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Solar maculopathy complicated by macular neovascularization in a pediatric patient

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Purpose: To present a case of a boy with secondary macular neovascularization.
Methods: A retrospective analysis of the patient's medical records.
Results: A boy (born in 2009) was first examined in the emergency ophthalmology clinic due to a three-day deterioration of vision in his right eye. He described severely blurred vision in the central part of the visual field. Visual acuity was 0.1 st.n.k. in the right eye and 1.0 s.c. in the left eye. The anterior segment was without pathological findings. Fundus examination of the right eye revealed a yellowish radiating area with hemorrhage in the macula, while the left eye showed a small punctate yellow lesion. Optical coherence tomography (OCT) of the right macula showed a subfoveal hyperreflective lesion with subretinal and intraretinal fluid, while OCT of the left macula revealed small defects in the outer retinal layers in the juxtafoveal region. Multimodal imaging confirmed macular neovascularization (MNV) in the right macula. Static perimetry demonstrated a central area of reduced retinal sensitivity in the right eye. Due to the presence of MNV, treatment with vascular endothelial growth factor (VEGF) inhibitors (ranibizumab) was initiated. After the first application, significant regression of MNV was observed on OCT, along with an improvement in visual acuity (right eye: 1.0 cc). Fluorescein and indocyanine green angiography were also performed, confirming the diagnosis of solar maculopathy.
Conclusion: This clinical case highlights the importance of early recognition and treatment of secondary macular neovascularization in young patients, as prompt anti-VEGF therapy can significantly improve vision and prevent permanent retinal damage.

Solarna makulopatija s sekundarno makularno neovaskularizacijo pri otroku

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Namen: Prikaz primera dečka s sekundarno makularno neovaskularizacijo.
Metode: Retrospektivna analiza bolnikove dokumentacije.
Rezultati: Deček (r.2009) je bil prvič pregledan v očesni dežurni ambulanti zaradi tridnevnega poslabšanja vida na desnem očesu. Opisal je zelo meglen vid v centralnem delu vidnega polja, vidna ostrina desno je bila 0,1 st.n.k. in levo 1,0 s.c. V očesnem statusu je bil sprednji segment v fizioloških mejah, pri pregledu očesnega ozadja je bilo v desni makuli vidno področje rumenkastega prosevanja s hemoragijo, levo pa drobna pikčasta rumena lezija. OCT makule desnega očesa je pokazal subfoveolarno hipereflektivno lezijo s tekočino pod mrežnico in intraretinalno, na OCT makule levo so bili jukstafoveolarno vidni drobni defekti v zunanjih mrežničnih slojih. Z multimodalnim slikanjem smo potrdili MNV desne makule. Na statični perimetriji je bilo na desnem očesu vidno centralno področje znižane retinalne senzitivnosti. Zaradi MNV smo indicirali zdravljenje z zaviralci žilnih endotelnih rastnih faktorjev (ranibizumab). Po prvi aplikaciji je prišlo do pomembne regresije MNV na OCT in izboljšanja vidne ostrine (Vdo: 1,0 cc). Opravljena je bila tudi fluoresceinska in ICG angiografija. Ugotovljena je bila solarna makulopatija.
Zaključek: Klinični primer poudarja pomen zgodnjega prepoznavanja in zdravljenja sekundarne makularne neovaskularizacije pri mladih bolnikih, saj lahko zgodnje zdravljenje z anti-VEGF terapijo pomembno pripomore k izboljšanju vida in preprečevanju trajnih poškodb mrežnice.