancy.

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### **Summary:**

*The idiopathic illness known as central serous chorioretinopathy (CSCR) is characterized by a serous detachment of the neurosensory retina in the macular area. A number of risk factors have been reported to be associated with the condition including stress, steroids, pregnancy, Cushing's syndrome, hypertension, systemic lupus erythematosus, antibiotic and alcohol use, and allergic respiratory disease. We report a case of CSCR in a woman during the first trimester of pregnancy, with spontaneous resolution of symptoms after delivery.*

**Keywords:** *central serous chorioretinopathy; pregnancy; ocular manifestations.*

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### **I. Introduction**

There are numerous hormonal and hemodynamic changes that occur during pregnancy, and in rare instances, these changes might cause certain eye illnesses including central serous chorioretinopathy, characterized by serous detachment of the neurosensory retina in the macular region.

### **II. Cas clinique**

We report the case of a 31 year old patient admitted for a sudden decrease of bilateral visual acuity. On examination she was 2 months pregnant, without any pathological history, the ophthalmological examination revealed a visual acuity of 6/10 in the right eye and 2/10 in the left eye, a normal anterior segment, the fundus showed a para-macular retinal detachment of the right eye and the macular region of the left eye with small deep yellowish lesions at the posterior pole of both eyes.

The general examination was normal with a blood pressure of 12/07 mmhg.

The optical coherence tomography (OCT) scan showed serous retinal detachment in both eyes with a small pigment epithelial detachment in the left eye [figure 1]. The diagnosis of central serous chorioretinopathy (CSRC) was retained, the patient was followed regularly without any medication and the evolution was spontaneously favorable after delivery with a complete resolution of the retinal edema [figure 2]. With a visual acuity of 10/10 in both eyes.

### **III. Discussion**

Central serous chorioretinopathy (CSRC) is a multifactorial retinal pathology, affecting mostly young subjects between 25 and 50 years of age [1], with a male predominance.

it is even the second risk factor after corticosteroid treatment with an odds ratio of 7.1 [3]. Generally, vision is unilaterally affected, but up to 20% of patients may have bilateral damage. The pathophysiological hypothesis is that this is due to abnormalities in the hypothalamus-pituitary axis leading to endogenous hypercortisolemia, which in turn is responsible for an alteration in the hemato-retinal barrier [4], leading to an accumulation of fluid in the sub-retinal space, which causes a retinal serous detachment [4]. The evolution is usually favorable with resolution of symptoms after delivery without therapeutic intervention [5] however 30% of patients with CRSC have recurrences, this can lead to pigment epithelial dysfunction with permanent visual loss [5].

#### IV. Conclusion

Central serous chorioretinopathy in pregnant women is often associated with subretinal exudation that is probably fibrinous in nature. The condition resolves spontaneously at the end of pregnancy or after delivery, but may recur in the context of or outside of subsequent pregnancy. The particular conditions of pregnancy, including hemodynamic, biological, and psychological alterations, may lead susceptible women to develop central serous chorioretinopathy.

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#### ICONOGRAPHY:

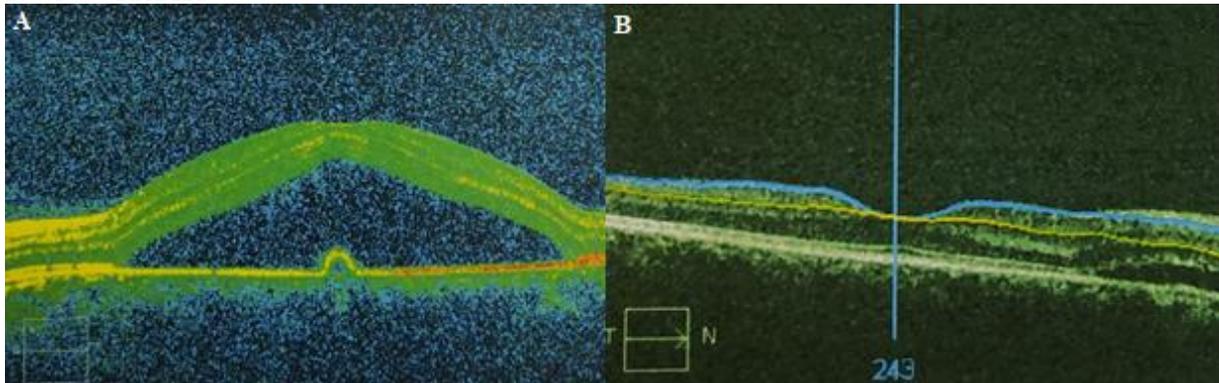


Figure 1: Optical coherence tomography of the left (A) and right (B) eye. In the left eye, shows subretinal fluid, thickened posterior surface of detached retina and semicircular pigment epithelial detachment, in the right eye optical coherence shows shallow subretinal fluid.

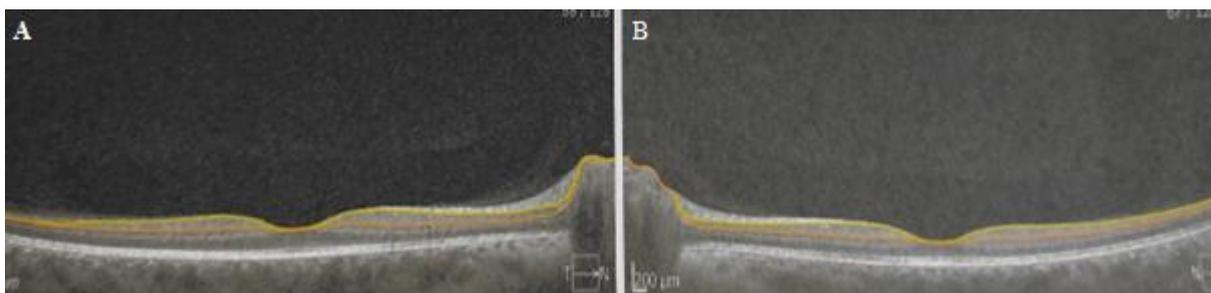


Figure 2: Optical coherence tomography, show complete resolution of the retinal detachment in both eye after delivery.