# Intravitreal Bevacizumab for Refractory CSC: Case Report

# Efficacy of Intravitreal Bevacizumab in the Treatment of Refractory Central Serous Chorioretinopathy: A Case Report

The page discusses the use of Intravitreal Bevacizumab, an anti-VEGF medication, for treating Refractory Central Serous Chorioretinopathy (CSCR), a condition where fluid accumulates under the retina, potentially leading to vision loss. Traditional treatment methods may not always be effective for CSCR, making it a challenging condition to treat. The document likely presents a case report detailing the use of Bevacizumab in a patient resistant to standard therapies, highlighting its potential efficacy in treating refractory CSCR. For more detailed information, the full text on the page should be consulted.

## Abstract:

Central serous chorioretinopathy (CSC) presents challenges in management, especially when the condition becomes refractory to conventional treatments. In this case report, we present the successful treatment of refractory CSC using intravitreal bevacizumab (IVB) injection in a 40-year-old male patient. Despite prior treatments, including observation and oral medications, the patient's condition persisted, leading to visual impairment. Following a single IVB injection, significant improvements in best-corrected visual acuity (BCVA) and reduction in central macular thickness (CMT) were observed. This case highlights the potential efficacy of IVB as an alternative treatment option for refractory CSC.

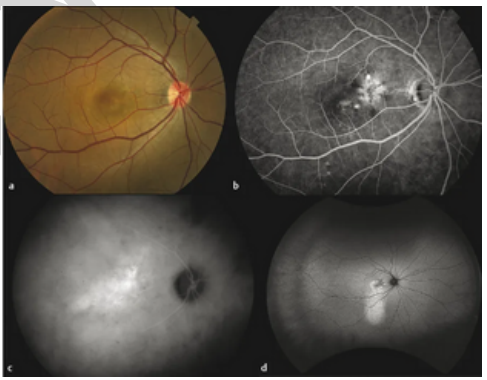
Initially, a conservative approach was adopted, involving close observation over a six-month period. During this time, the patient's symptoms fluctuated, with periods of slight improvement followed by worsening of vision, ultimately leading to a gradual decline in visual acuity.

Given the persistence of symptoms and the patient's deteriorating vision, treatment was escalated to include oral medications. The patient was prescribed a course of oral spironolactone, a mineralocorticoid receptor antagonist, shown to have efficacy in some cases of CSCR due to its potential to reduce choroidal effusion.

Despite adherence to the treatment regimen for three months, the patient reported no significant improvement in symptoms, and follow-up examination showed continued serous detachment.

The choice of IVB was based on its success in treating other neovascular ocular conditions and its potential applicability in cases of CSCR refractory to conventional treatments. The patient was informed about the potential risks and benefits of the procedure, and informed consent was obtained.

Follow-up appointments were scheduled for one week and one-month post-injection to monitor the patient's response to treatment, with particular attention to changes in visual acuity and the anatomical status of the retina. The patient was advised to report any immediate adverse effects or deterioration in vision.



## Outcome:

Following IVB injection, the patient's best-corrected visual acuity (BCVA) improved significantly from 0.6 to 0.4 logarithm of the minimum angle of resolution (logMAR) at two months and further to 0.3 logMAR at six months. Additionally, central macular thickness (CMT) decreased significantly from 370 µm at baseline to 210 µm at six months post-injection. No recurrence of serous detachment was observed during the follow-up period.

## Discussion :

This case highlights the potential efficacy of intravitreal bevacizumab (IVB) in the treatment of refractory central serous chorioretinopathy (CSC). IVB injection resulted in significant improvements in visual acuity and reduction in central macular thickness, indicating resolution of serous detachment. These findings support the use of IVB as an alternative treatment option for refractory CSC cases resistant to conventional therapies.

## Conclusion:

Intravitreal bevacizumab (IVB) injection shows promise in the management of refractory central serous chorioretinopathy (CSC). Further studies with larger sample sizes and controlled trials are warranted to validate its efficacy and safety as a treatment option for refractory CSC.

## References:

1. Wang M, Munch IC, Hasler PW, et al. Central serous chorioretinopathy. Acta Ophthalmol. 2008;86:126–145.
2. Schaal KB, Hoeh AE, Scheuerle A, et al. Intravitreal bevacizumab for treatment of chronic central serous chorioretinopathy. Eur J Ophthalmol. 2009;19:613–617.
3. Ober MD, Yannuzzi LA, Do DV, et al. Photodynamic therapy for focal retinal pigment epithelial leaks secondary to central serous chorioretinopathy. Ophthalmology. 2005;112:2088–2094.