To refer or not to refer?
OCT Angiography Shows CNV in Dry AMD

What is added by OCT Angiography (OCTA)?
- OCTA visualizes choroidal vasculature to aid in the identification of CNV membranes.

How does OCTA change patient care?
- OCTA aids in the confirmation of conversion of dry, atrophic macular degeneration to the wet form, allowing for timely referral to a retina specialist.
- In eyes where CNV is not present, patients can be confidently managed until a referral is needed.

CASE HISTORY
- 71-year-old Hispanic male presented with complaints of blurry vision in both eyes
- History of dry, atrophic age related macular degeneration
- Medical history positive for arthritis, hypertension, asthma, and chronic cigarette use
- BCVA 20/25 OD and OS

CLINICAL FINDINGS
- Slit lamp exam showed 1+ nuclear sclerotic cataracts
- Normal IOP of 18mmHG OU
- Dilated fundus exam revealed evidence of soft confluent drusen and RPE atrophy bilaterally and an elevated, discolored lesion OS (FIGURE 1)
- OCT B-scans confirmed the presence of soft, confluent drusen in both eyes and a sub-RPE hyper-reflective lesion nasal to the fovea with an adjacent pocket of fluid (FIGURE 2)

ASSESSMENT
OCTA visualized the choroidal vasculature in more detail and demonstrated a hyper-reflective lacy network originating at the level of the choriocapillaris (FIGURE 3). Viewing the B-scans alongside the angiograms allowed for outstanding resolution of the membrane, as well as classification and measurement of the lesion.

CONCLUSION
Despite the quiescent nature of this gentleman’s condition for years, OCTA was used to confirm conversion of dry, atrophic macular degeneration to the wet form and allowed for timely referral and management.

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