Mrežnica, Friday, May 16 2025, 8:00-9:00
Location: dvorana Grandis
Session: **Mrežnica / Retina**
Chairs: Polona Jaki Mekjavić and Ivana Gardašević Topčić

OR-029

Bilateral foveomacular schisis in non-myopic woman

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A 54-year-old female patient was referred due to incidental finding of bilateral maculopathy.
Her best-corrected visual acuity was 1.0 bilaterally according to the Snellen chart (with correction RE +2.75 sph, LE +3.25 sph). Clinicall examination of anterior and posterior segments of the eye did not reveal any significant findings.
Optical coherence tomography (OCT) of the macula revealed cystoid changes (schisis) in the outer retinal layers, extending temporally from the fovea. Fluorescein angiography, electrophysiology, biometry and genetic testing was conducted.
There are various causes of maculopathy associated with foveoschisis, including congenital X-linked retinoschisis (mutation in the RS1 gene), myopic foveoschisis, optic disc pit maculopathy, retinitis pigmentosa, glaucoma, vitreomacular traction, medication-induced foveoschisis and idiopathic foveoschisis (SNIFR – stellate non-hereditary idiopathic foveomacular retinoschisis).
The treatment of foveoschisis depends on the patient's symptoms or any potential complications associated with retinoschisis. In asymptomatic patients we opt for annual monitoring, whereas in complicated cases pars plana vitrectomy may be considered.

Obojestranska foveomakularna shiza pri nekratkovidni bolnici

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54 – letna bolnica je bila napotena zaradi naključno ugotovljene makulopatije obojestransko.
Z ustrezno korekcijo je bila vidna ostrina obojestransko 1,0 po Snellenu (korekcija desno +2,75 sph, levo + 3,25 sph). Klinično ob pregledu sprednjega in zadnjega očesnega segmenta večjih posebnosti nismo ugotavljali.
Na OCT makul so bile v fovei vidne cistoidne spremembe (shiza) v zunanjih slojih mrežnice, ki so se širile proti temporalno. Opravili smo fluoresceinsko angiografijo, elektrofiziologijo, biometrijo in genetske preiskave.
Obstajajo različni vzroki makulopatij, pri katerih se pojavi foveoshiza: kongenitalna X-vezana retinoshiza (mutacija v genu RS1), miopična foveoshiza, optic disc pit makulopatija, retinitis pigmentosa, glavkom, vitreomakularna trakcija, medikamentozno povzročena foveoshiza, idiopatska foveoshiza (SNIFR – stelatna ne-dedna idiopatska foveomakularna retinoshiza).
Zdravljenje foveoshize je odvisno od bolnikovih težav ali morebitnih drugih zapletov, povezanih z retinoshizo. Pri asimptomatskih bolnikih se odločimo za letno spremljanje, pri zapletih pa pride v poštev zdravljenje z vitrektomijo.