

Teaching NeuroImages: Central Serous Chorioretinopathy After Corticosteroid Treatment for Optic Neuritis

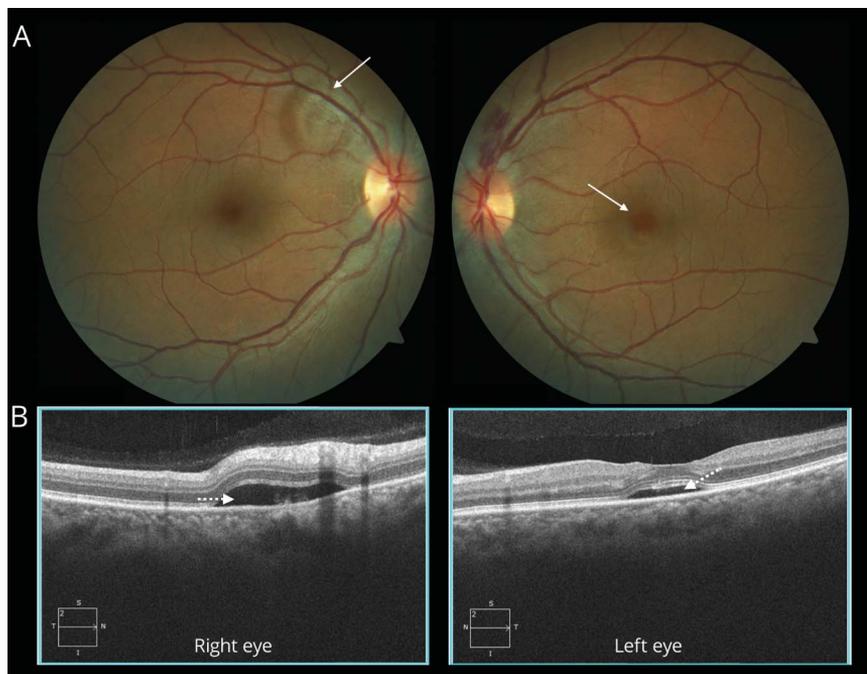
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Figure Superior Central Serous Chorioretinopathy (CSCR) in the Right Eye and Central CSCR in the Left Eye After Corticosteroid Treatment for Optic Neuritis



(A) Color fundus photographs demonstrating a localized superior serous detachment of the retina in the right eye (white arrow) and subfoveal serous detachment of the retina in the left eye (white arrow). (B) Optical coherence tomography of the macula over the localized areas of serous retina detachments demonstrating the subretinal fluid in both eyes (dashed white arrow).

A 37-year-old woman presented with a 1-week history of painful vision loss in both eyes from optic neuritis. She was treated with intravenous, followed by oral corticosteroids. After she completed intravenous corticosteroids, she developed a new area of blurred vision inferiorly (right eye) and centrally (left eye) secondary to central serous chorioretinopathy (CSCR), which resolved after oral prednisone taper (figure). CSCR is characterized by well-circumscribed serous detachments of the retina and is typically seen after exogenous corticosteroid use. CSCR can be misdiagnosed as optic neuritis¹ or develop in patients with optic neuritis after corticosteroid treatment² and should be kept in the differential diagnosis for worsening vision after corticosteroids.

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Appendix Authors

Name	Location	Contribution
Jennifer Ling	University of British Columbia	Design and conceptualized the study, analyzed the data, and drafted the manuscript for intellectual content

Appendix *(continued)*

Name	Location	Contribution
Jonathan Micieli, MD, CM	University of Toronto	Design and conceptualized the study, analyzed the data, and critical revision of the manuscript

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