Chronic Alcoholism & Central Serous Chorioretinopathy: A Case Report

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INTRODUCTION

- Central Serous Chorioretinopathy (CSCR) is a retinal disorder characterized by the accumulation of subretinal fluid, leading to detachment of the neurosensory retina, predominantly affecting the macular region.
- Chronic Alcoholism is known to have profound systemic effects, including alterations in hypothalamic-pituitary-adrenal (HPA) axis, increased oxidative stress, changes in blood flow dynamics which may predispose individuals to vascular abnormalities, which potentially contribute to pathogenesis of CSCR.

- **Aim**: To present a case report highlighting the association between chronic alcoholism and central serous chorioretinopathy (CSCR), focusing on clinical presentation, management, and the importance of addressing alcohol use in patients with CSCR.
- **Method:** A case report

HISTORY

- **33 years old male patient** presented with complain of Acute **diminution of vision** of RE for past 3 days.
- He had history of **chronic alcohol abuse** and reported heavily drinking the week prior to noticing the sudden changes in his vision.

➢**Personal & Systemic history-**

- Chronic Alcohol abuse/dependence with acute alcoholic intoxication
- Cocaine & Tobacco dependence, episodic
- **No** history of sleep disturbance, psychological stress, infection, any comorbidities or steroid ingestion.

EXAMINATION

➢ Visual Acuity

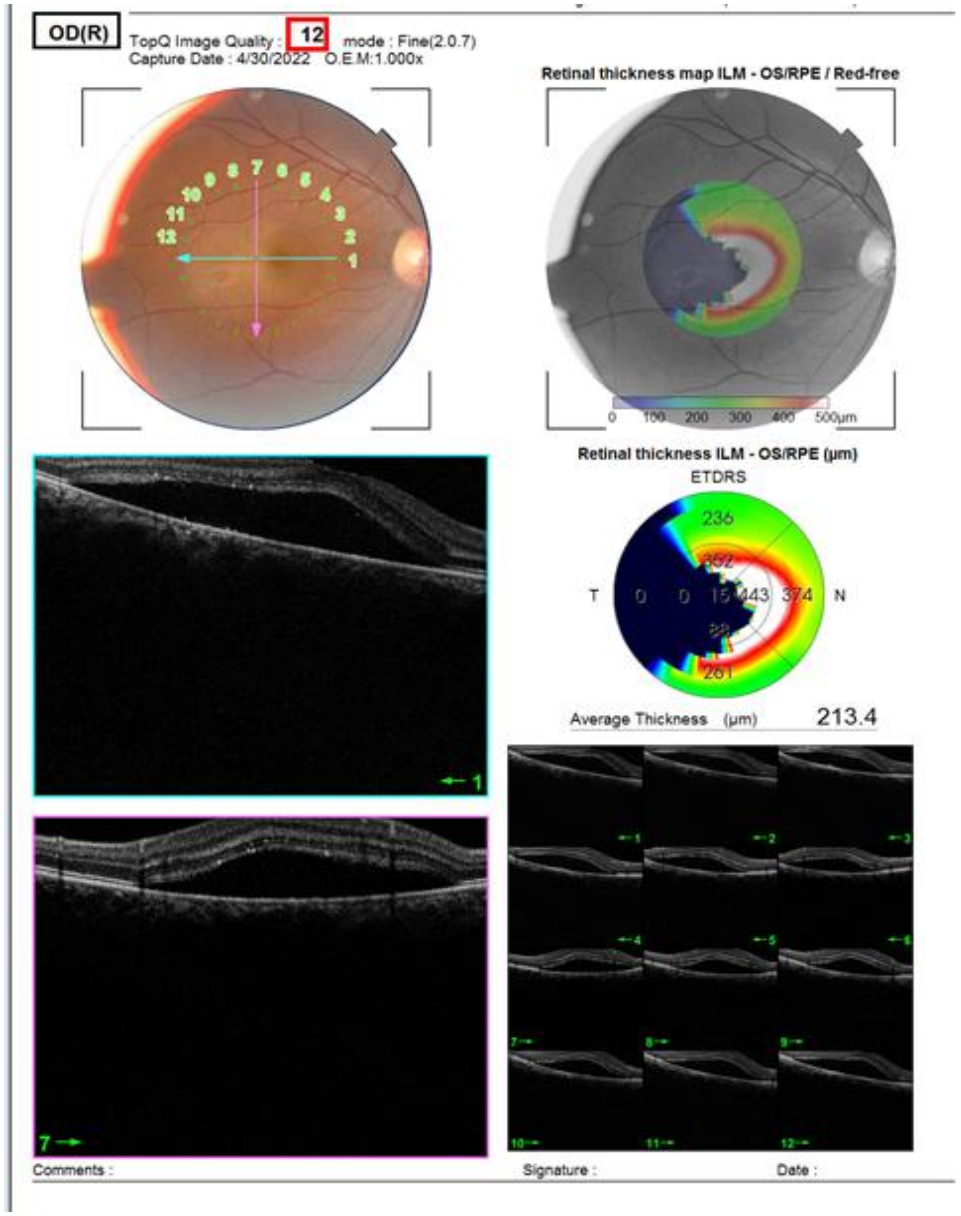
	OD	OS
UCVA	6/12	6/6
PIN HOLE	6/12	6/6

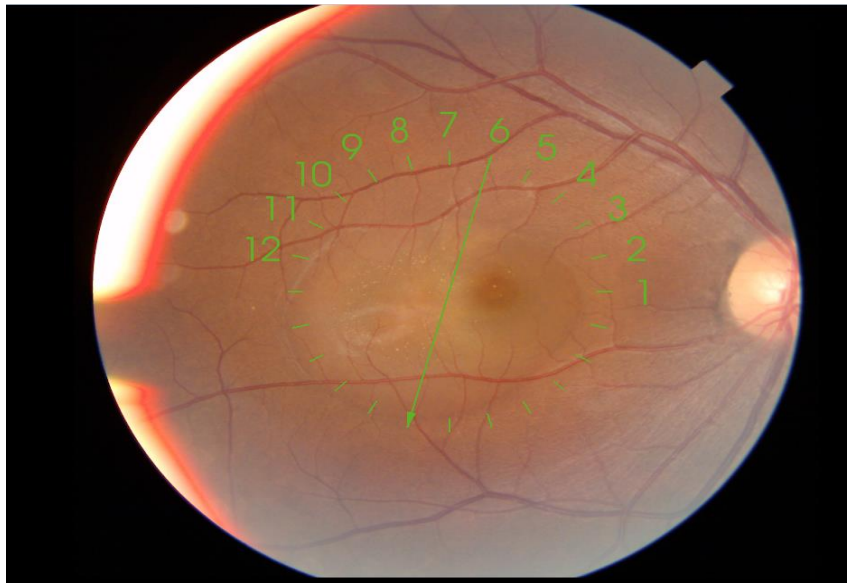
➢ Dilated Fundus Examination

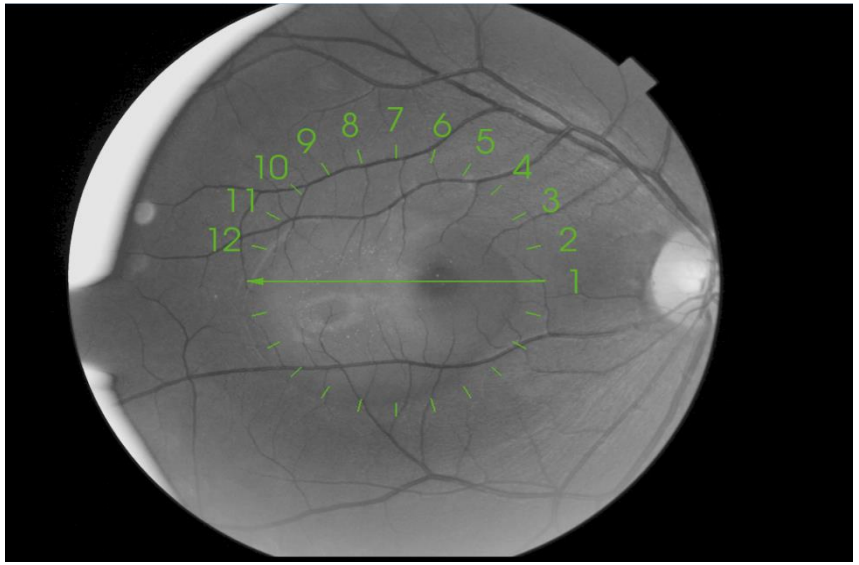
	OD	OS
DISC	0.3 CDR with HNRR with normal size, shape & well defined margins	0.3 CDR with HNRR with normal size, shape & well defined margins
MACULA	Foveal reflex absent & presence of fluid around macula	Normal
PERIPHERY	Intact 360	Intact 360
VESSELS	Normal in calibre with A:V=2:3	Normal in calibre with A:V=2:3

OCT MACULA - RE

Subretinal fluid present around macula







- Above all clinical, fundus & OCT findings are suggestive of **Central Serous Chorioretinopathy (CSCR) in RE.**

- **MANAGEMENT**

- Patient received **Deaddiction Counselling** to help develop habits to reduce alcohol dependence.
- Rx-Tab. MVBC OD for 1 month

  Tab. Naltrexone 50 mg OD for 1 month

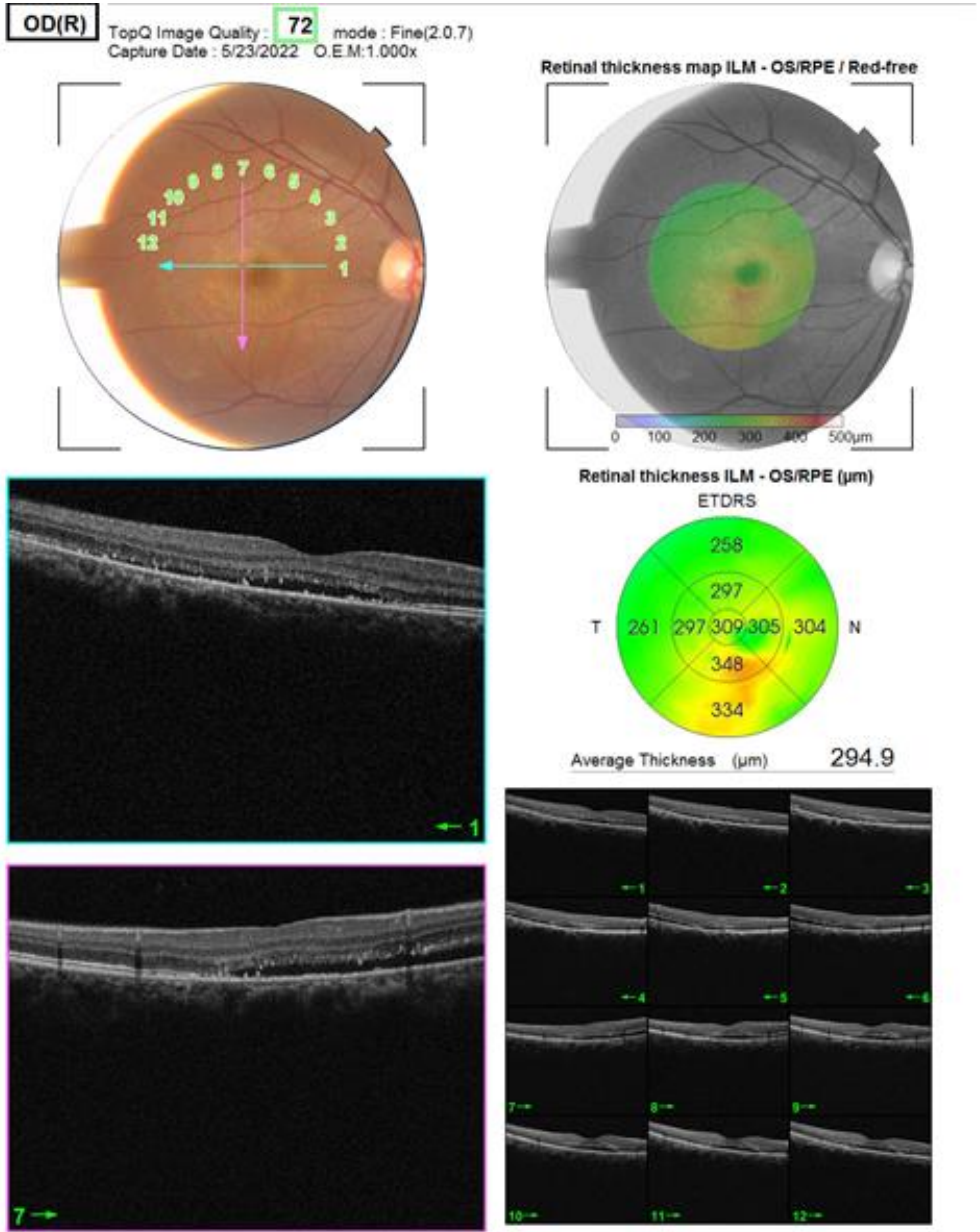
  Tab. Thiamine 100 mg OD for 1 month
- CSCR resolved spontaneously within 3 month period.

3 months after treatment

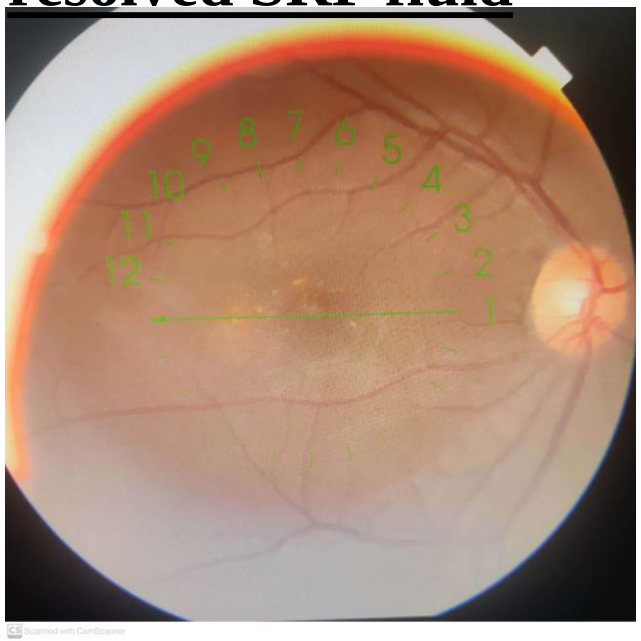
➢ **Visual Acuity**

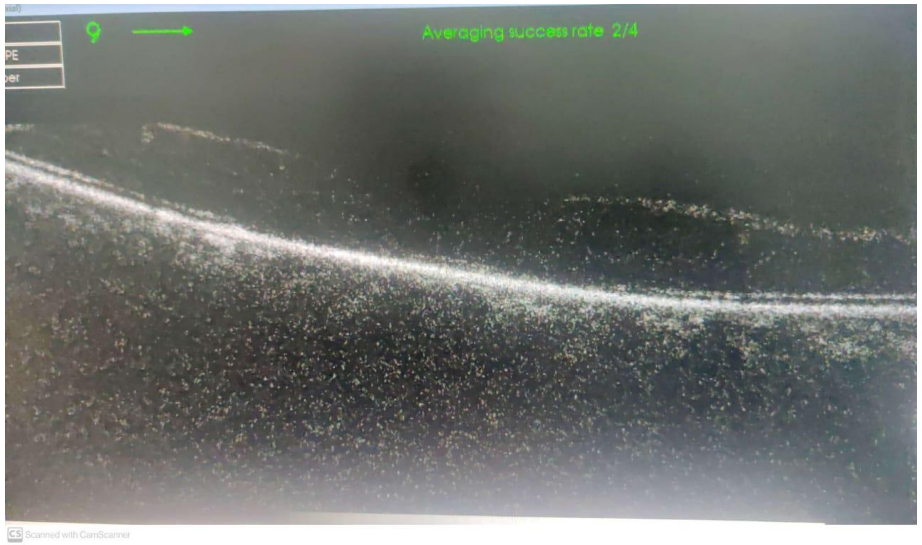
	OD	OS
UCVA	6/6	6/6
PINHOLE	6/6	6/6

1 month after Treatment- resolving SRF fluid



3 month after Treatment- resolved SRF fluid





DISCUSSION

- Central Serous Chorioretinopathy (CSCR) is characterized by serous detachment of the neurosensory retina from the retinal pigment epithelium leading to visual impairment.
- **CSCR related to increased corticosteroids & alcohol intake causes hypercortisolism.**
- Increased corticosteroids ➡ inhibition of collagen synthase ➡ increase in the permeability of choroidal capillaries and the dysfunction of ionic pump in RPE.
- Alcohol intake also disturbs the hormone system by affecting the hypothalamic-pituitary-adrenal axis.
- Epinephrine ➡ vasospasm of choroidal vessels ➡ hyperpermeability of choroid

CONCLUSION

- Heavy Alcohol consumption is one of the risk factor for CSCR. So it’s necessary to screen & educate them to prevent this disease.

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Ethical Aspects and Conflict of Interest

- Written, informed consent was taken by the patient before including his data as part of the poster.
- Total care was taken not to divulge name, OPD or IPD number of the patient, facts of ill-health and other information of the patient to anybody without patients or their guardian's permission. Strict confidentiality was maintained.
- Permission from the "Institutional Ethical Committee“ was taken.
- It is a case report. Patient didnot bear any cost for this poster.

THANK YOU