APMPPE

Epiteliopatía Placoide Pigmentaria Posterior Multifocal Aguda

Emilio M. Dodds
Consultores Oftalmológicos

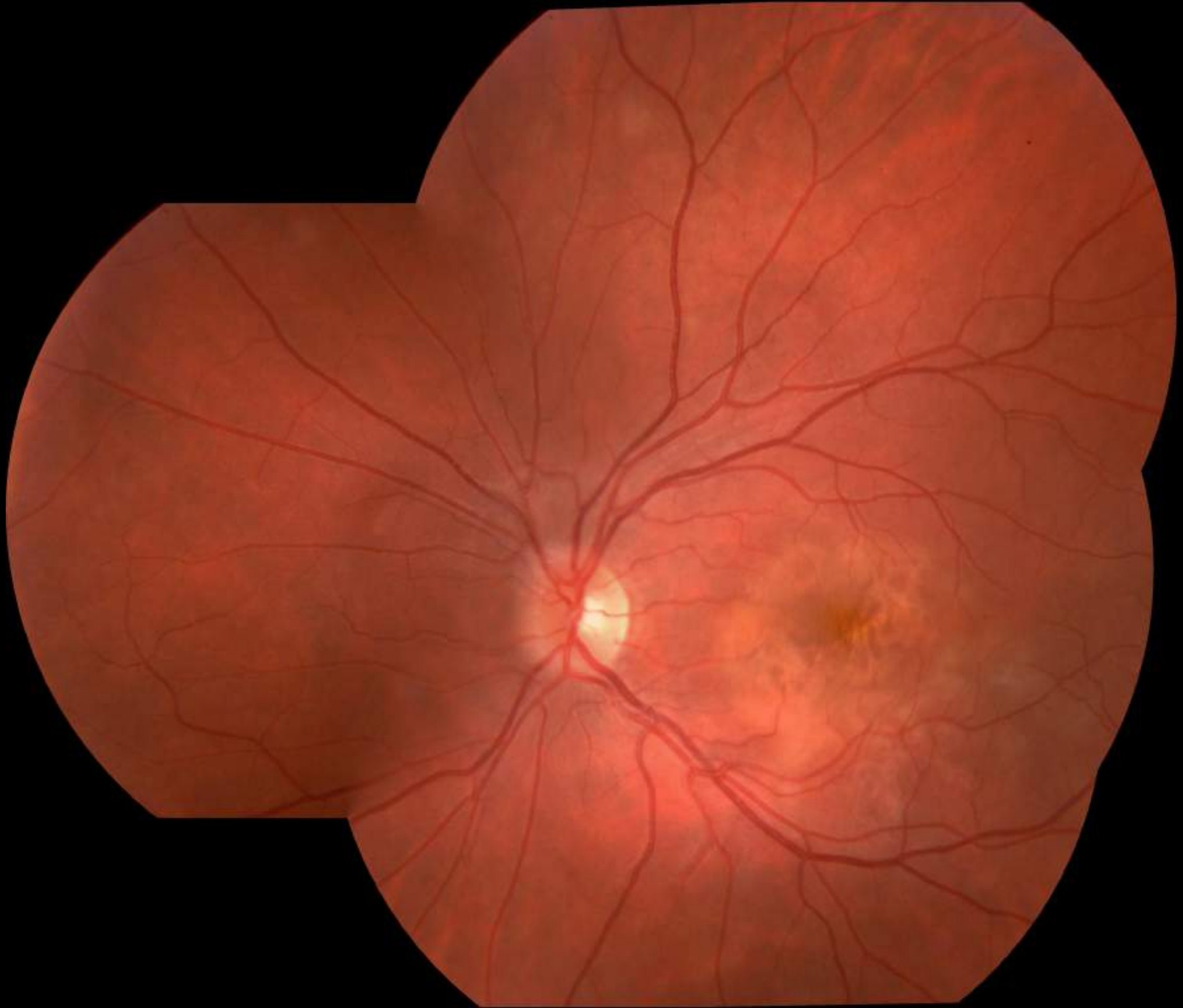
Ateneo Julio 2021

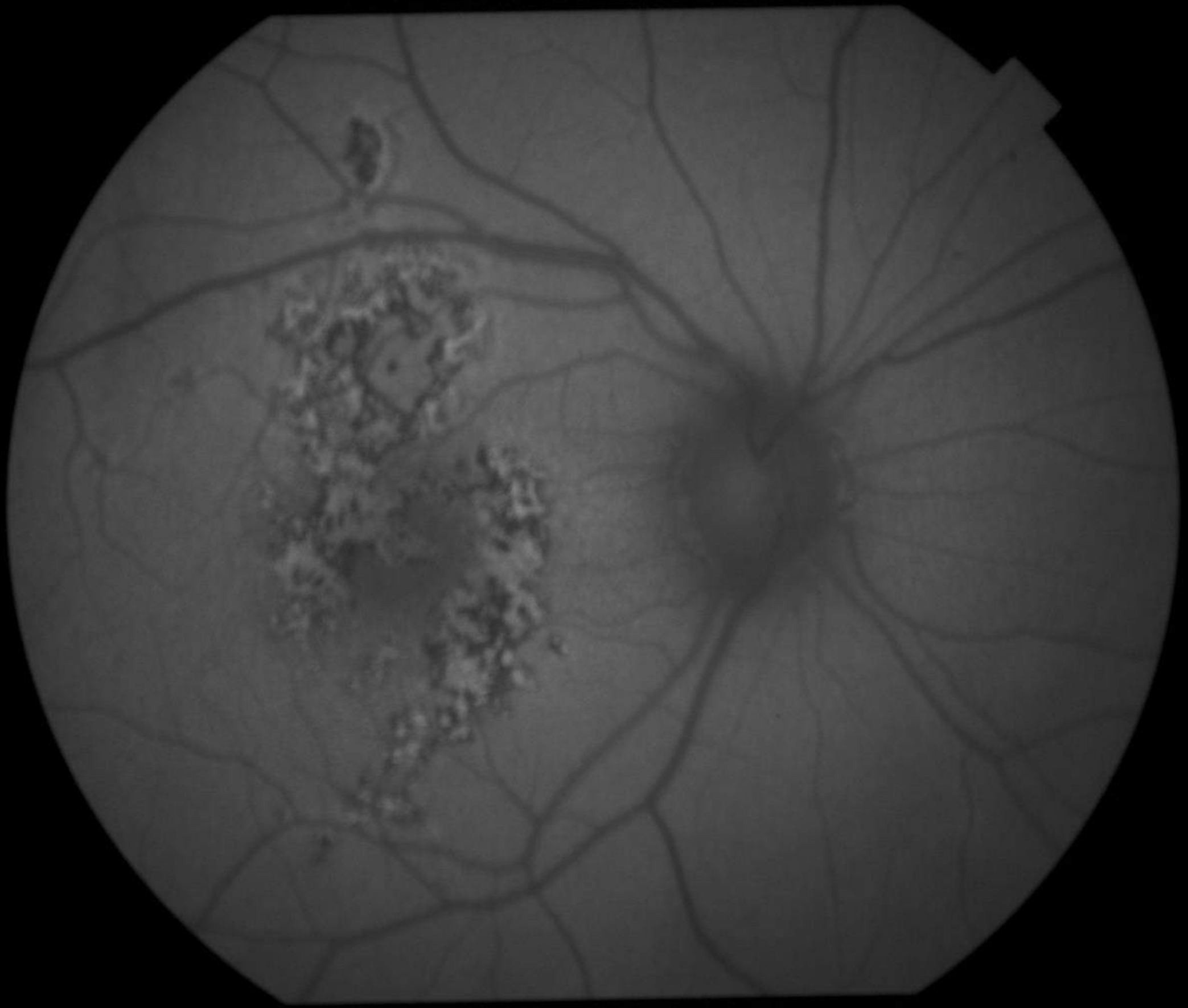
- Mujer 24 años
- Consulta en febrero 2021
- Visión borrosa AO de dos semanas evolución
- Sin ojo rojo ni dolor
- Sin antecedentes oftalmológicos

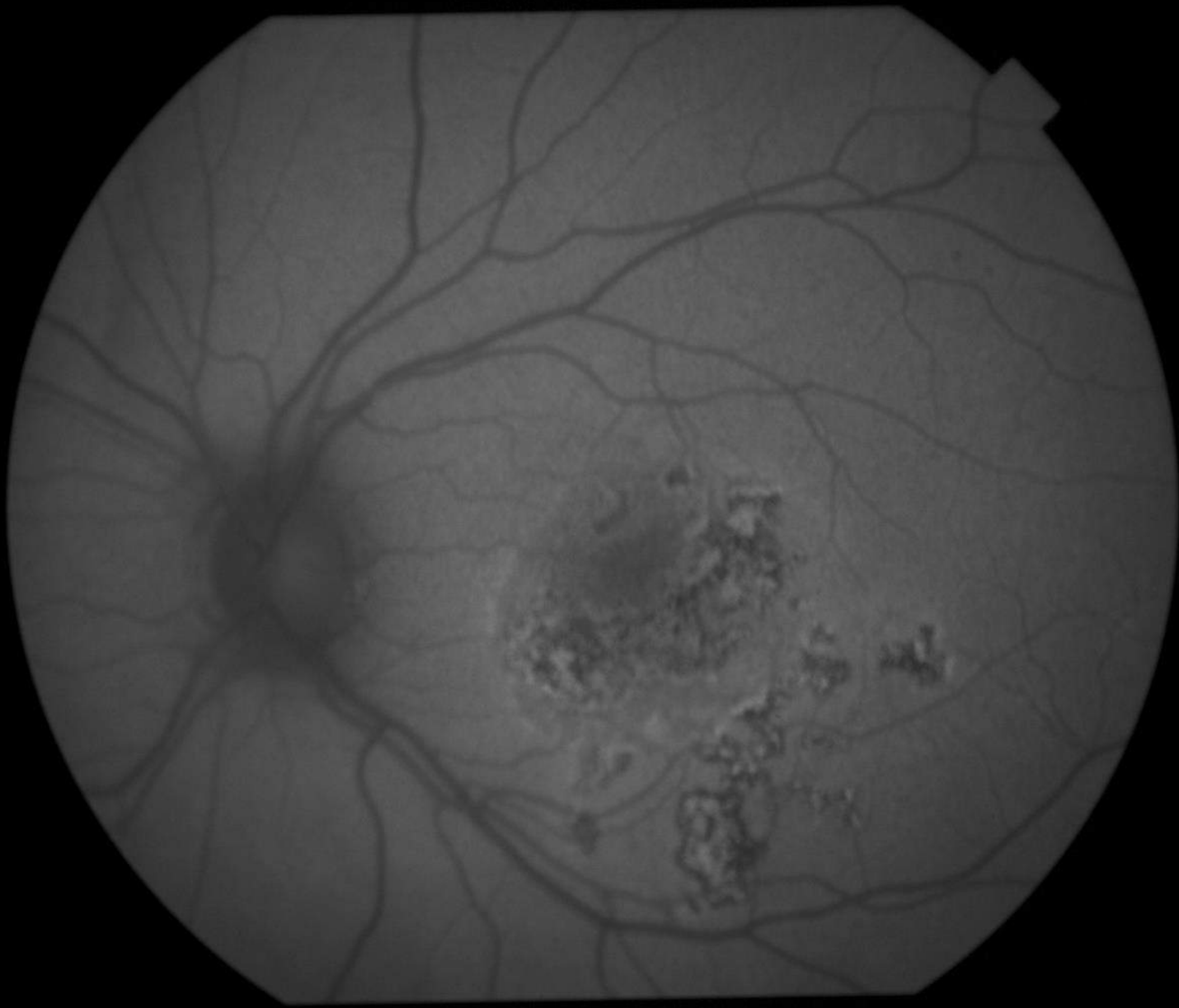
CONSULTORES Oftalmológicos

HF

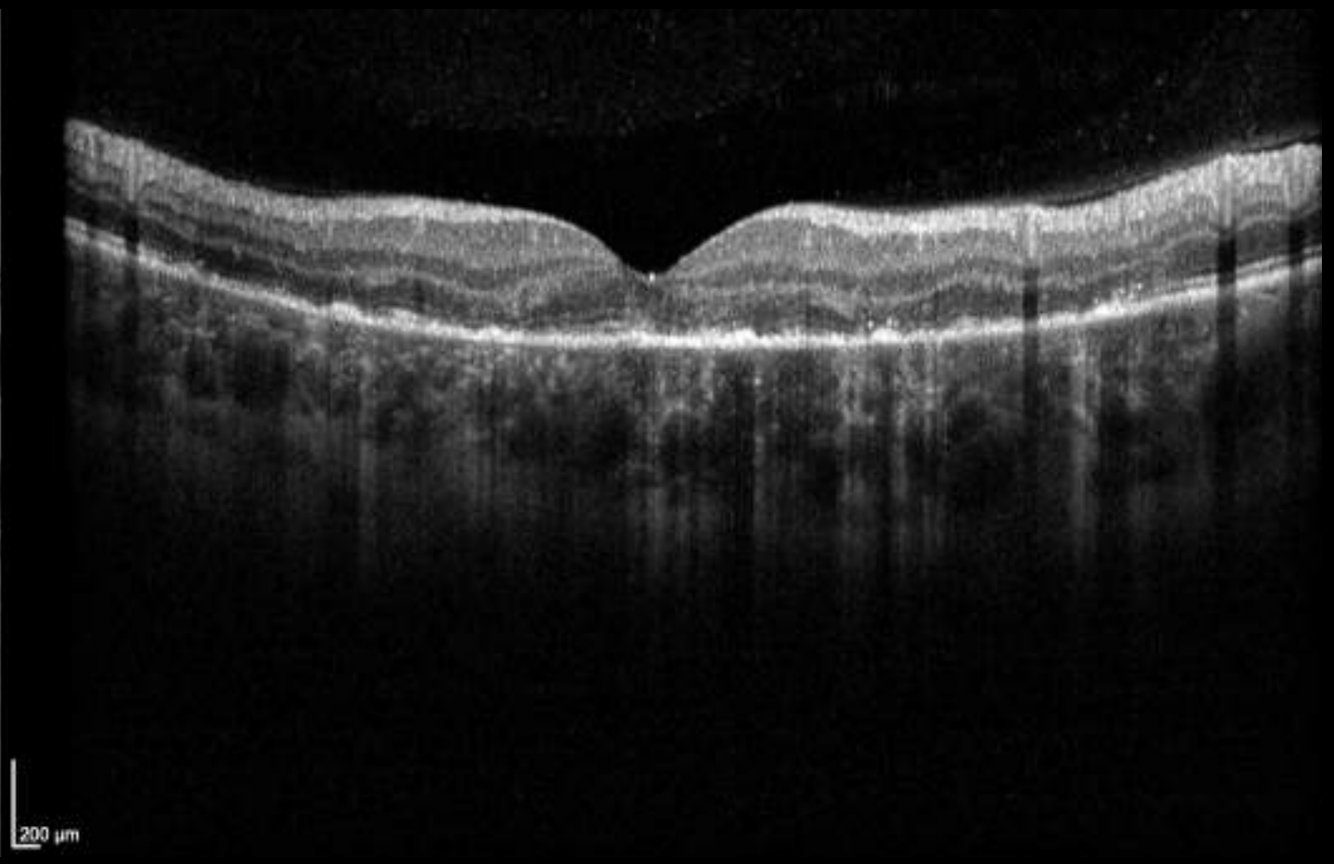
- Linfoma de Hodgkin en tratamiento desde hace un año
- COVID + en diciembre 2020
- AV 4/10 OD y 0,5/10 OI
- PIO 14 mmHg
- BMC normal



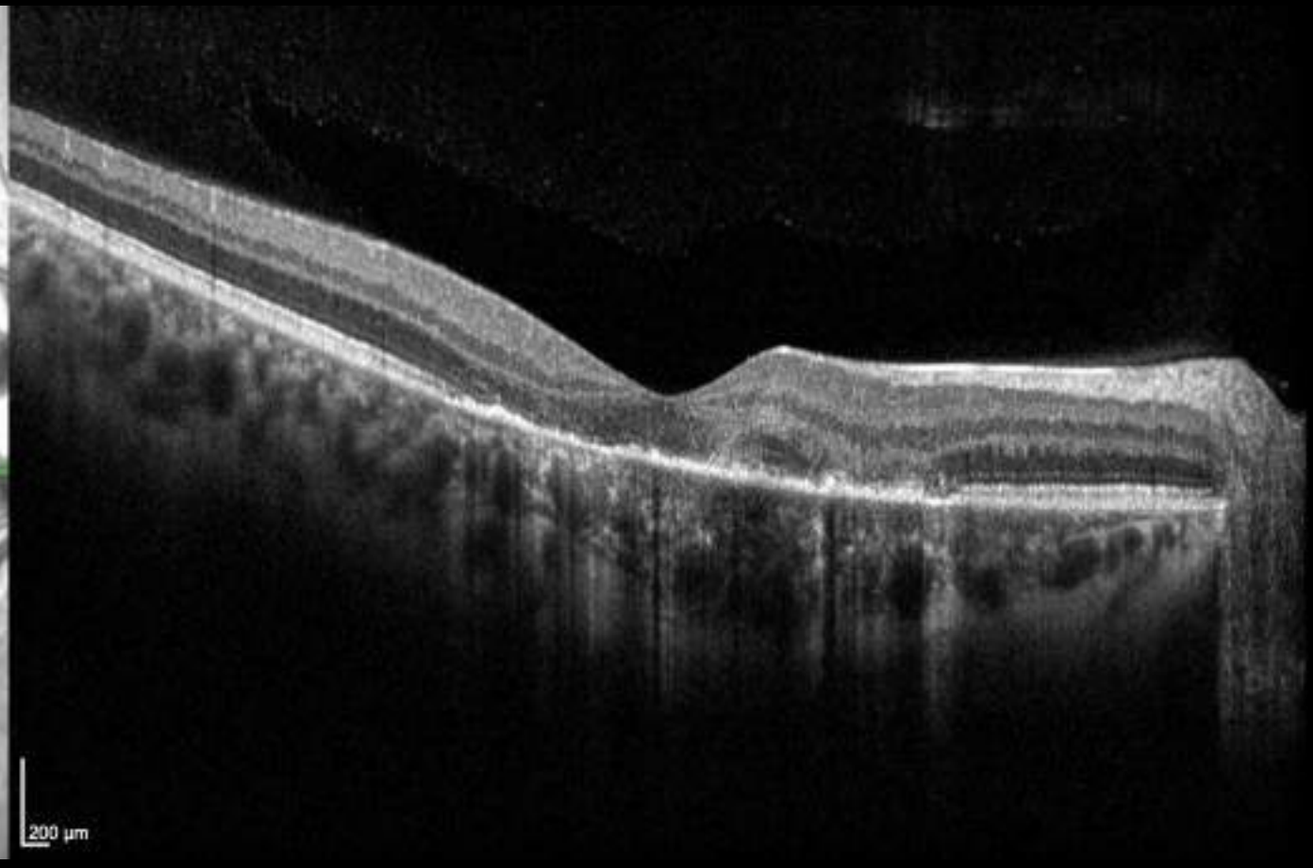


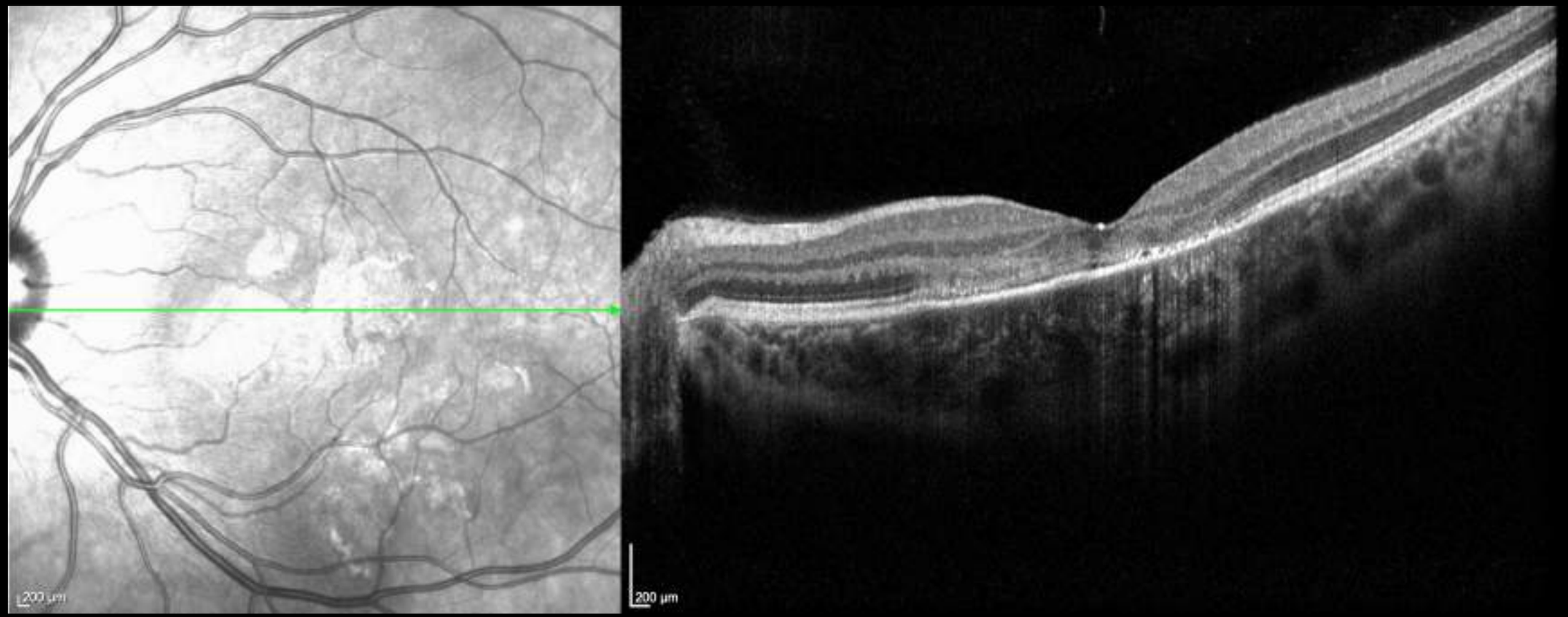


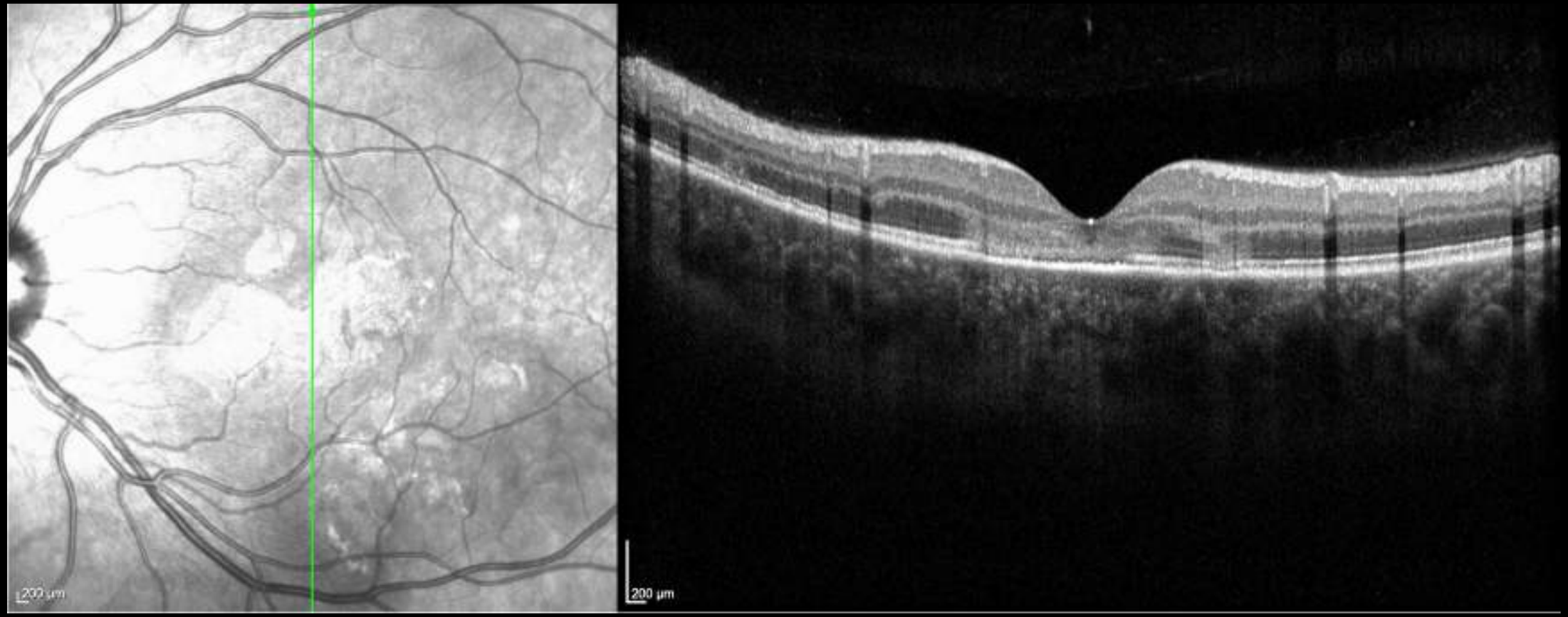

200 µm


200 µm


200 µm


200 µm


200 µm
200 µm


200 µm
200 µm

- Impresión diagnóstica?
- Otros estudios?
- Tratamiento?

CONSULTORES Oftalmológicos

HF

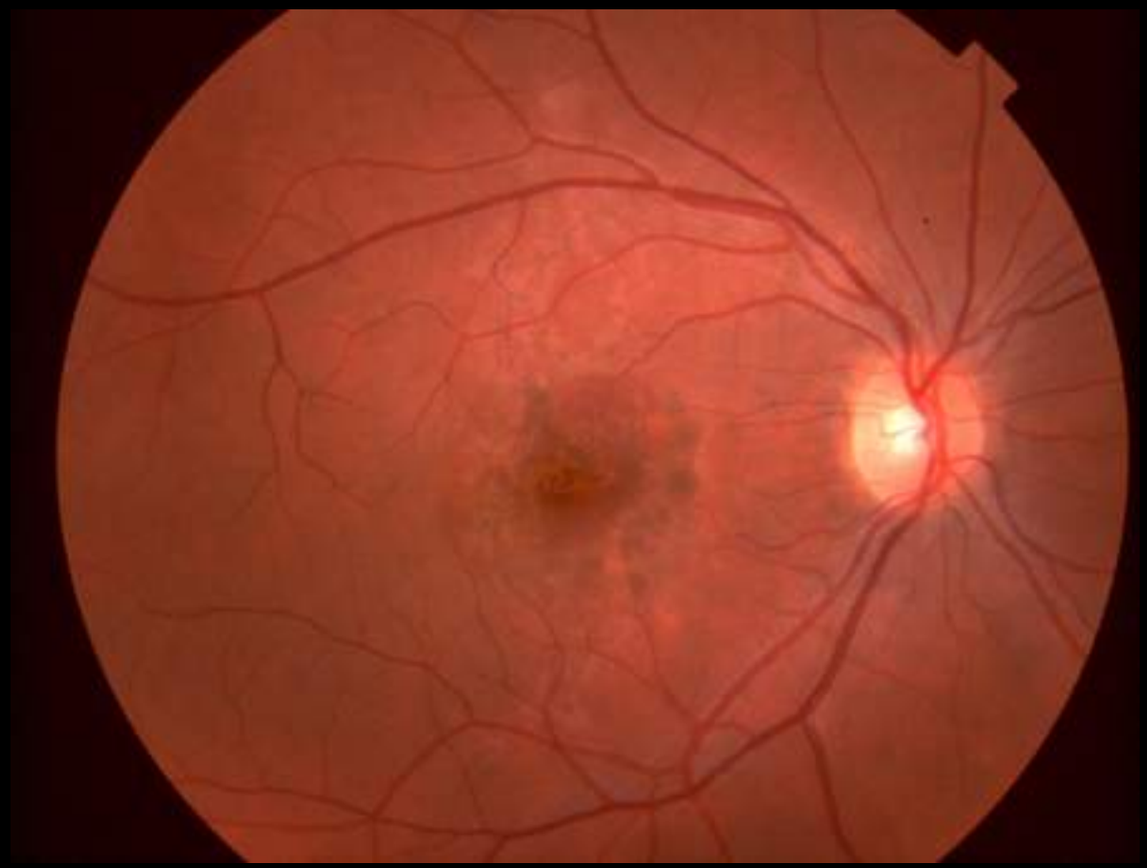
- RFG no se pudo hacer
- PPD negativa
- CTC 60 mg y descenso cada 3 días

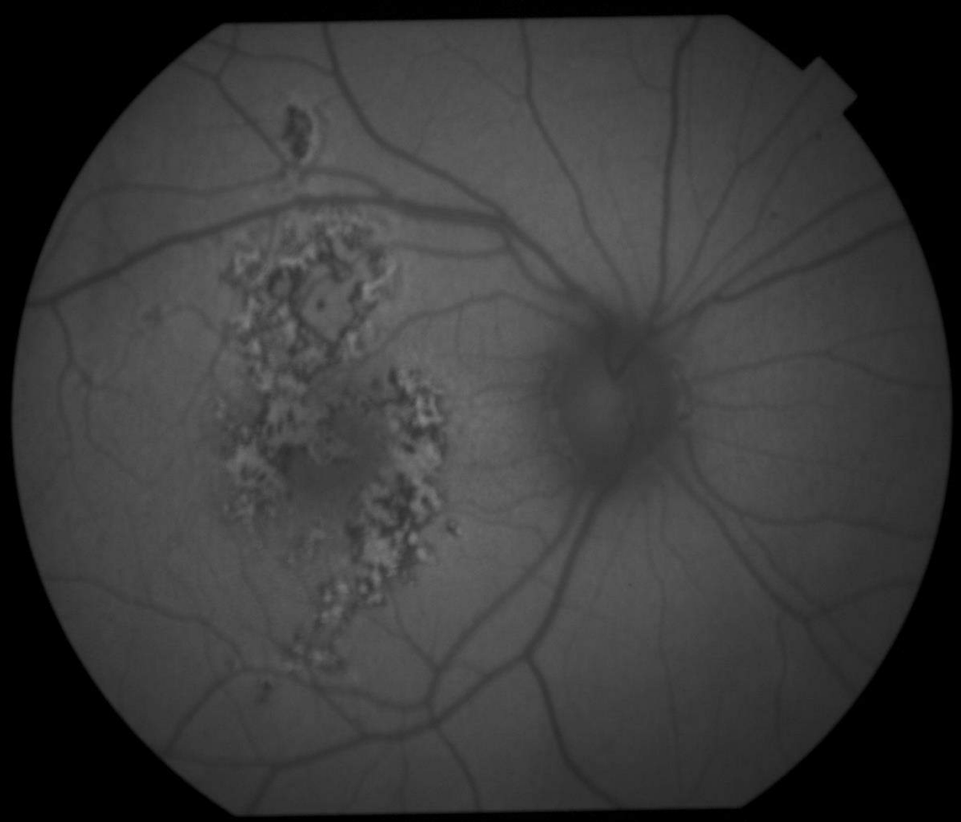
- 40 días más tarde

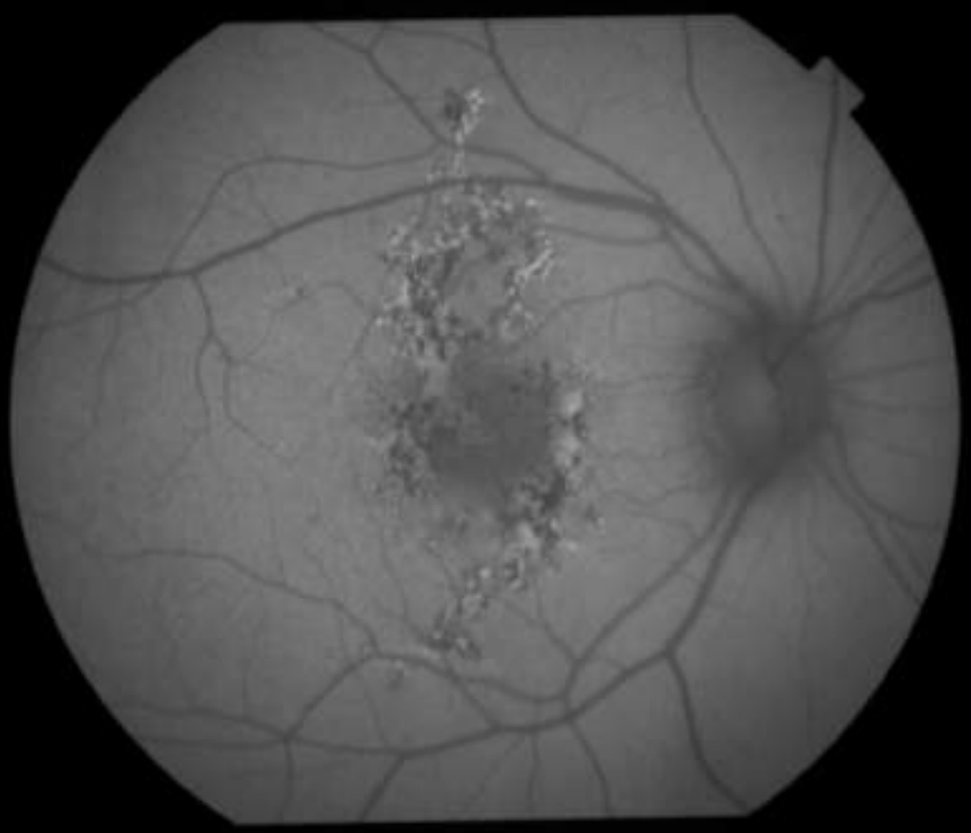
- Ya sin tratamiento (15 días en total)

- AV 8/10 y 6/10

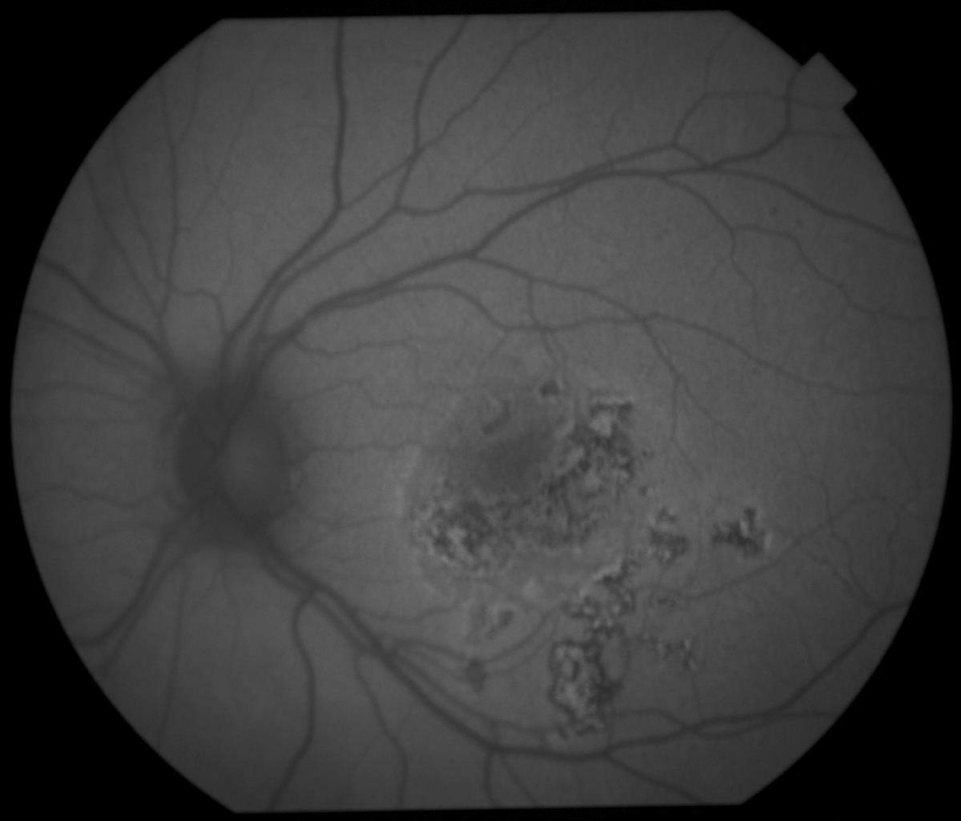
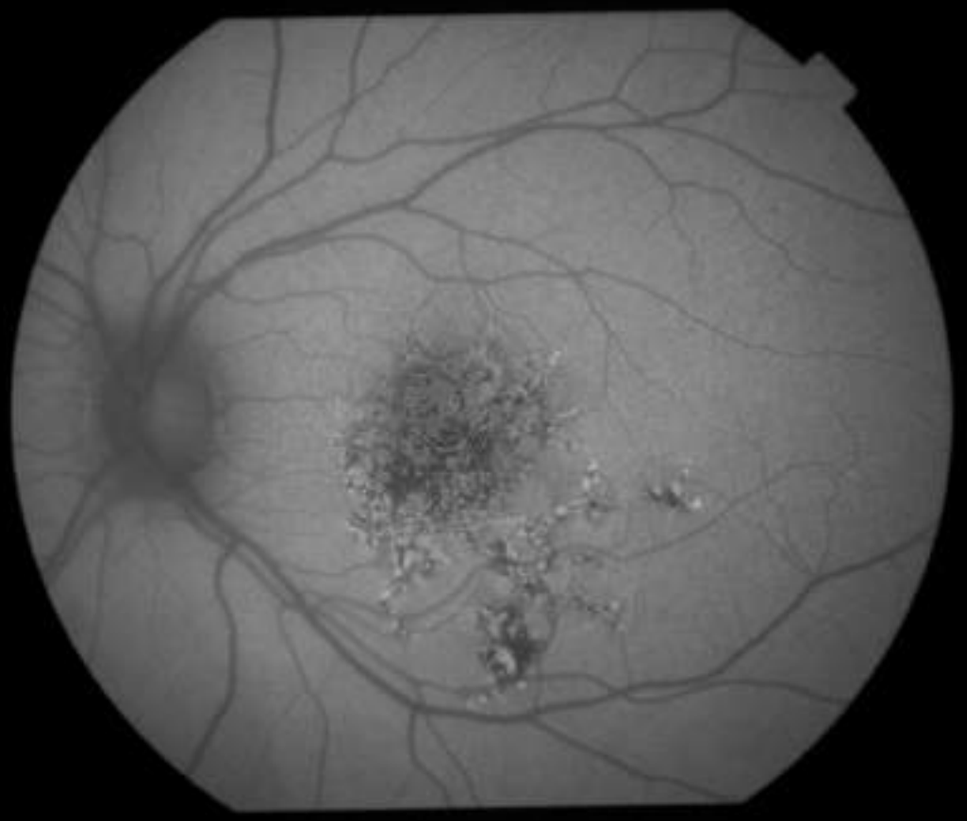
CONSULTORES Oftalmológicos









3 meses

AV 10/10 AO

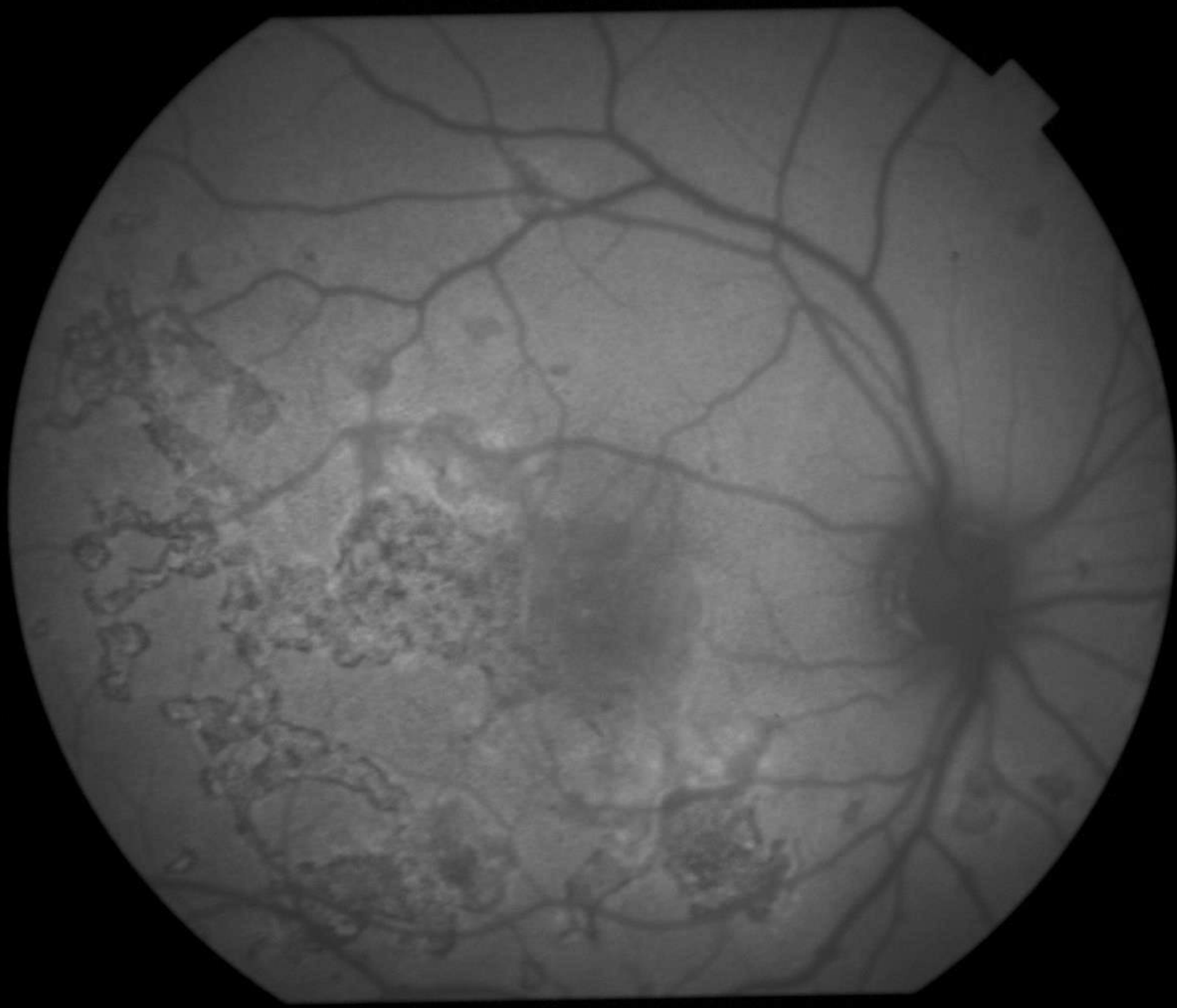
Caso JS

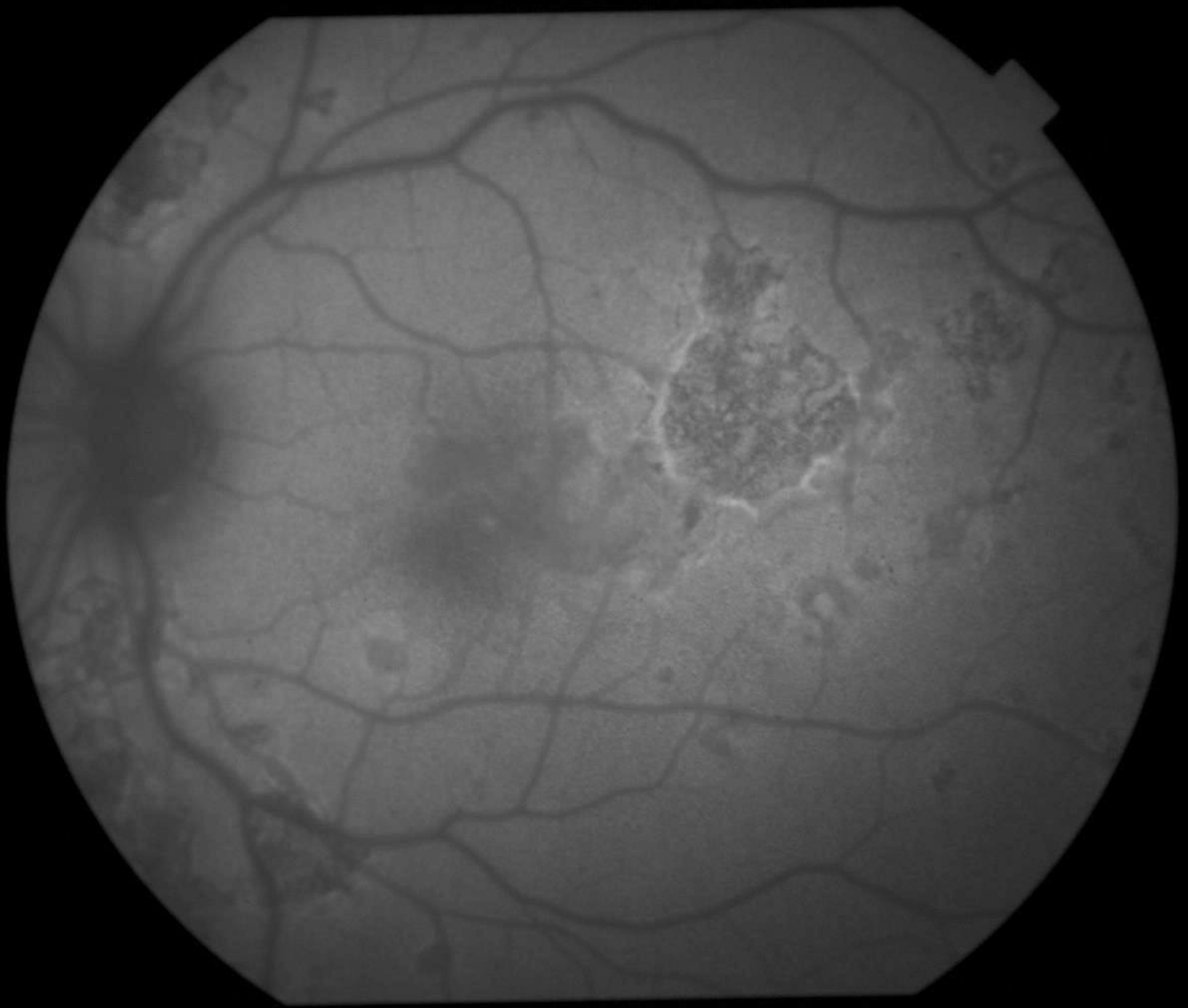
- Joven de 20 años
- Consulta en mayo 2021
- Cefalea, dolor ocular y fiebre
- A los 10 días visión borrosa AO
- Hisopado negativo para COVID

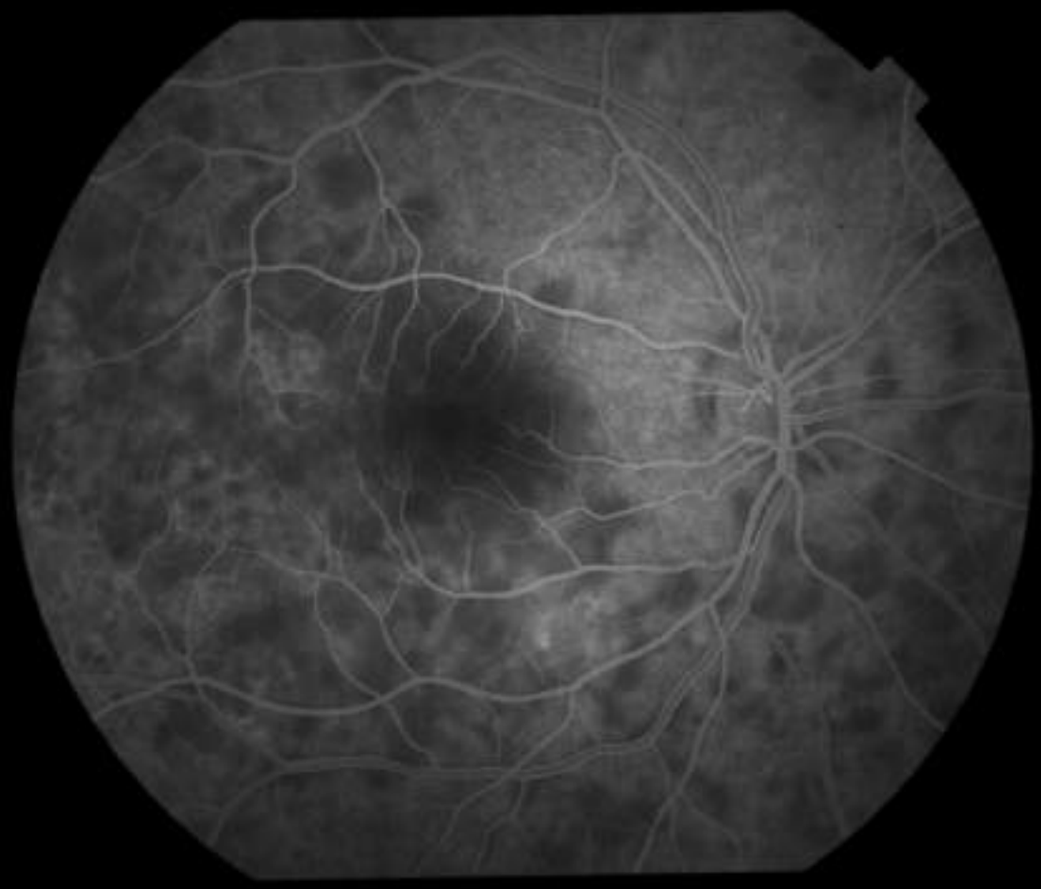
CONSULTORES Oftalmológicos

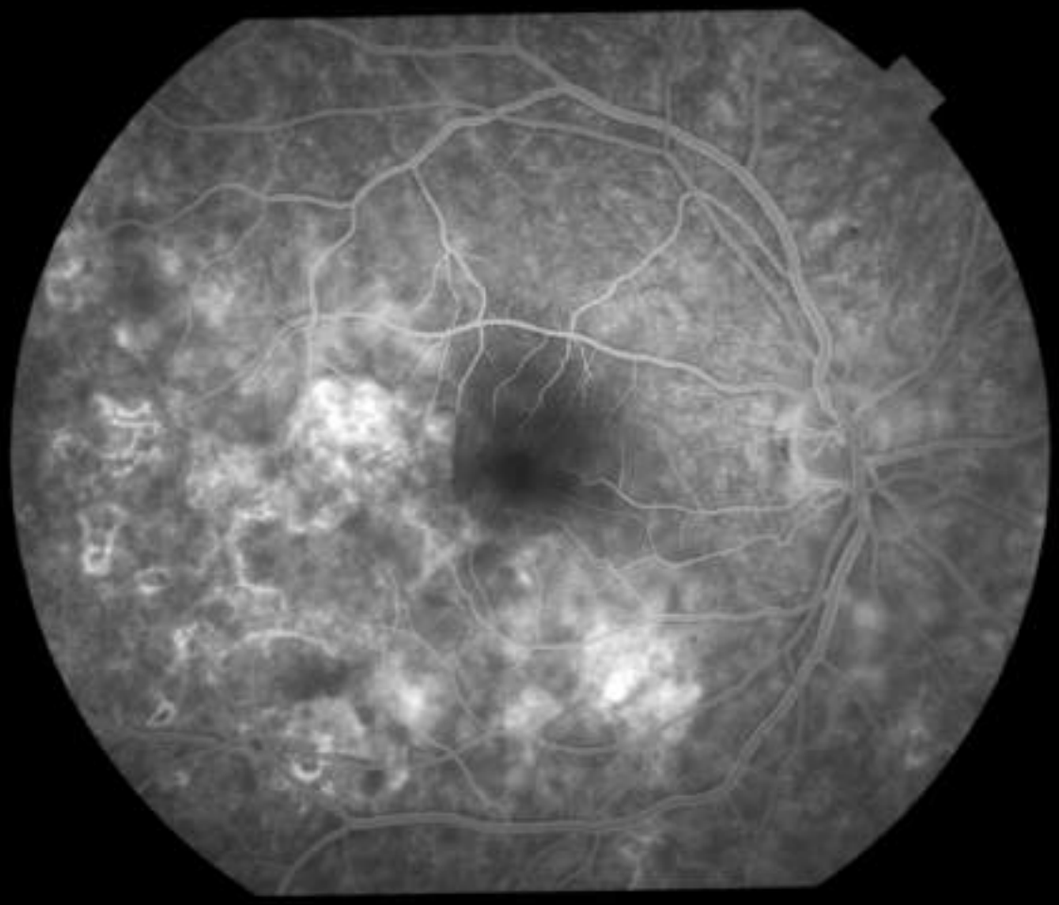
- Sin antecedentes generales/oculares
- AV 4/10 OD y 6/10 OI
- PIO 17 mmHg
- BMC: C clara, Pq finos, T +2, SP-, Iris normal

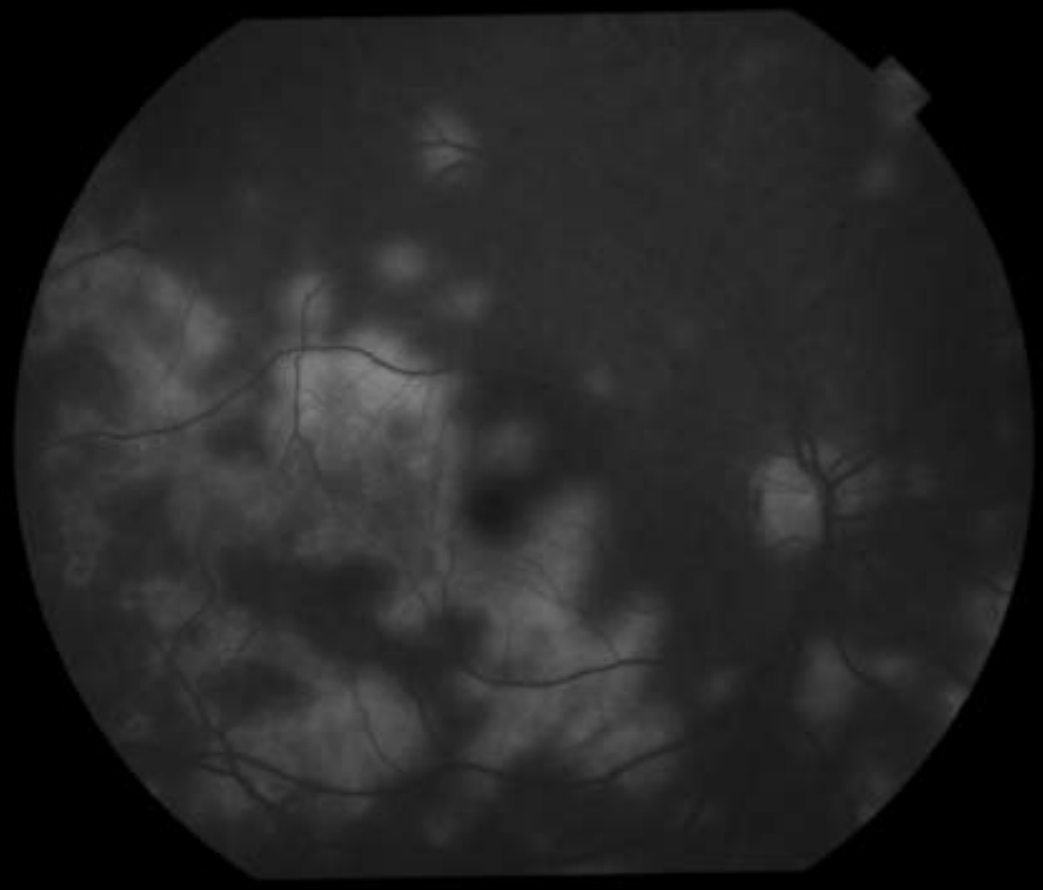
CONSULTORES Oftalmológicos

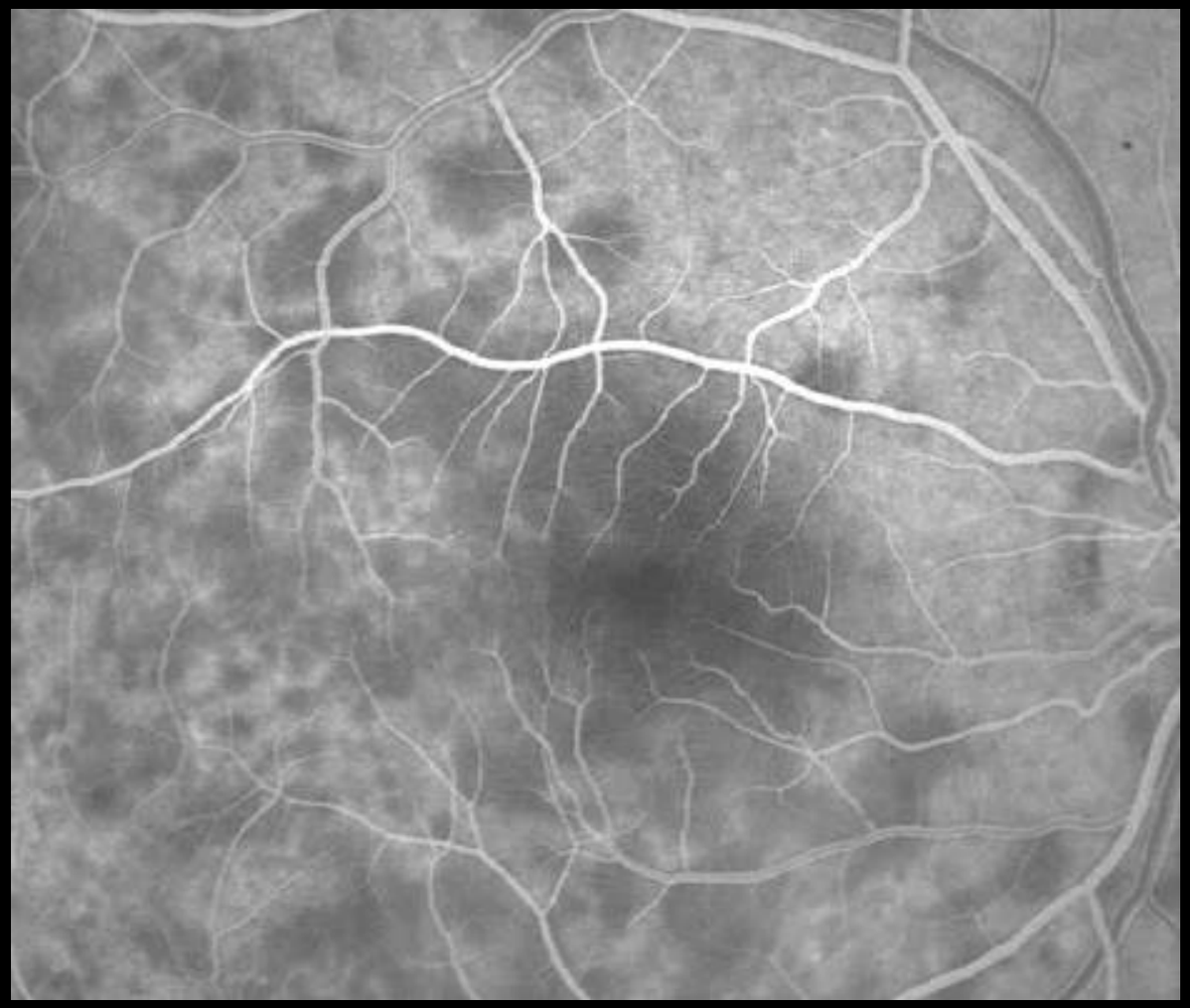


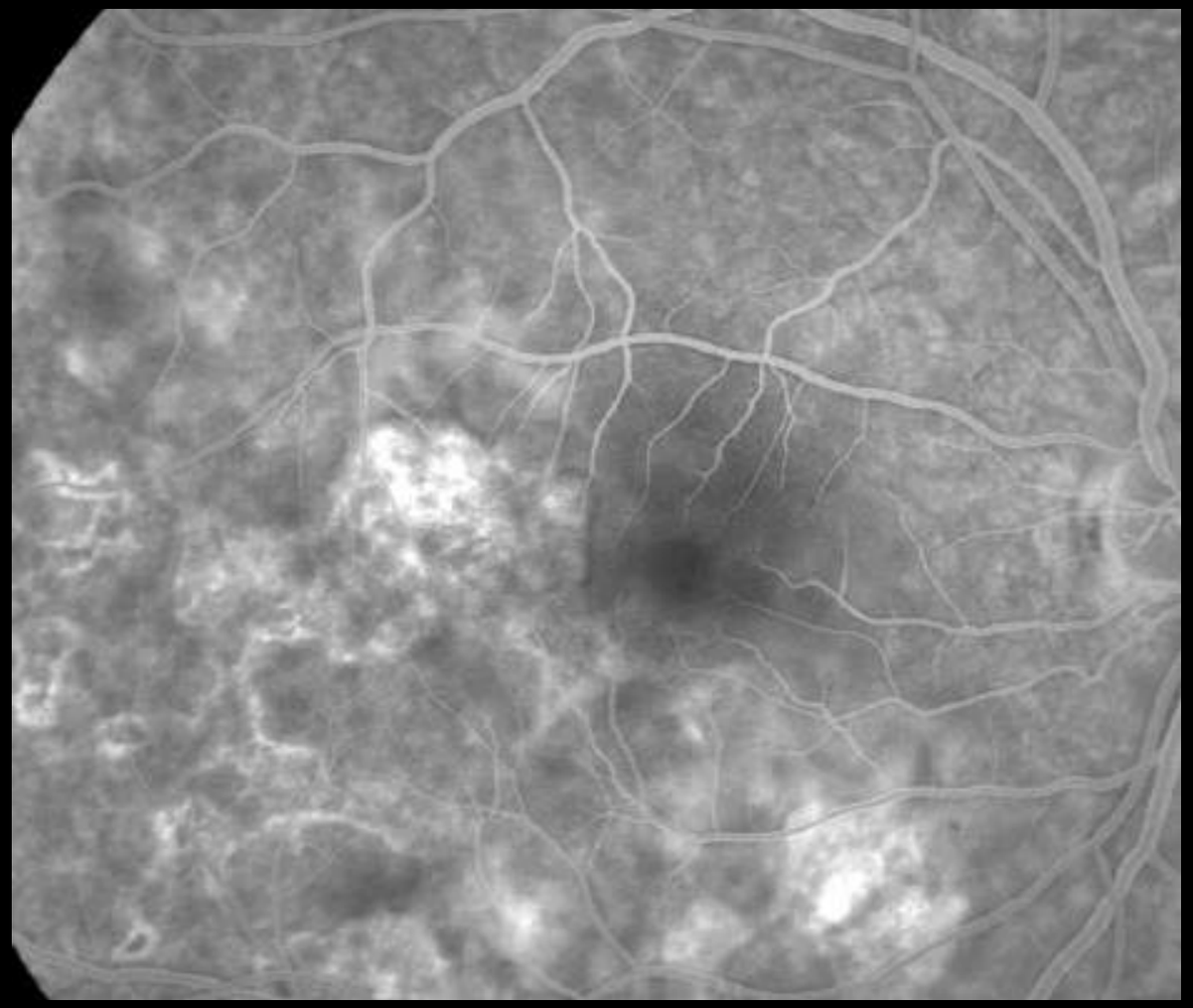












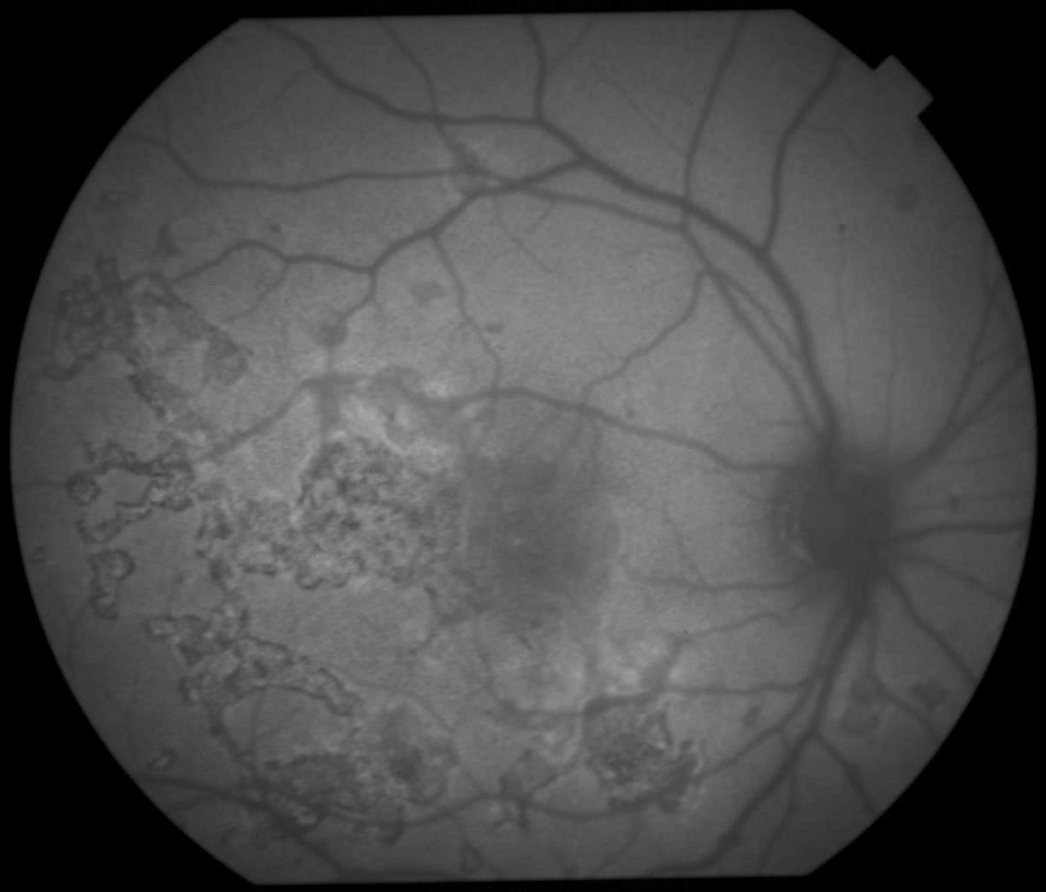
Diagnóstico

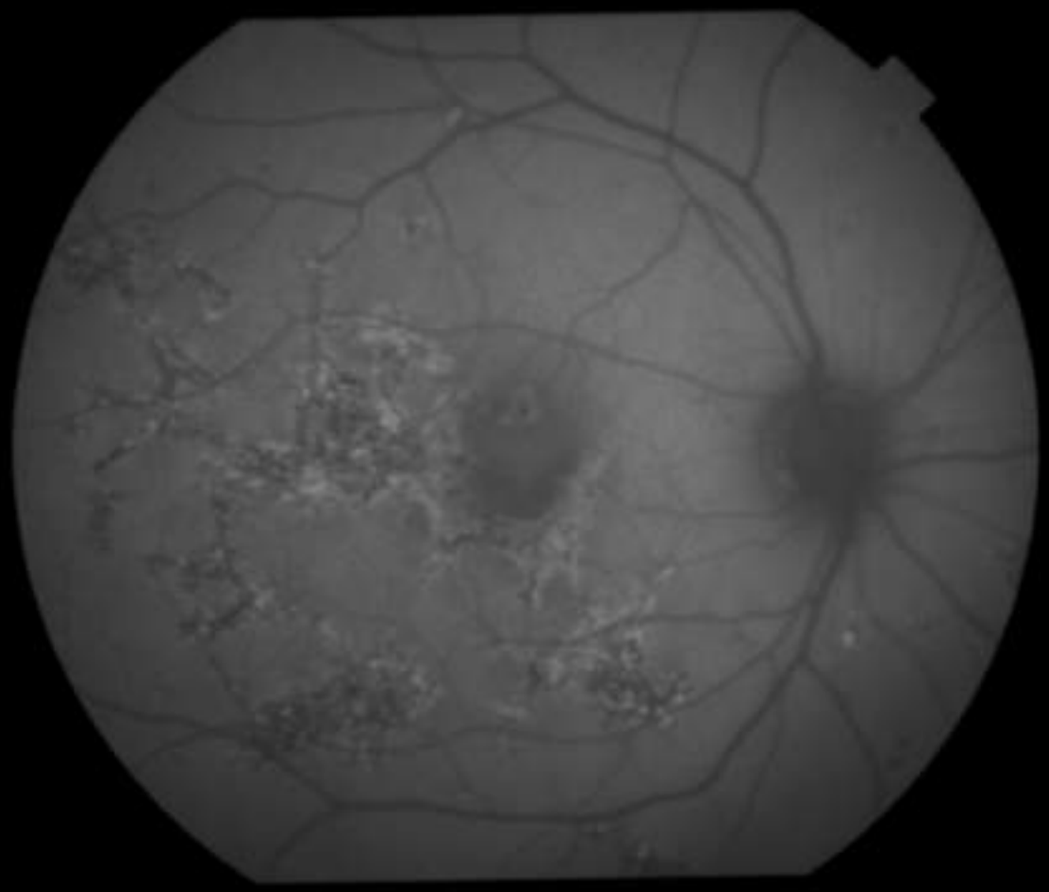
- PPD, VDRL y FTA-abs negativas
- APMPPE

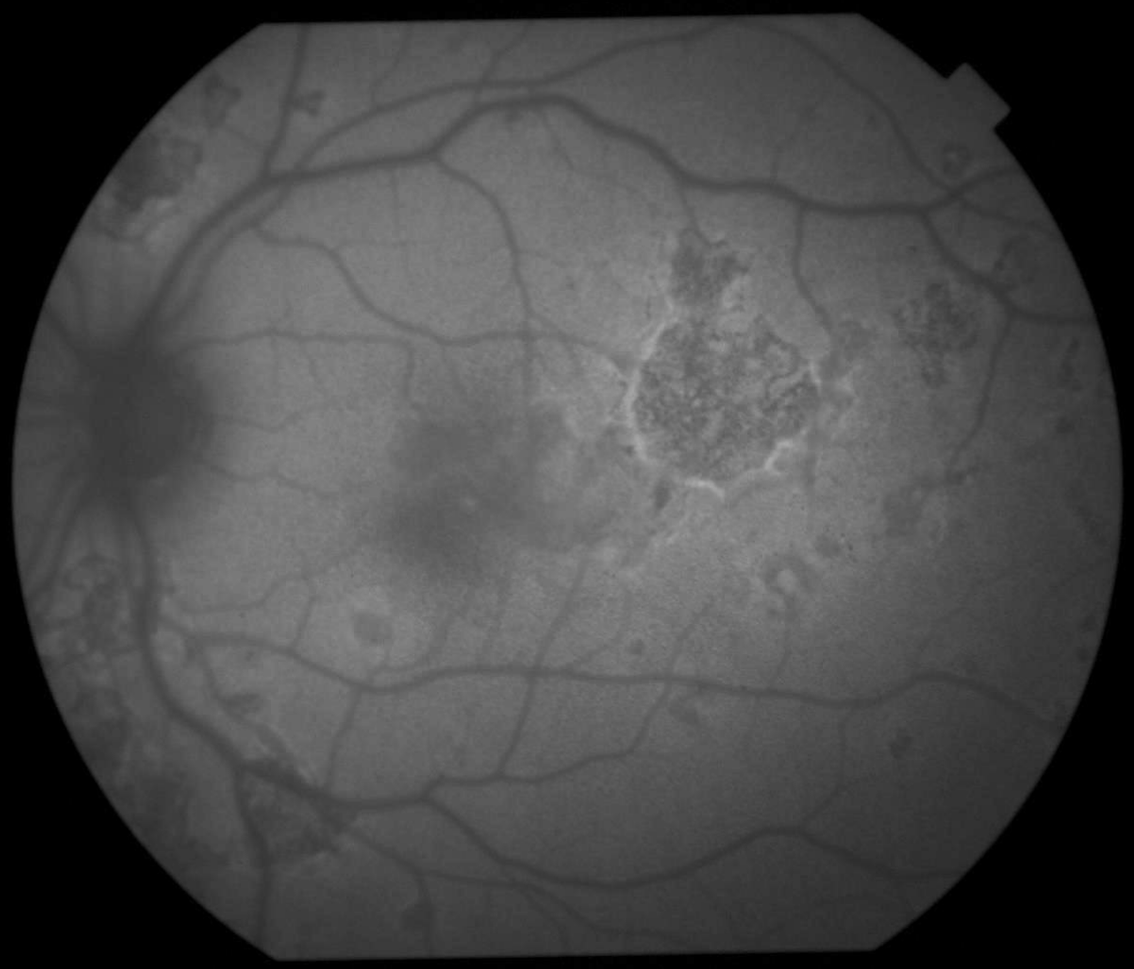
Tratamiento

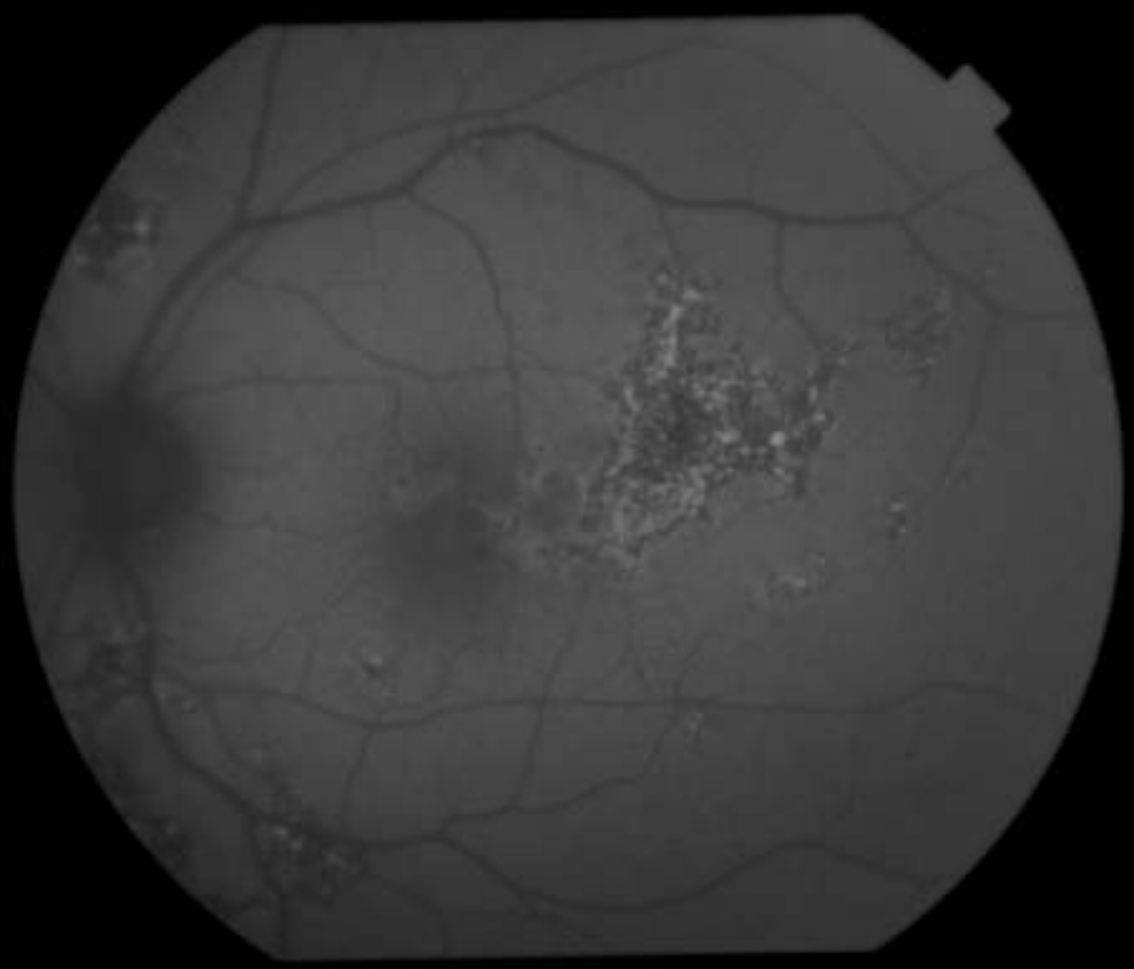
- Meprednisona 60 mg inicio y decreciendo por 20 días

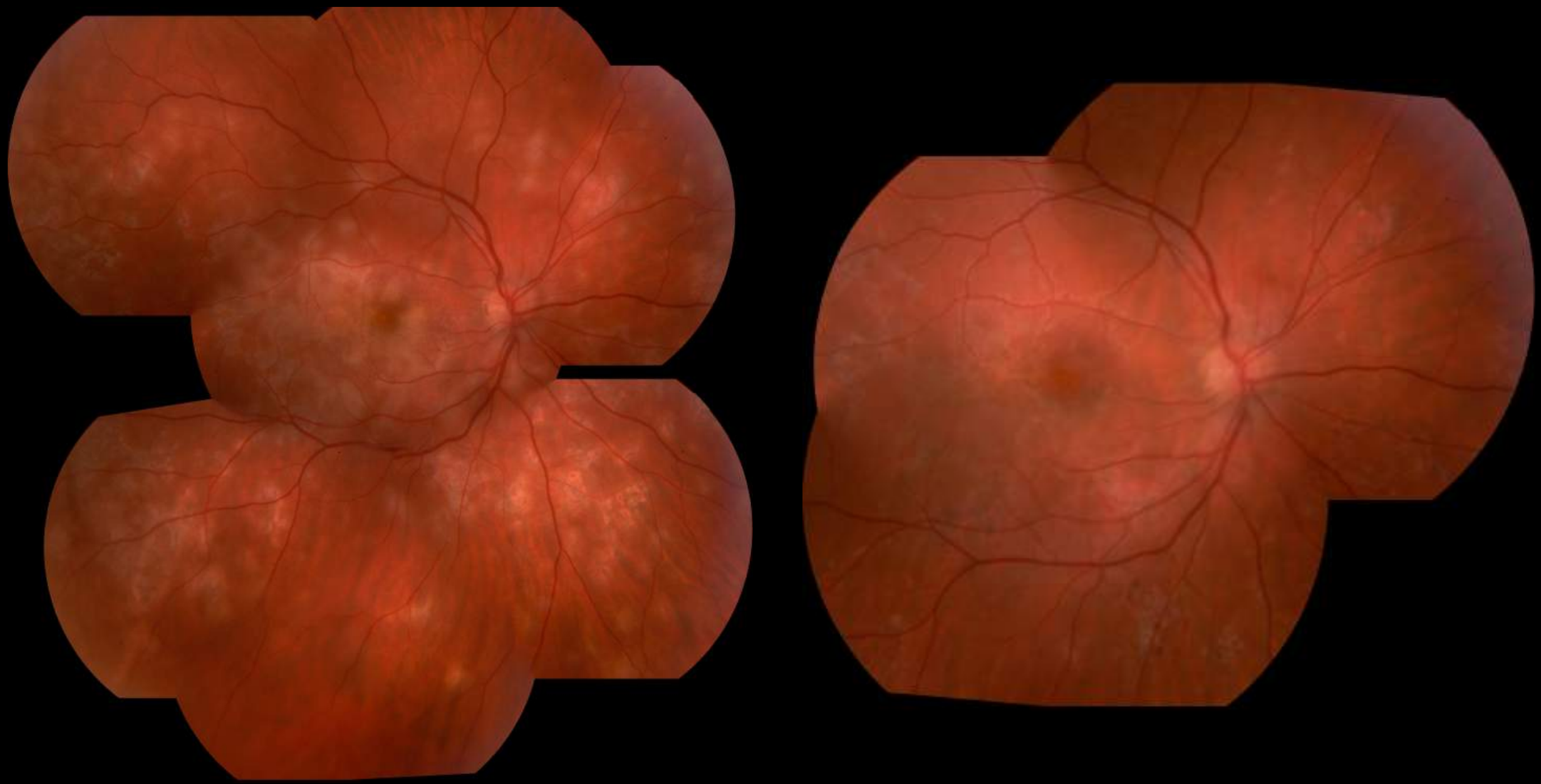
- 3 semanas
- AV 9/10 y 8/10
- BMC: C clara, Pq -, T-









2 meses

AV 10/10 OD y 9/10 OI

Caso MM

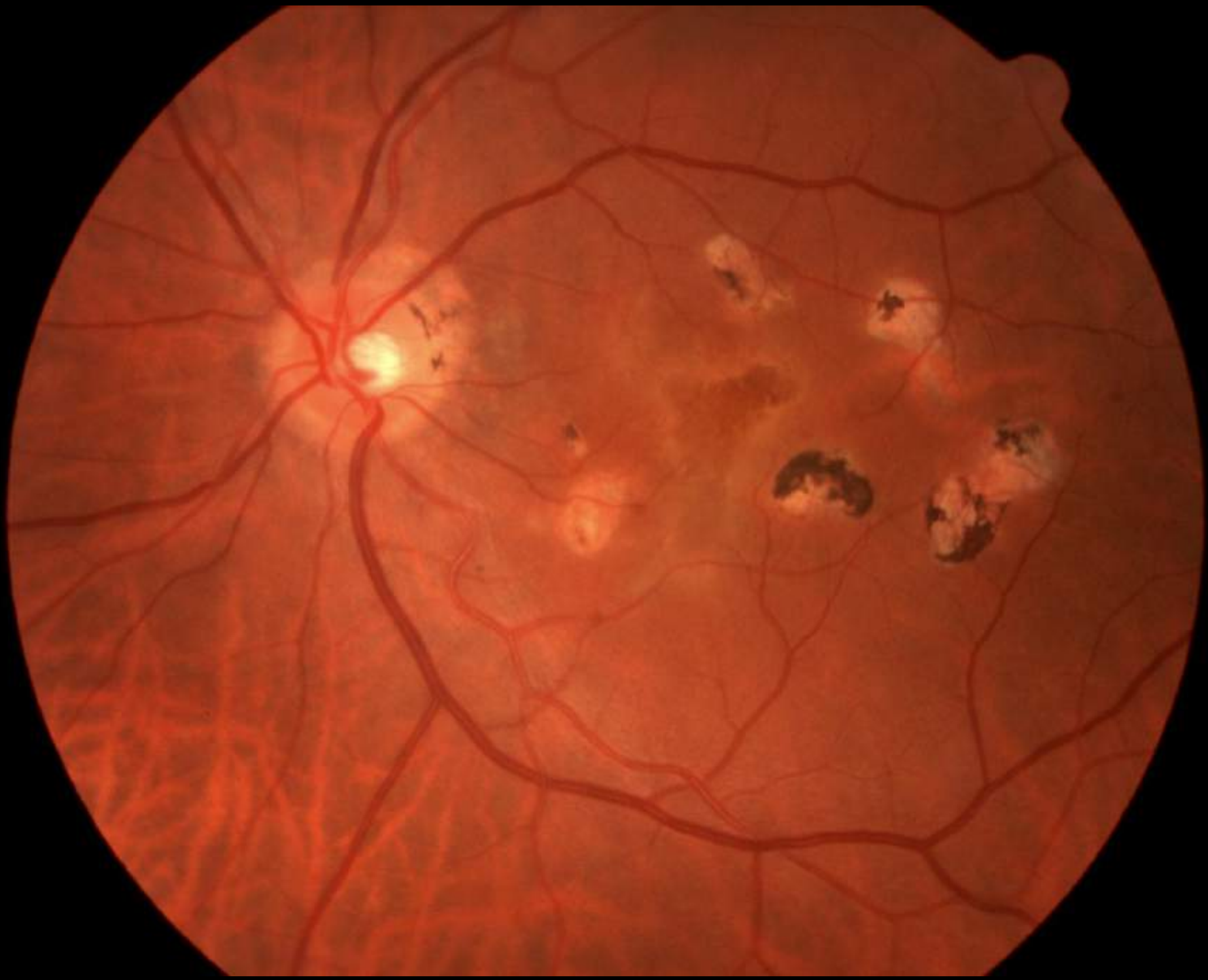
- Hombre 55 años
- Consulta 6 de abril 2016
- Hace 45 días nube en OI
- Fumador, enfisema pulmonar y granulomas calcificados

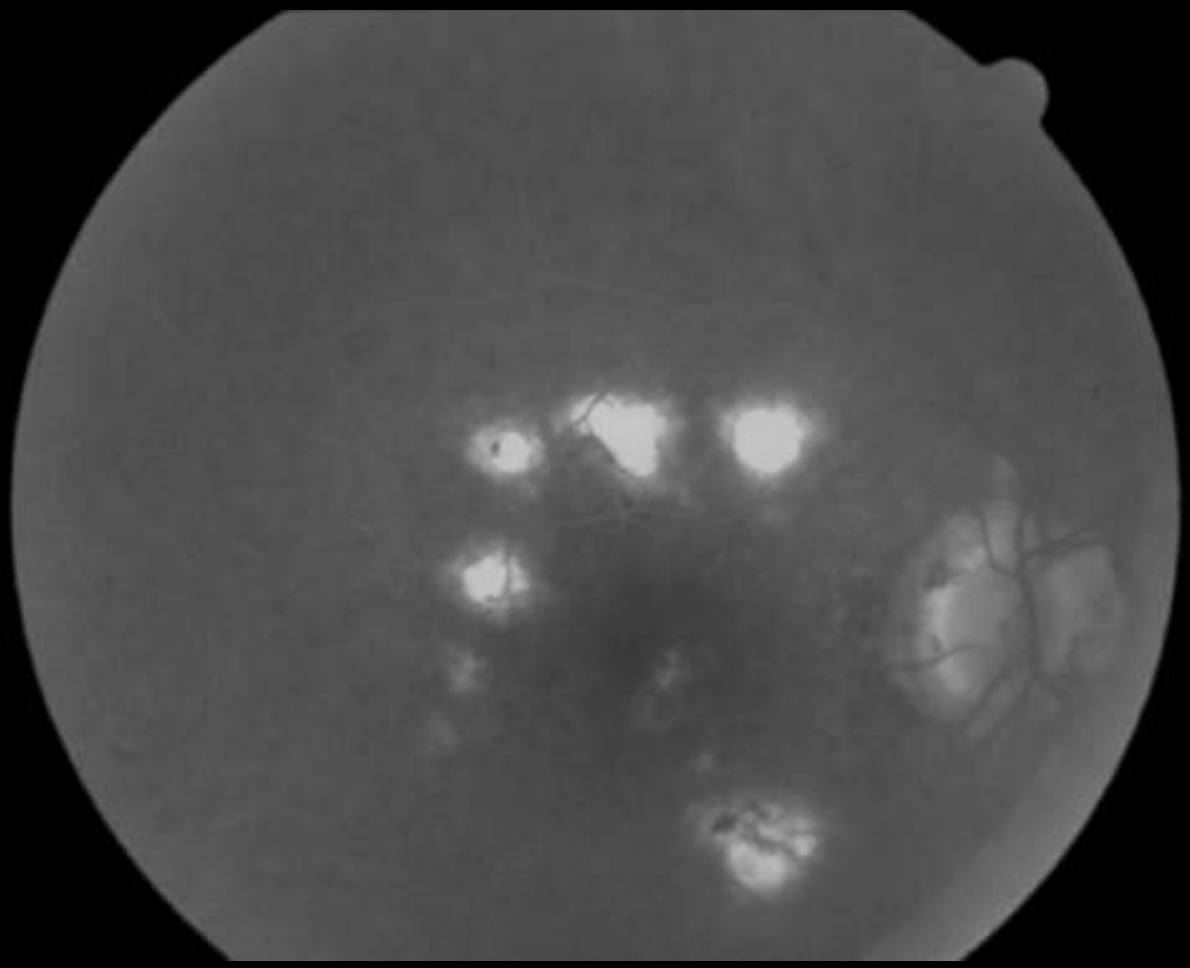
CONSULTORES Oftalmológicos

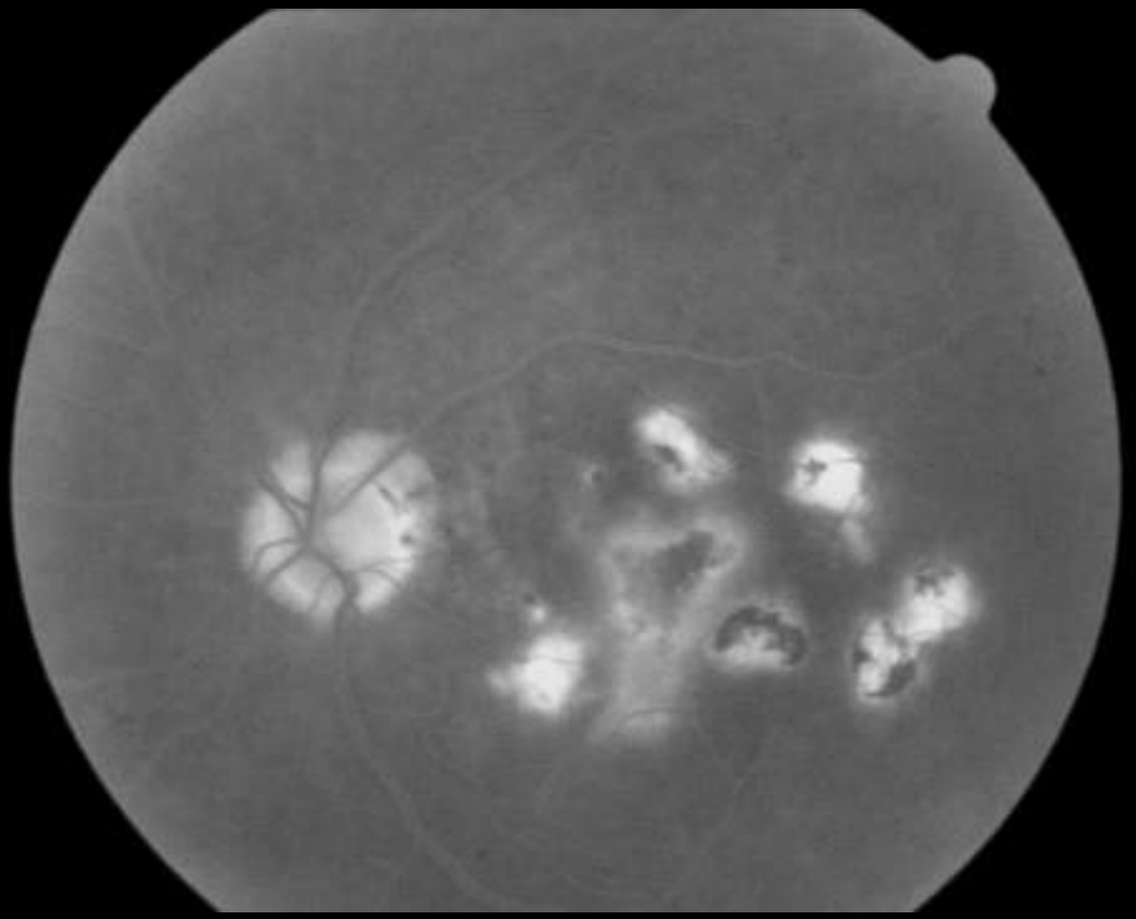
Caso MM

- AV 10/10 OD y CD OI
- PIO: 15 mmHg AO
- BMC: normal

CONSULTORES Oftalmológicos







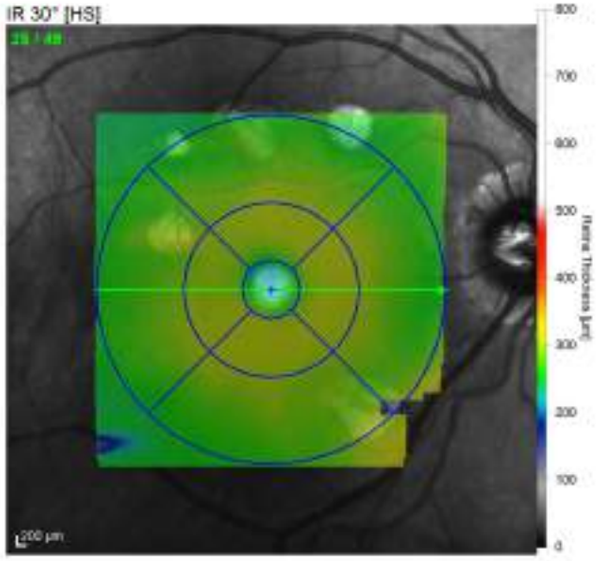
Thickness Map Single Exam Report
SPECTRALIS® Tracking Laser Tomography

HEIDELBERG ENGINEERING

Patient:	MANSUR LANZ, MARTIN	**DOB:**	10/may/1960	**Sex:**	M
Patient ID:	14014647	**Exam.:**	16/feb/2016		
Diagnosis:	—	**Comment:**	—		

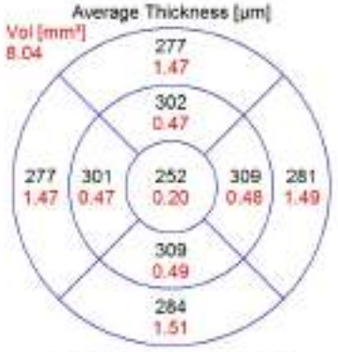
OD

IR 30° [HS]



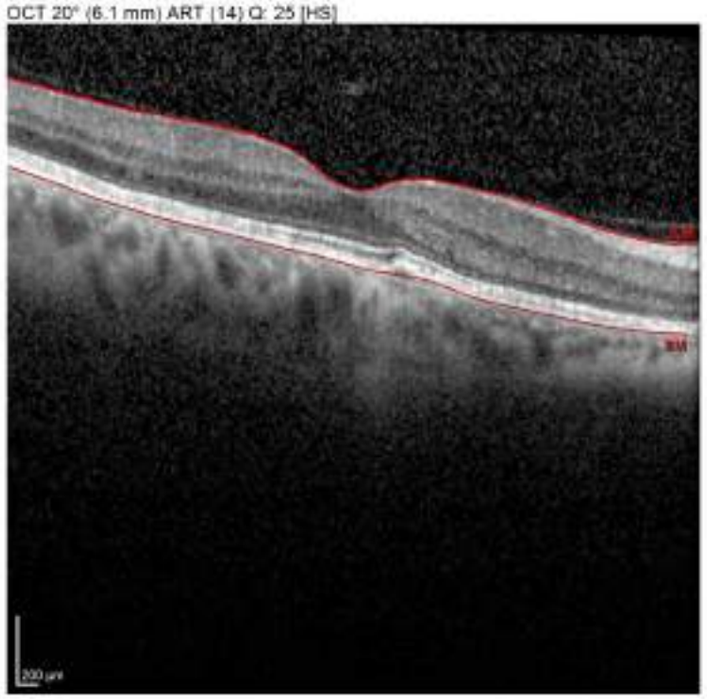
Average Thickness [µm]

Vol [mm³]
8.04



Center:	219 µm
Central Min:	209 µm
Central Max:	301 µm
Circle Diameters:	1, 3, 6 mm ETDRS

OCT 20° (6.1 mm) ART (14) Q: 25 [HS]



Notes:

Date: 16/02/2016 Signature:

Thickness Map Single Exam Report
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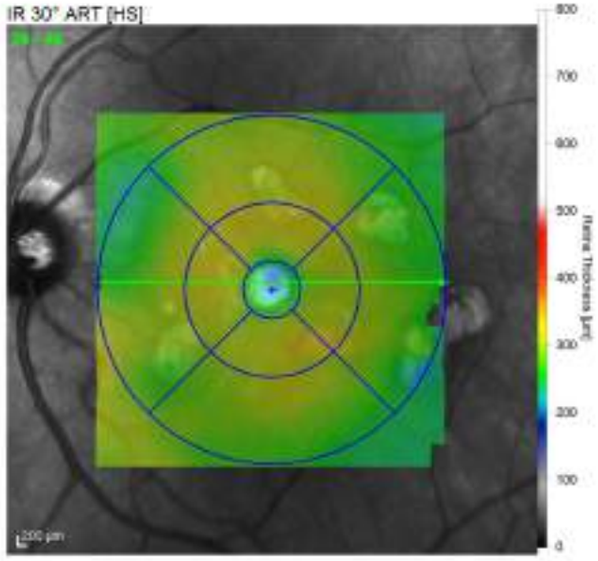
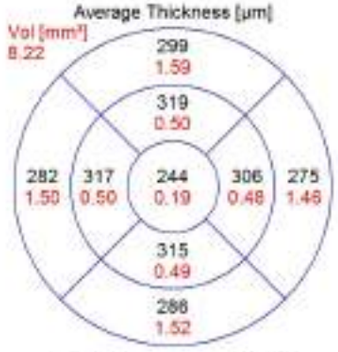
OS

IR 30° ART [HS]



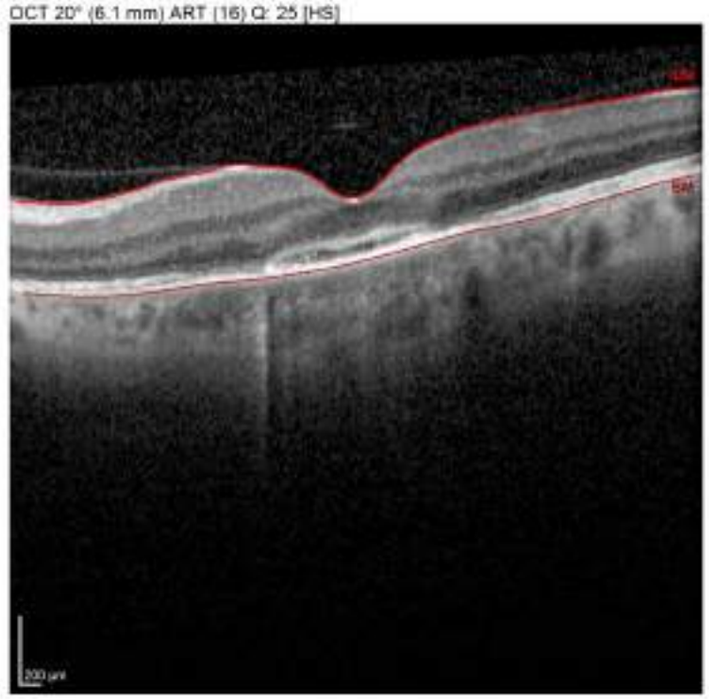
Average Thickness [µm]

Vol [mm³]
8.22



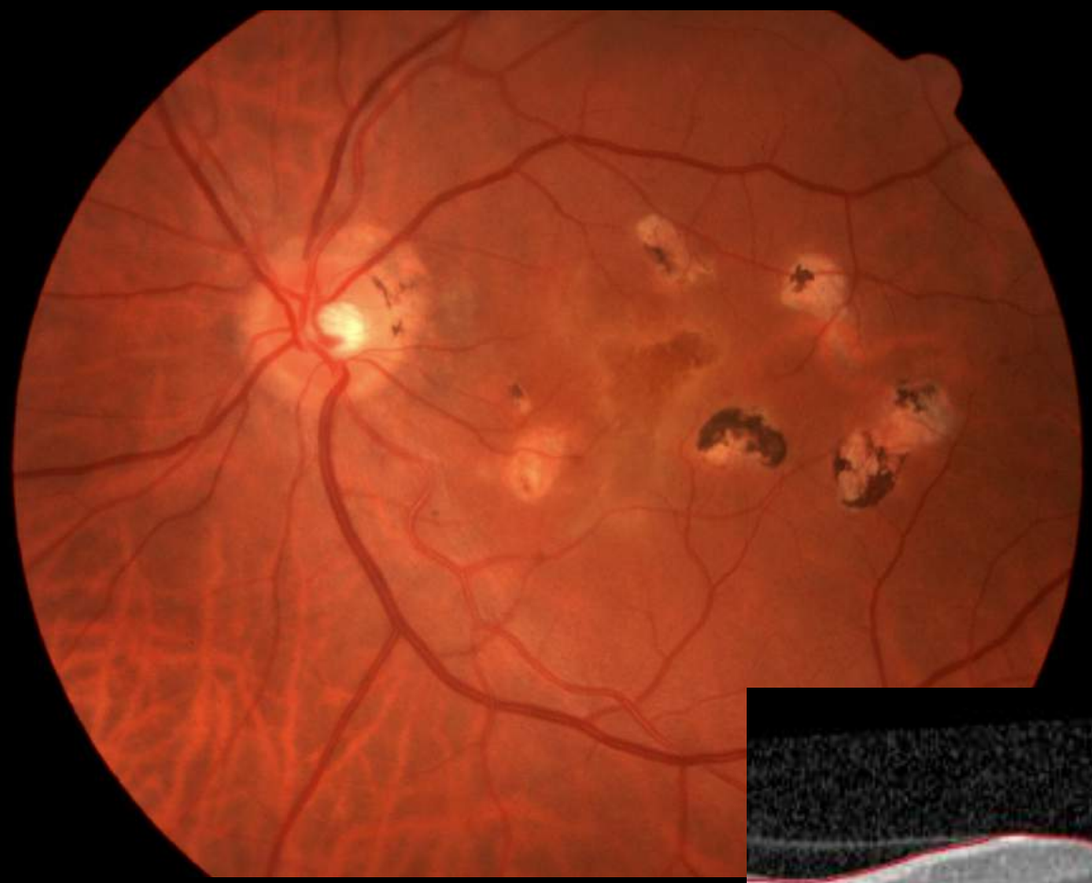
Center:	197 µm
Central Min:	189 µm
Central Max:	295 µm
Circle Diameters:	1, 3, 6 mm ETDRS

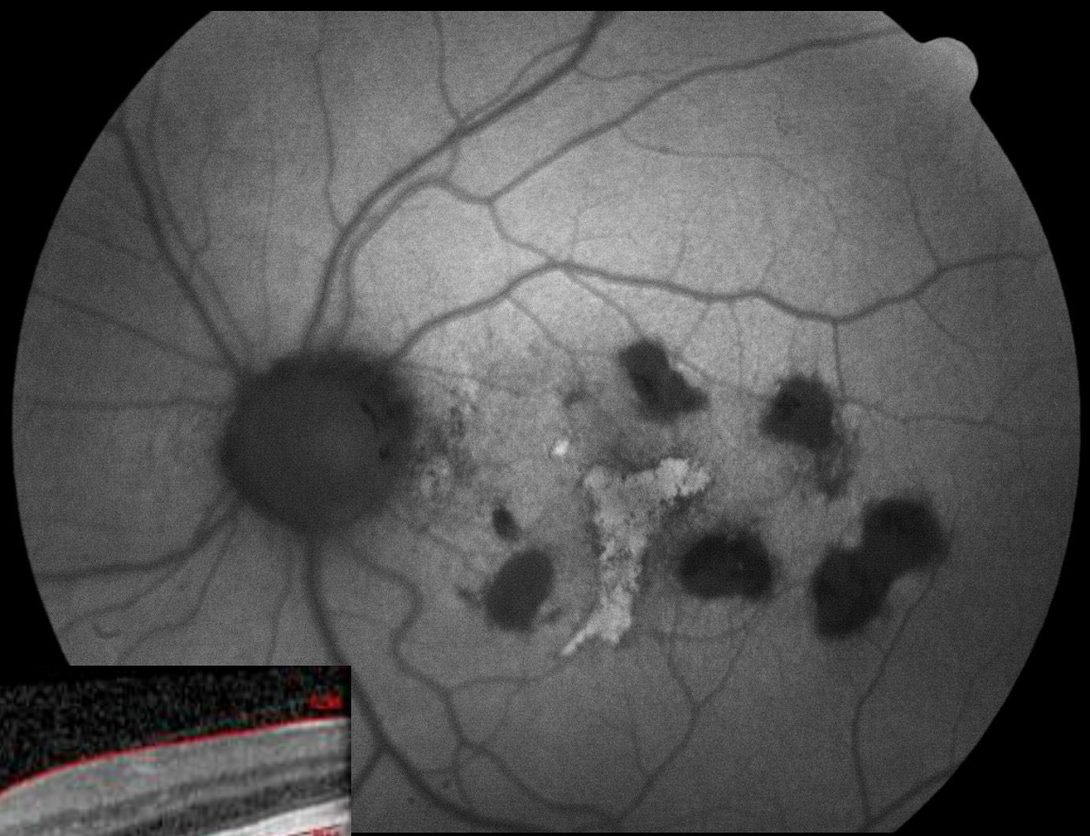
OCT 20° (6.1 mm) ART (16) Q: 25 [HS]

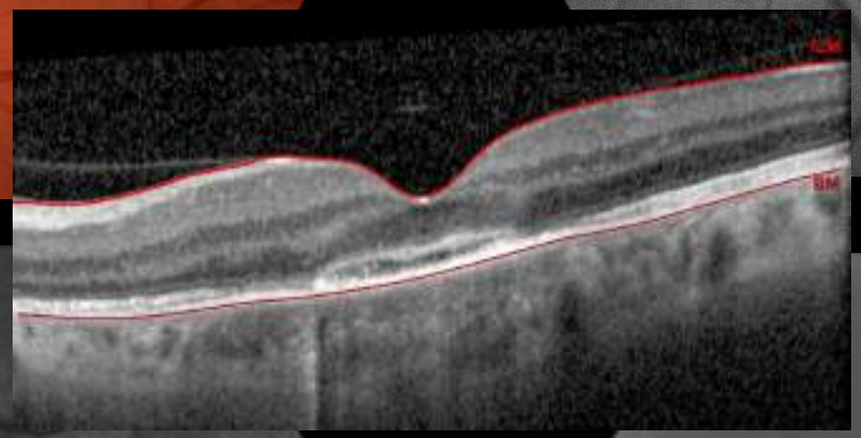


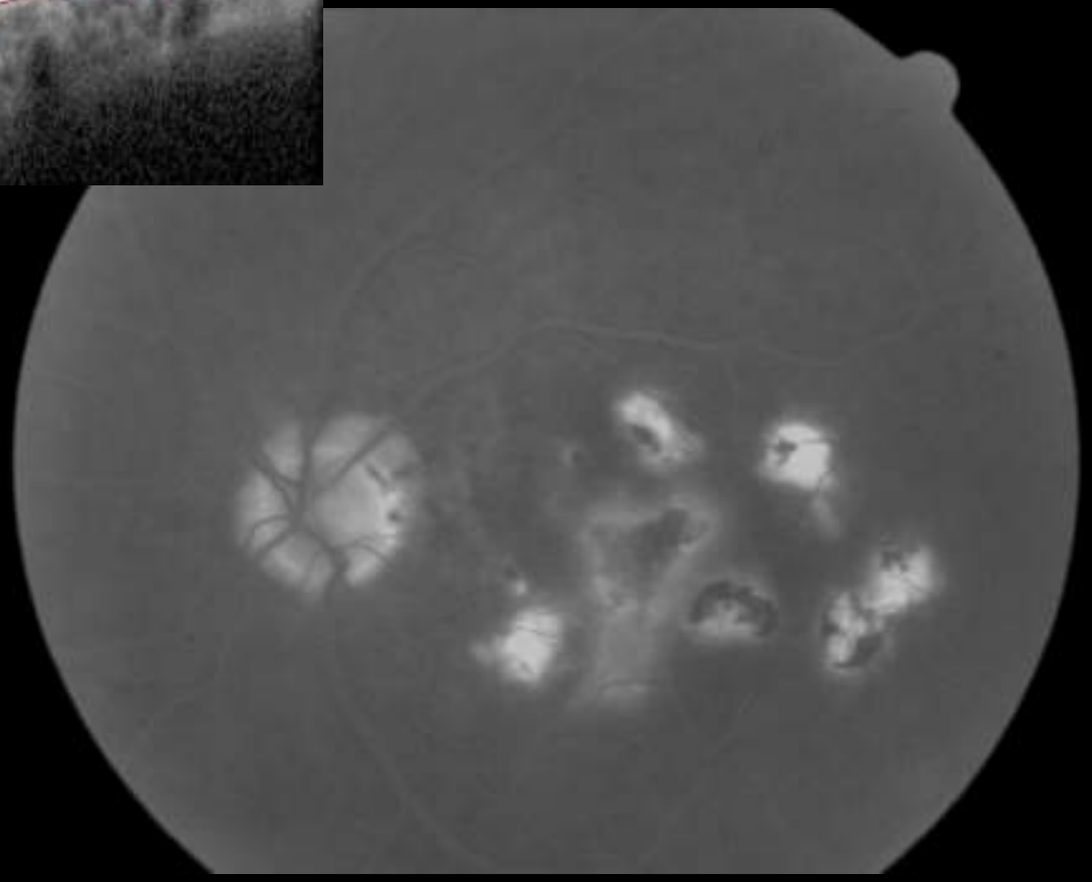
Notes:

Date: 16/02/2016 Signature:









Estudio

- VDRL -
- Toxoplasmosis IgG e IgM negativas
- ECA 28.6
- PPD 8 mm

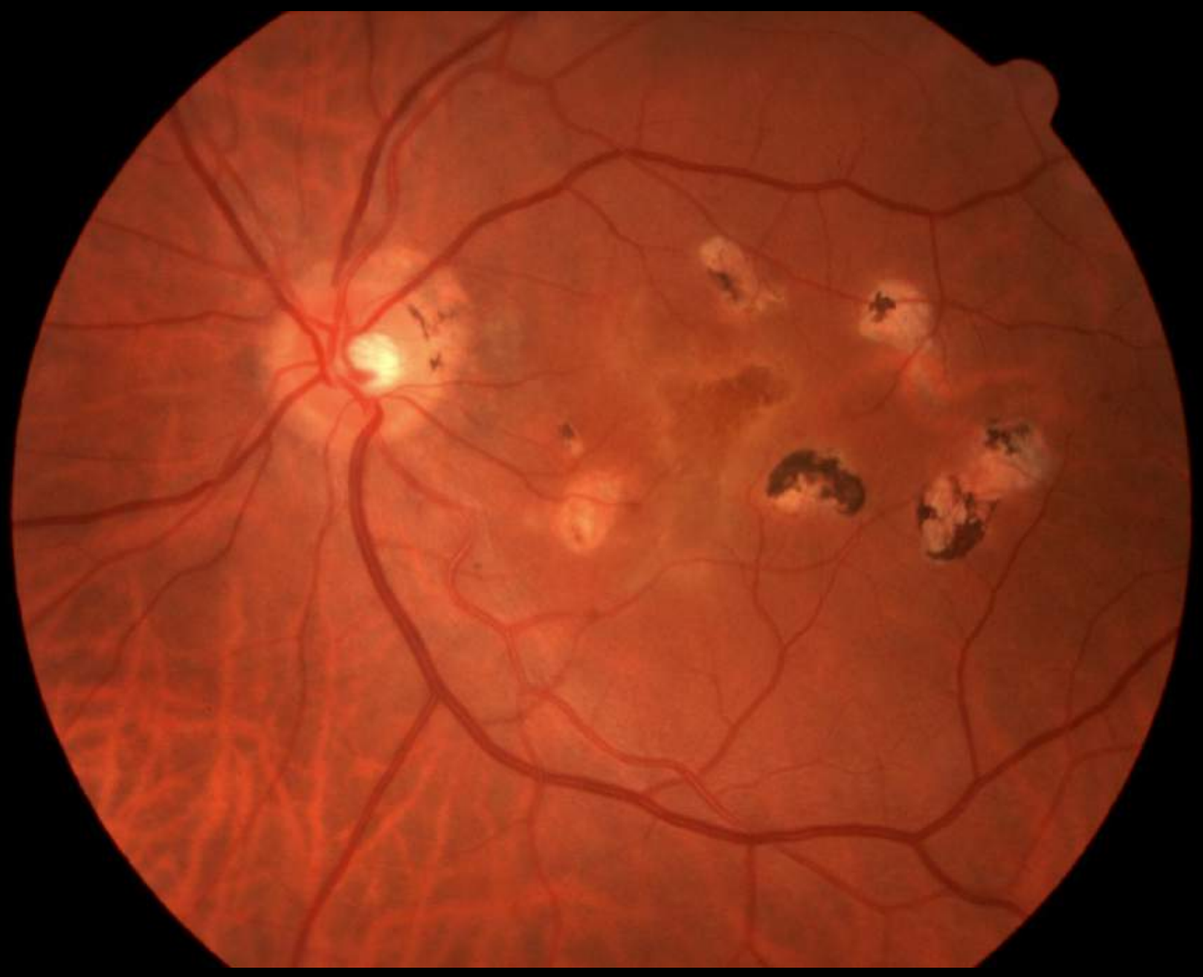
Diagnóstico

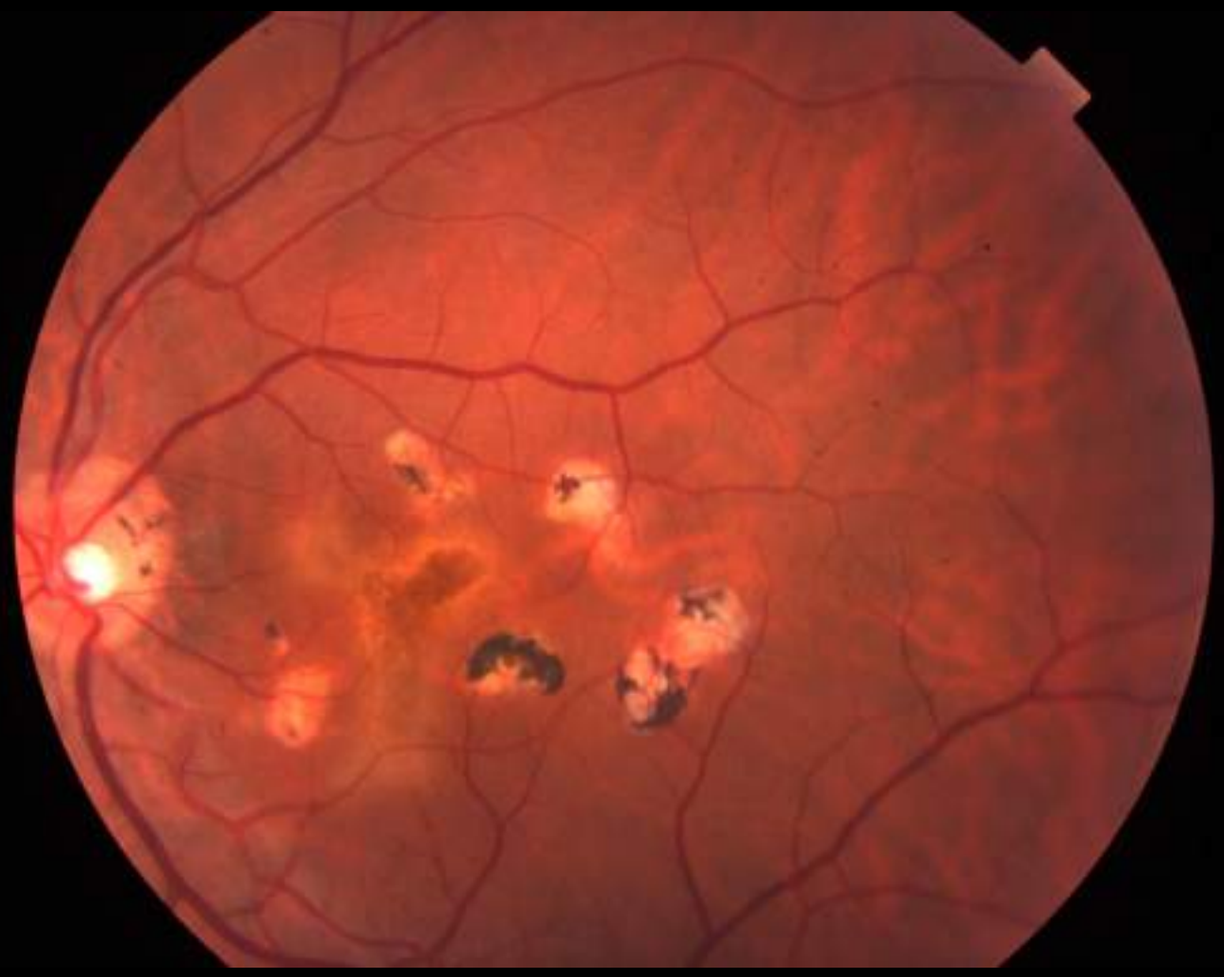
- POHS
- APMPPE

Tratamiento

- CTC 1 mg/kg/día

2 semanas





SURVEY OF OPHTHALMOLOGY VOLUME 52 • NUMBER 6 • NOVEMBER–DECEMBER 2007

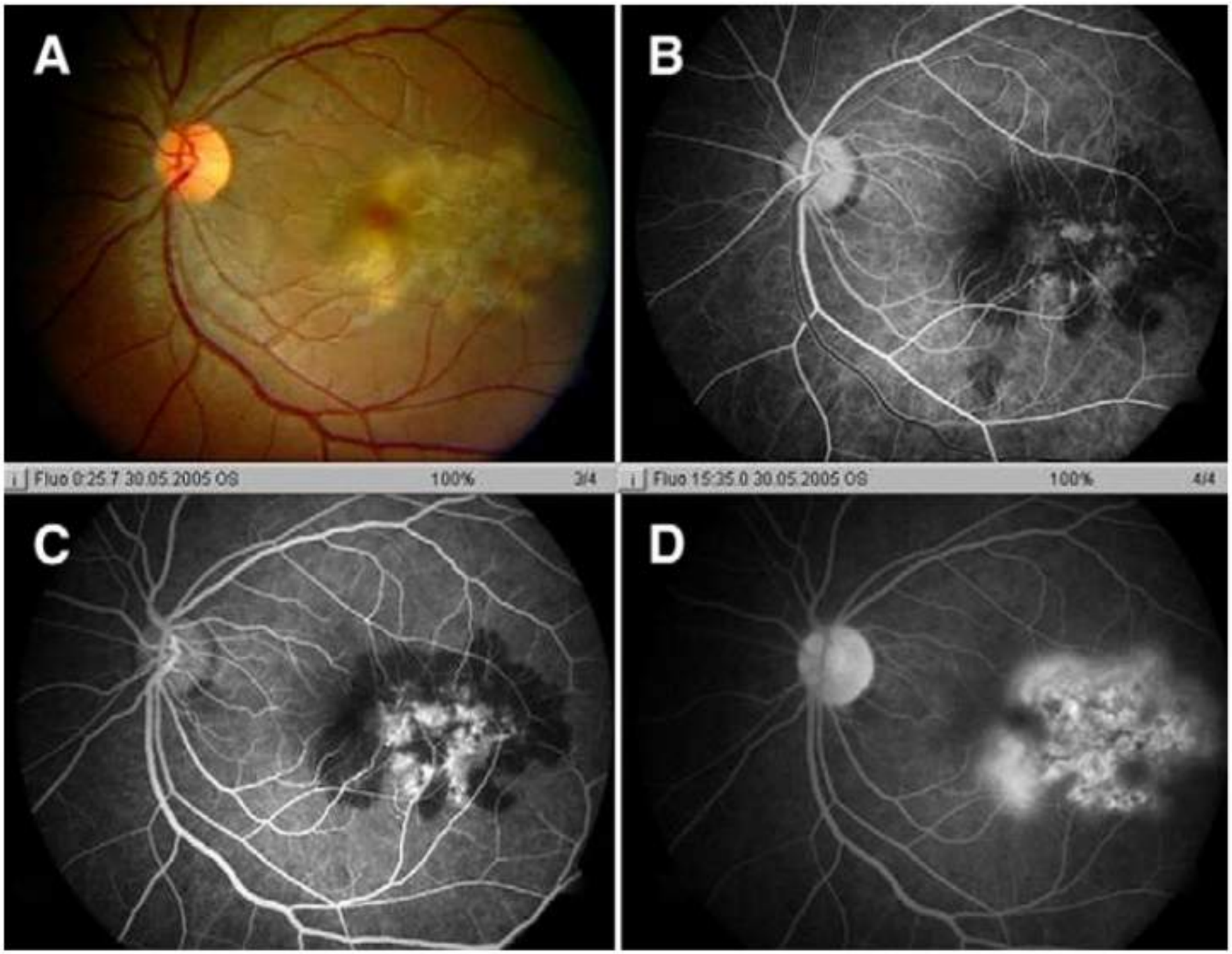
ELSEVIER

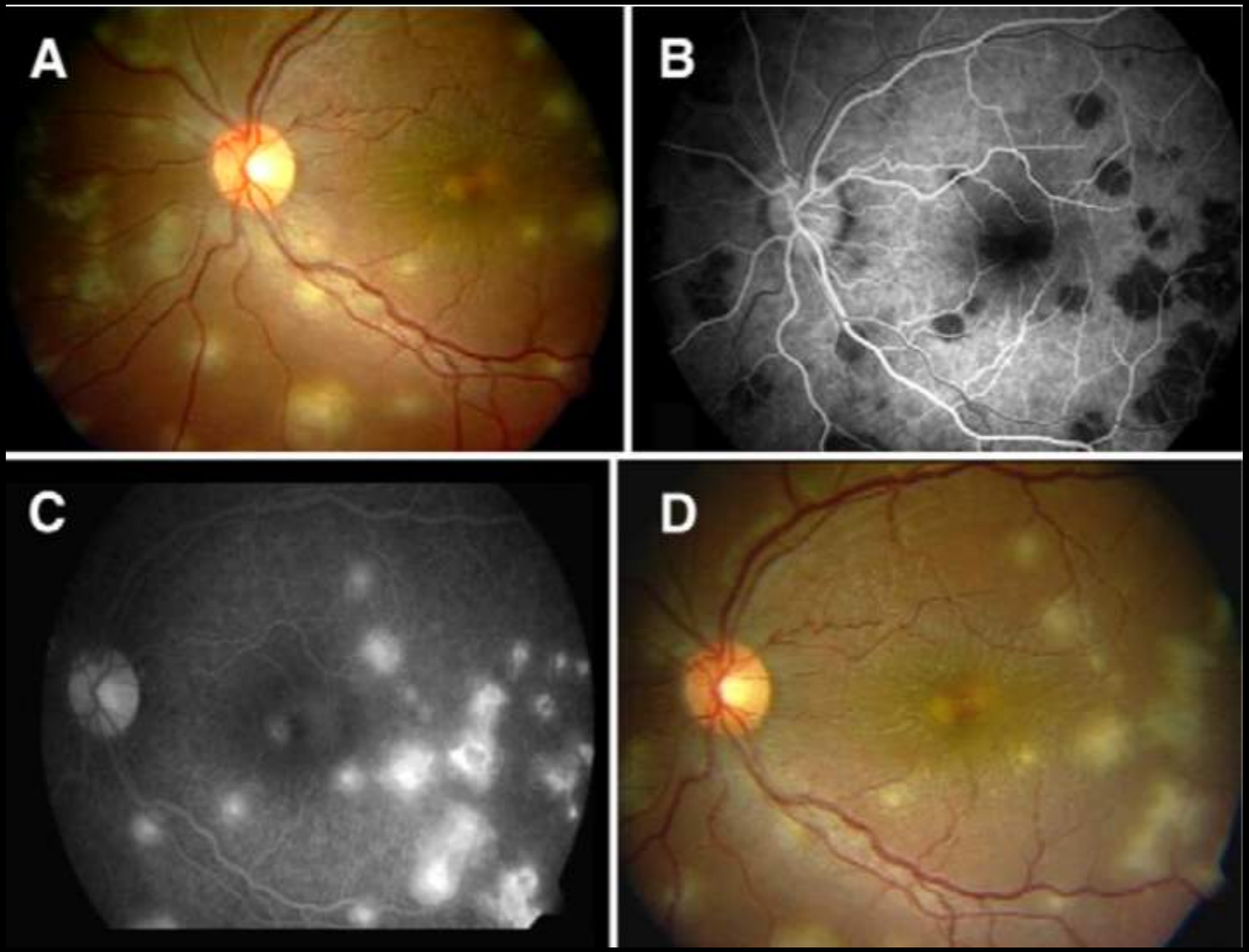
MAJOR REVIEW

Intraocular Tuberculosis—An Update

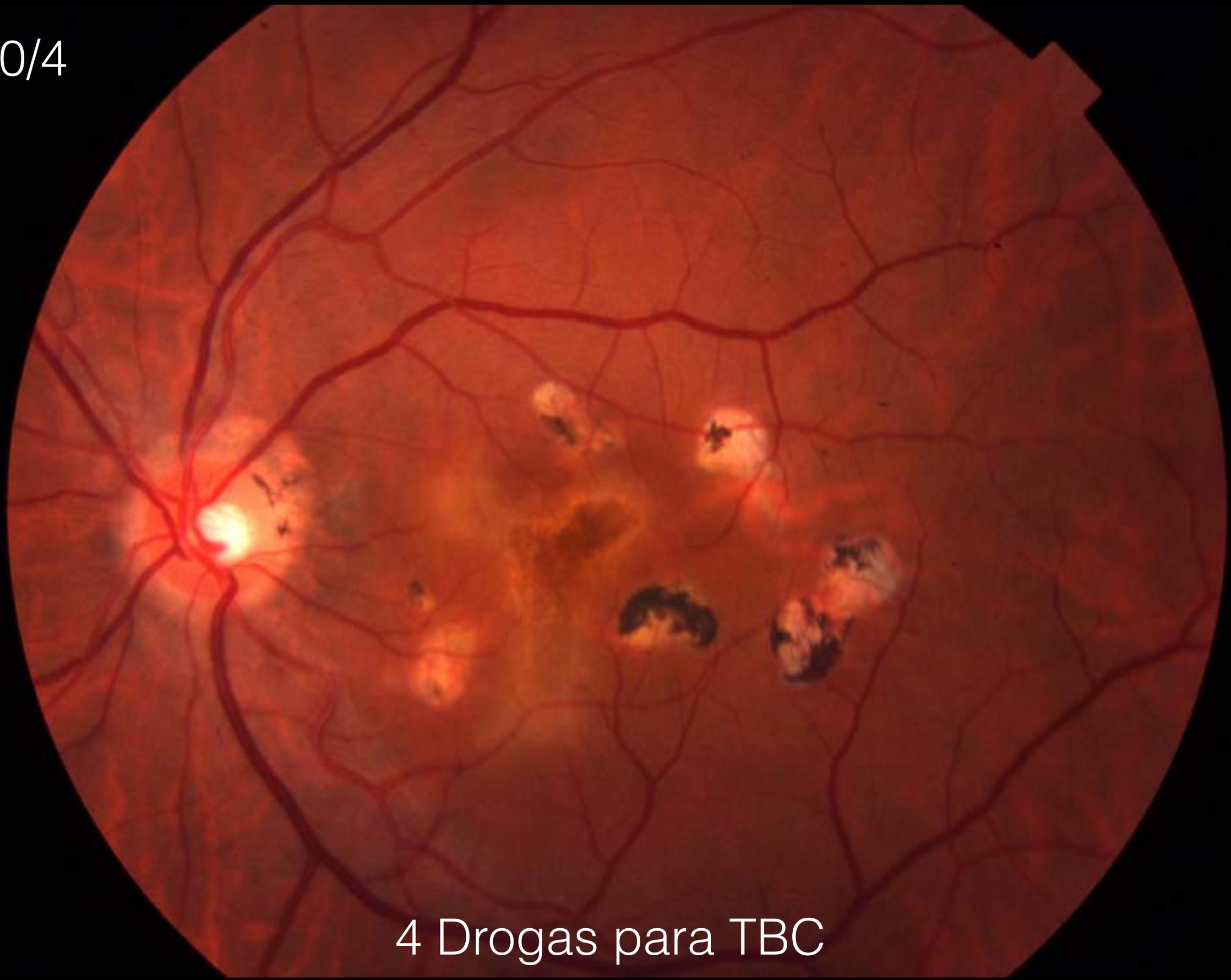
Vishali Gupta, MD,[1,2] Amod Gupta, MD,[2] and Narsing A. Rao, MD[1]

[1]Doheny Eye Institute, Department of Ophthalmology, Keck School of Medicine, University of Southern California, Los Angeles, California; and [2]Department of Ophthalmology, Post Graduate Institute Of Medical Education & Research, Chandigarh, India


A
B
Fluo 0:25:7 30.05.2005 OS
100%
3/4
Fluo 15:35:0 30.05.2005 OS
100%
4/4
C
D


A
B
C
D

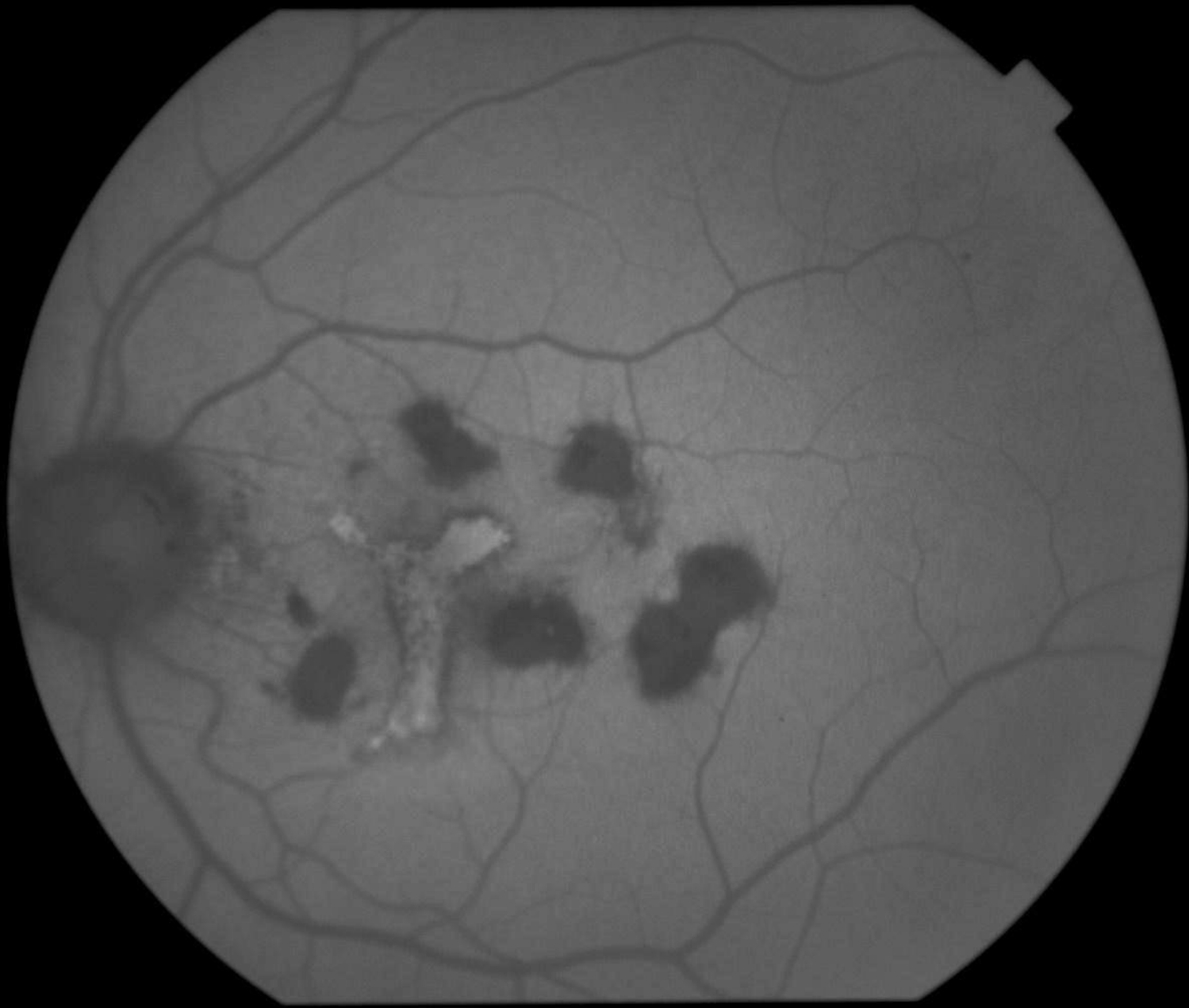
20/4



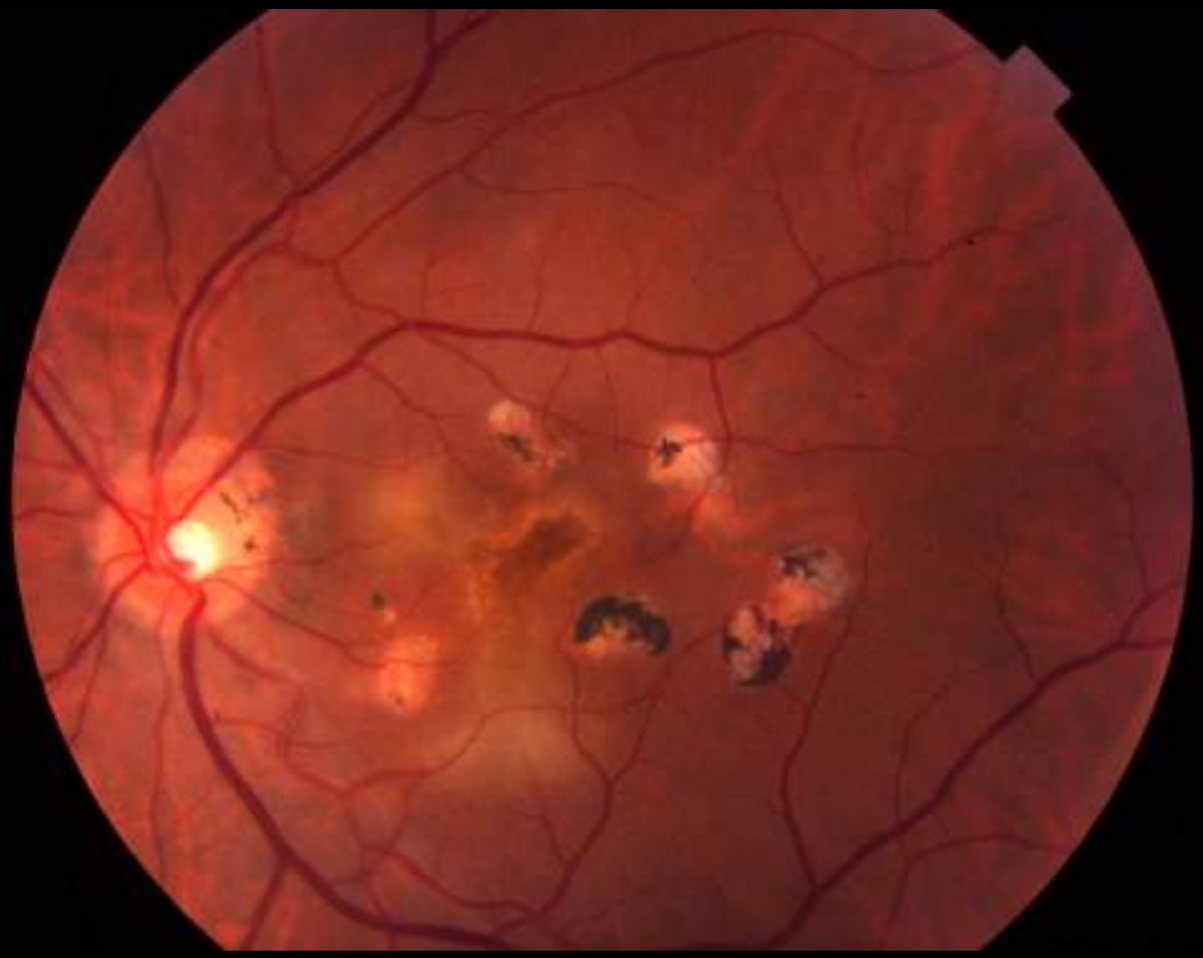
4 Drogas para TBC

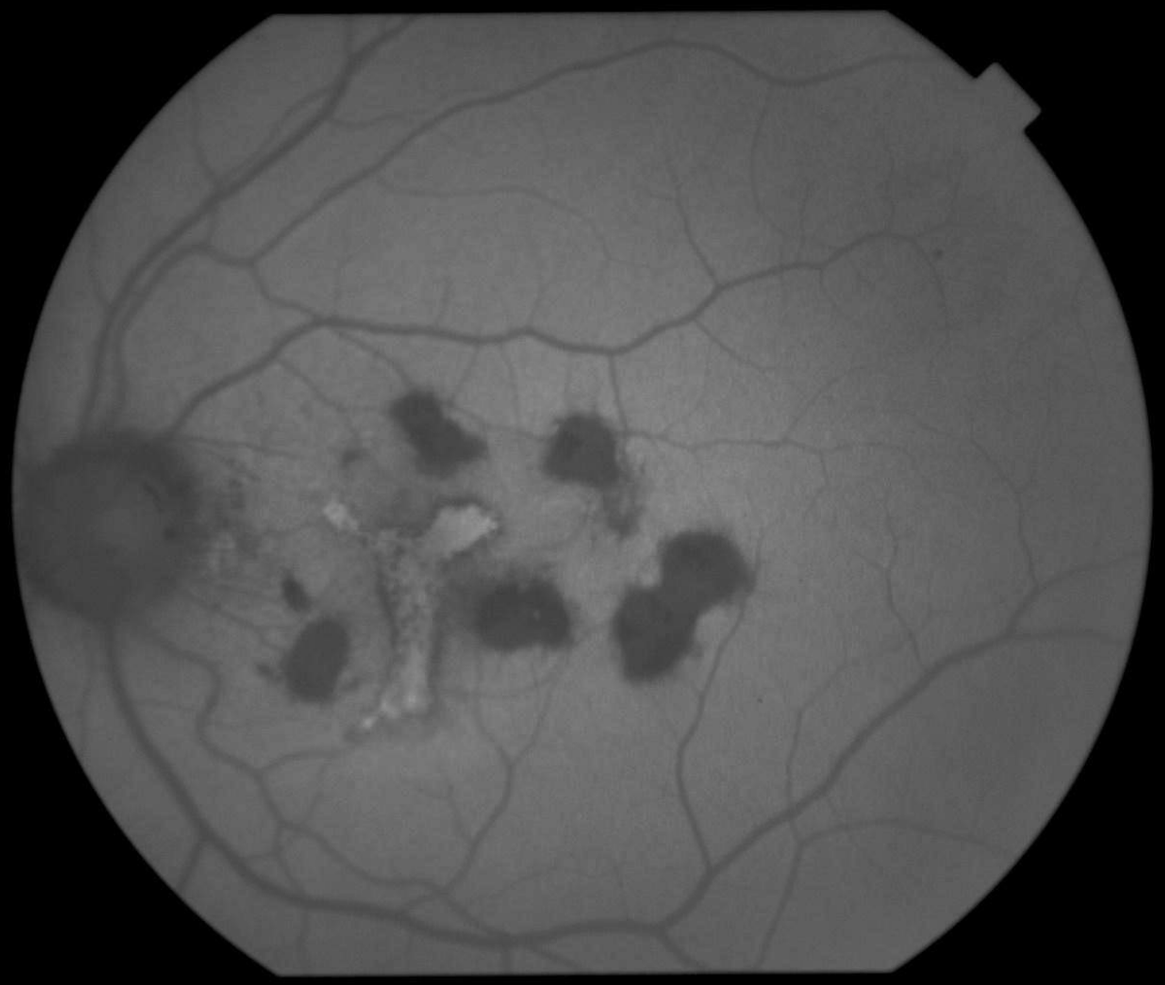
Una semana

27/4

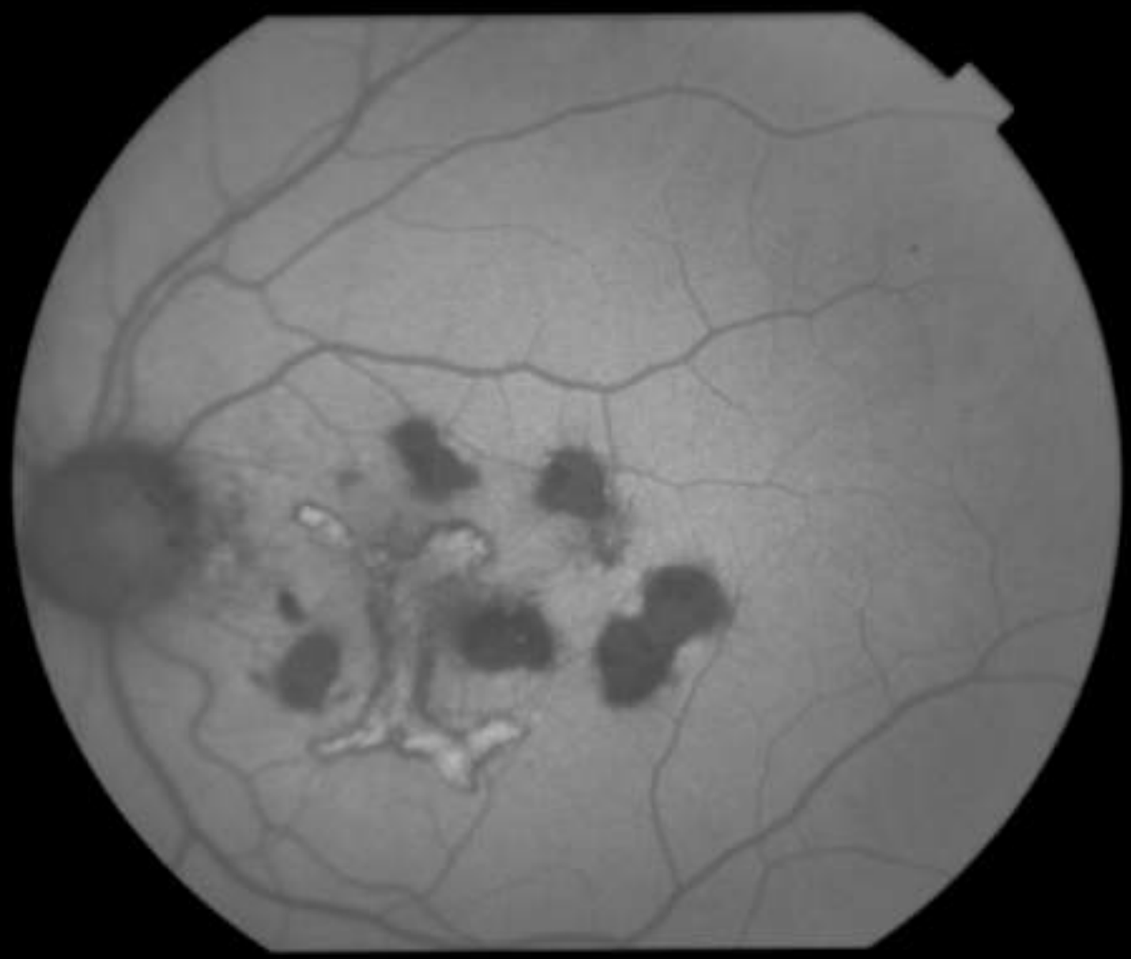


Abril 2016

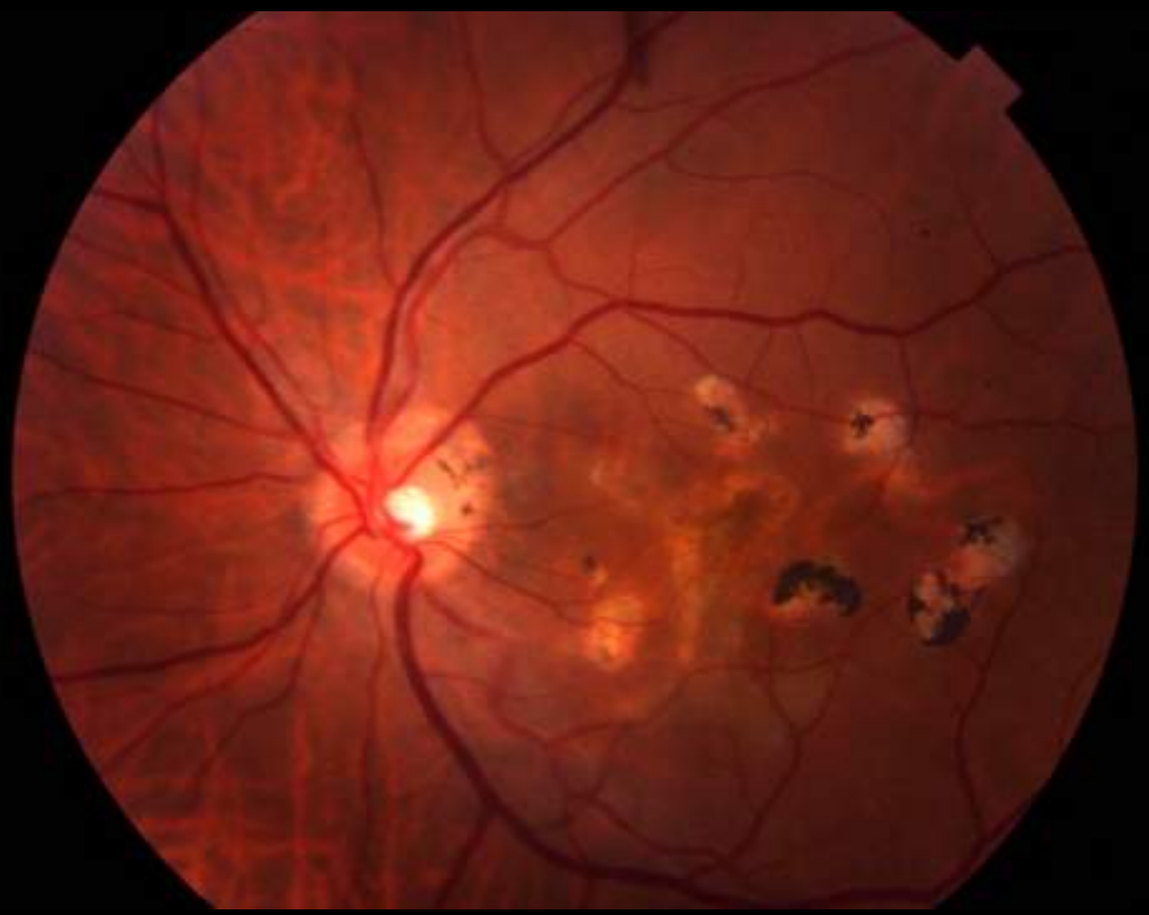


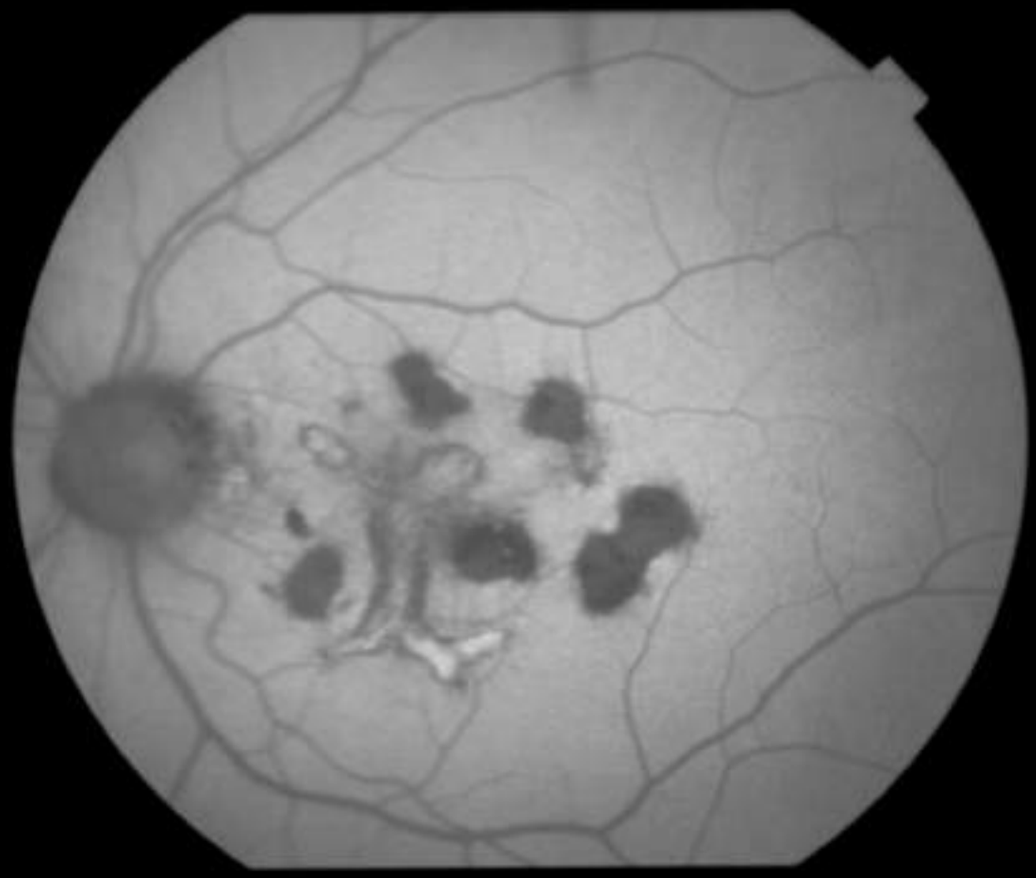


Mayo 2016
AV 1/10

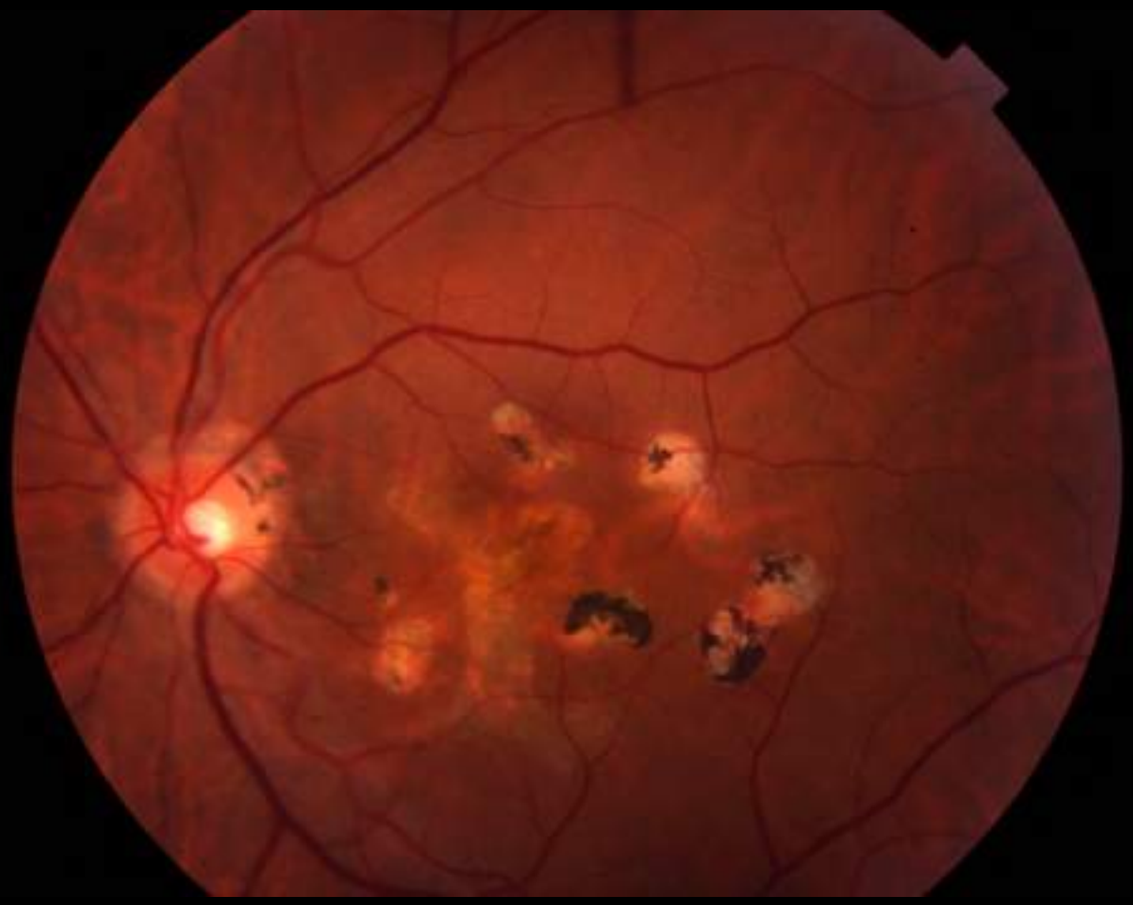


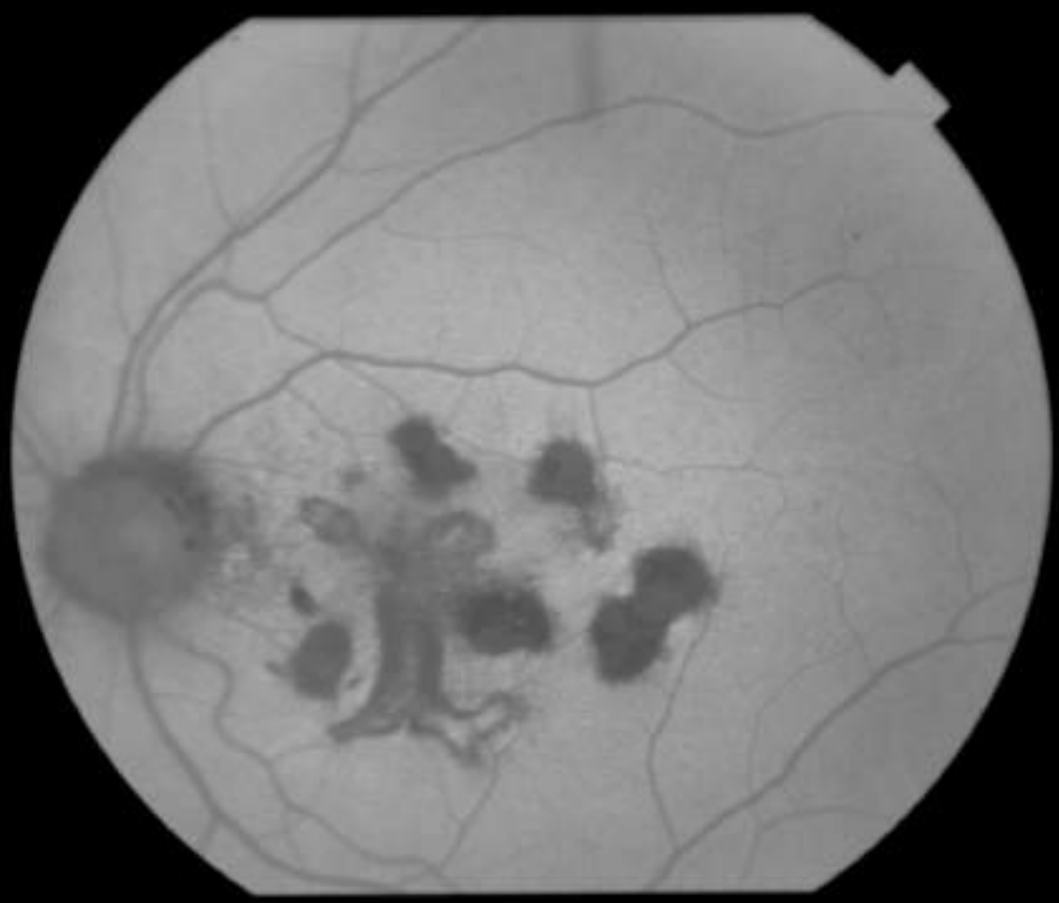
Junio 2016
AV 3/10



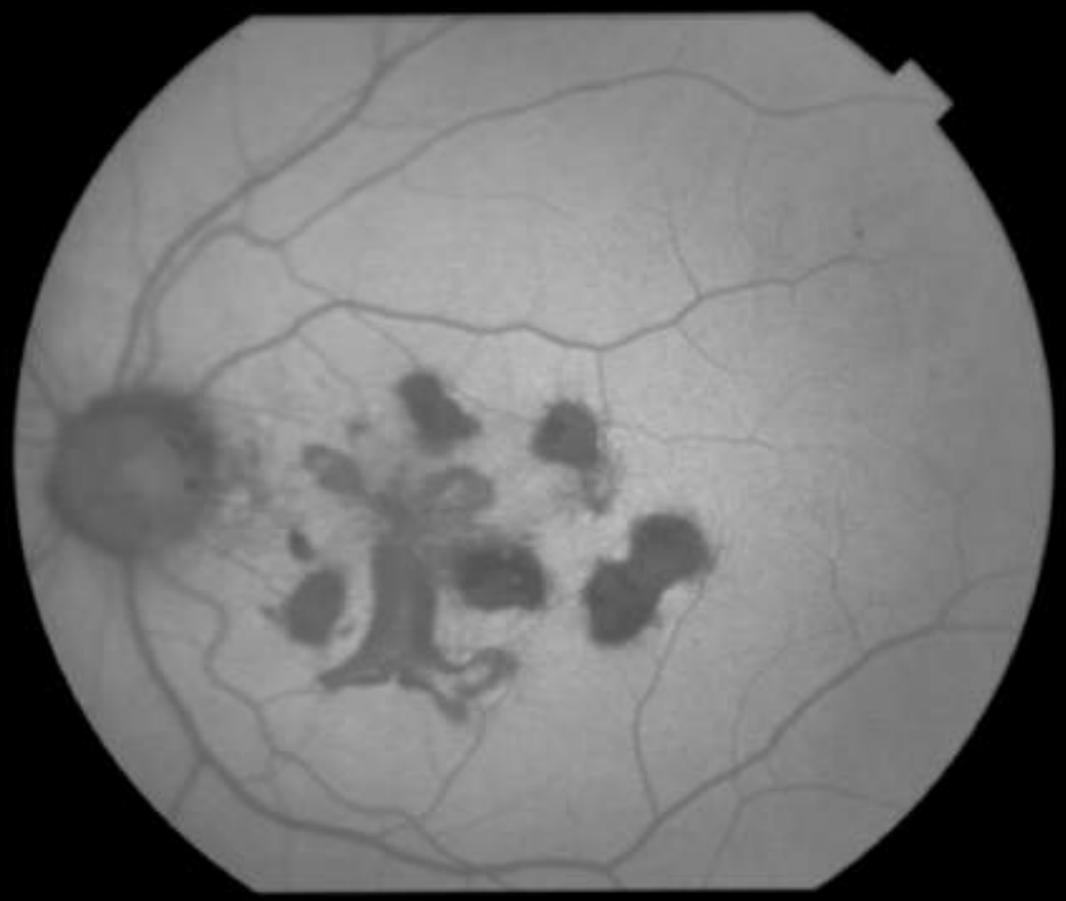


Agosto 2016
AV 6/10



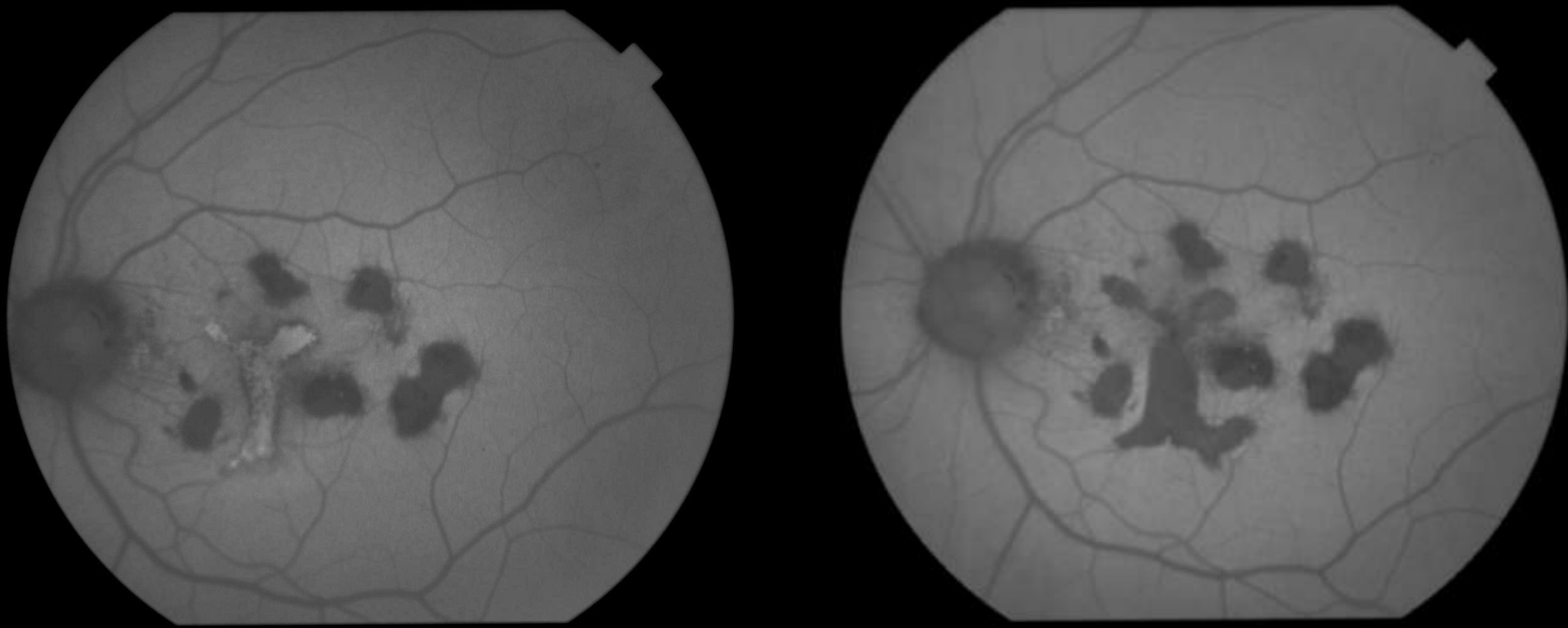


Octubre 2016
AV 6/10

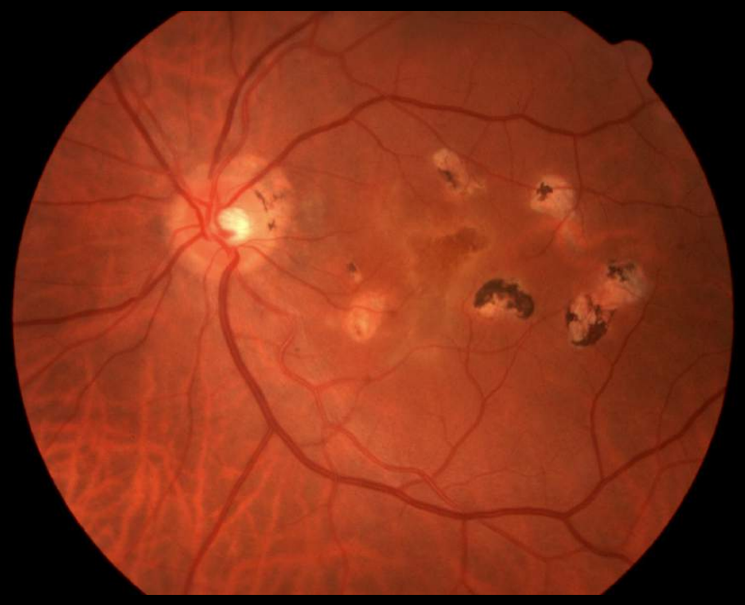


Marzo 2017
AV 7/10

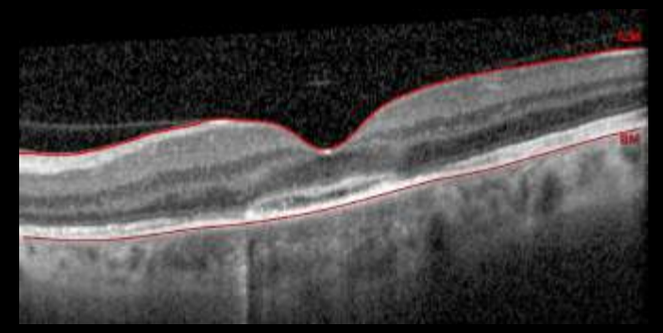
Completa 9 meses de tratamiento para tuberculosis



Pre

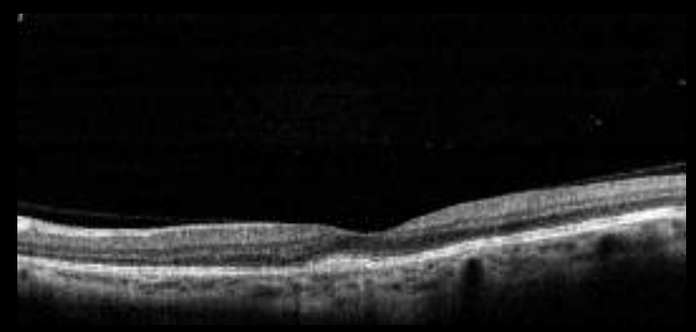


AV CD

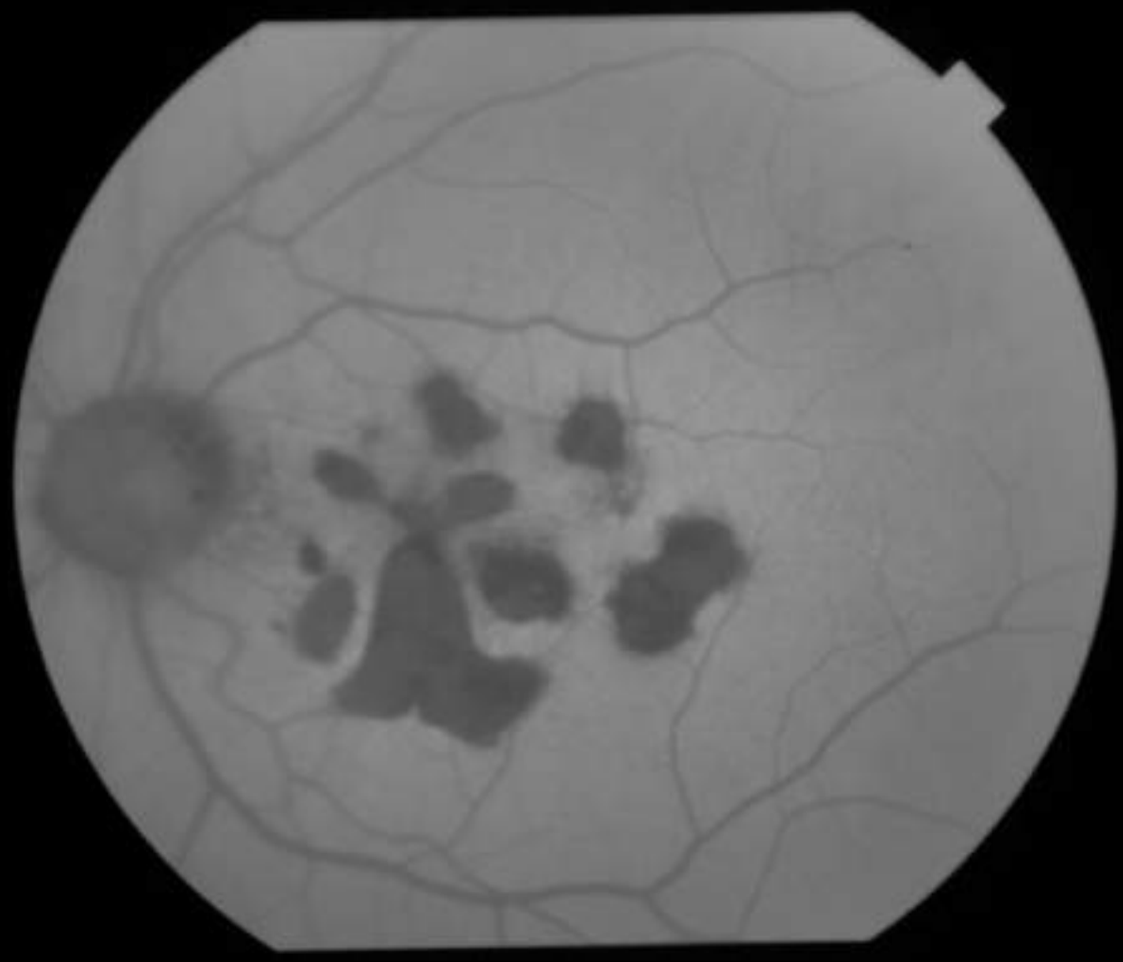


Post

AV 8/10



Mayo 2021
AV 10/10



Caso RJ

- Niña 16 años
- Mancha OD en junio 2010
- Siempre tuvo mancha en OI
- AV 10/10 y 4/10.
- BMC: normal

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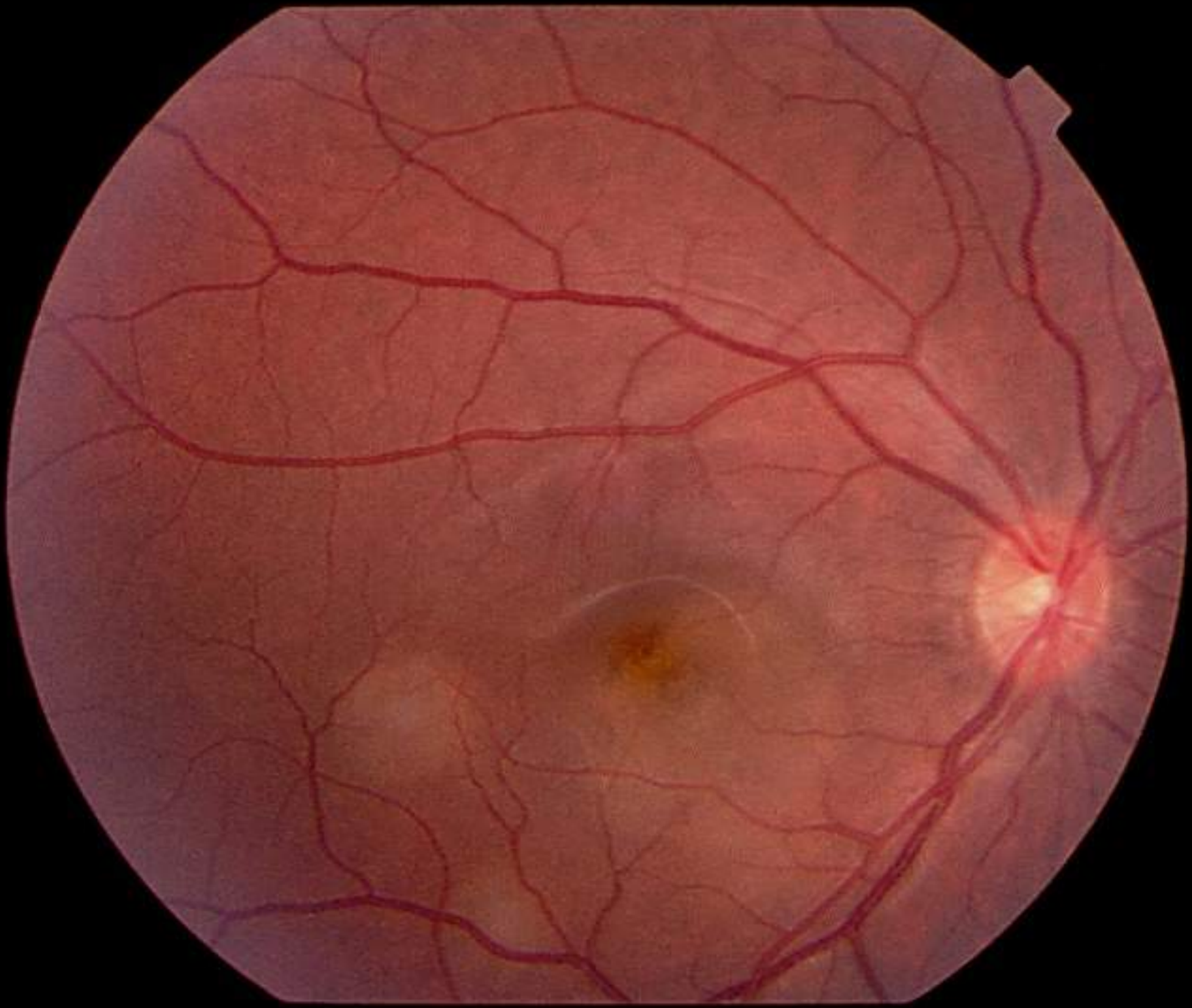
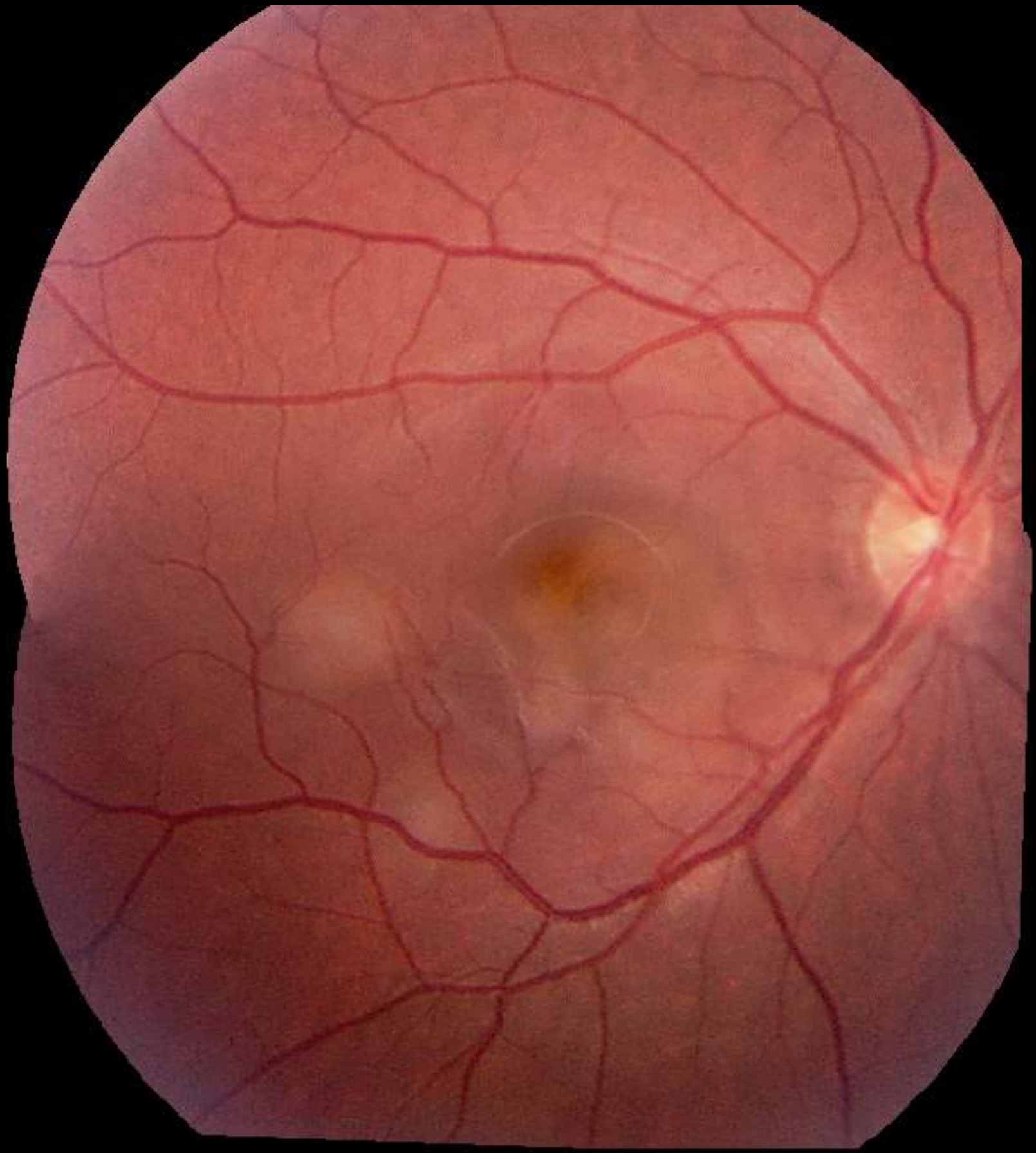
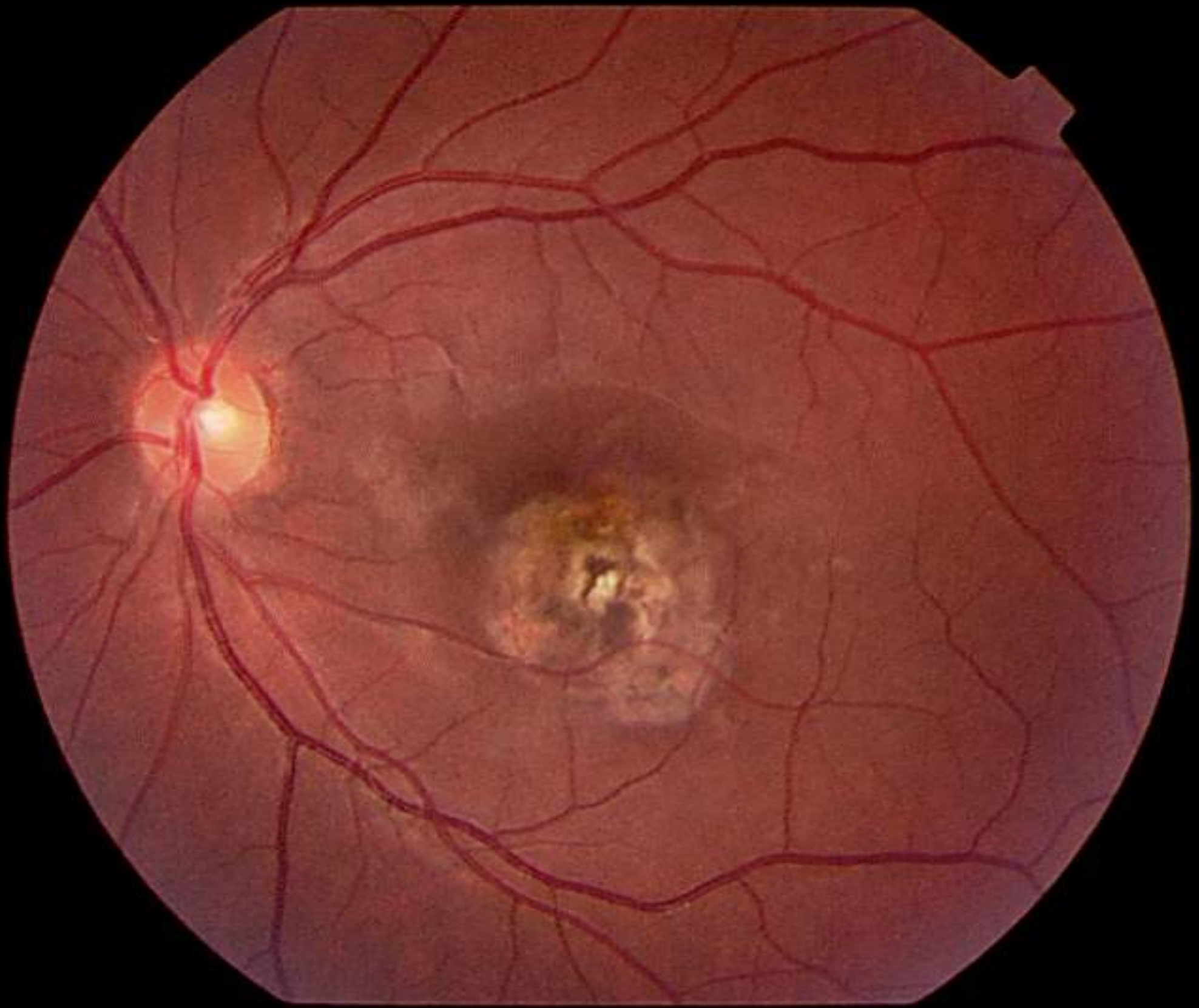
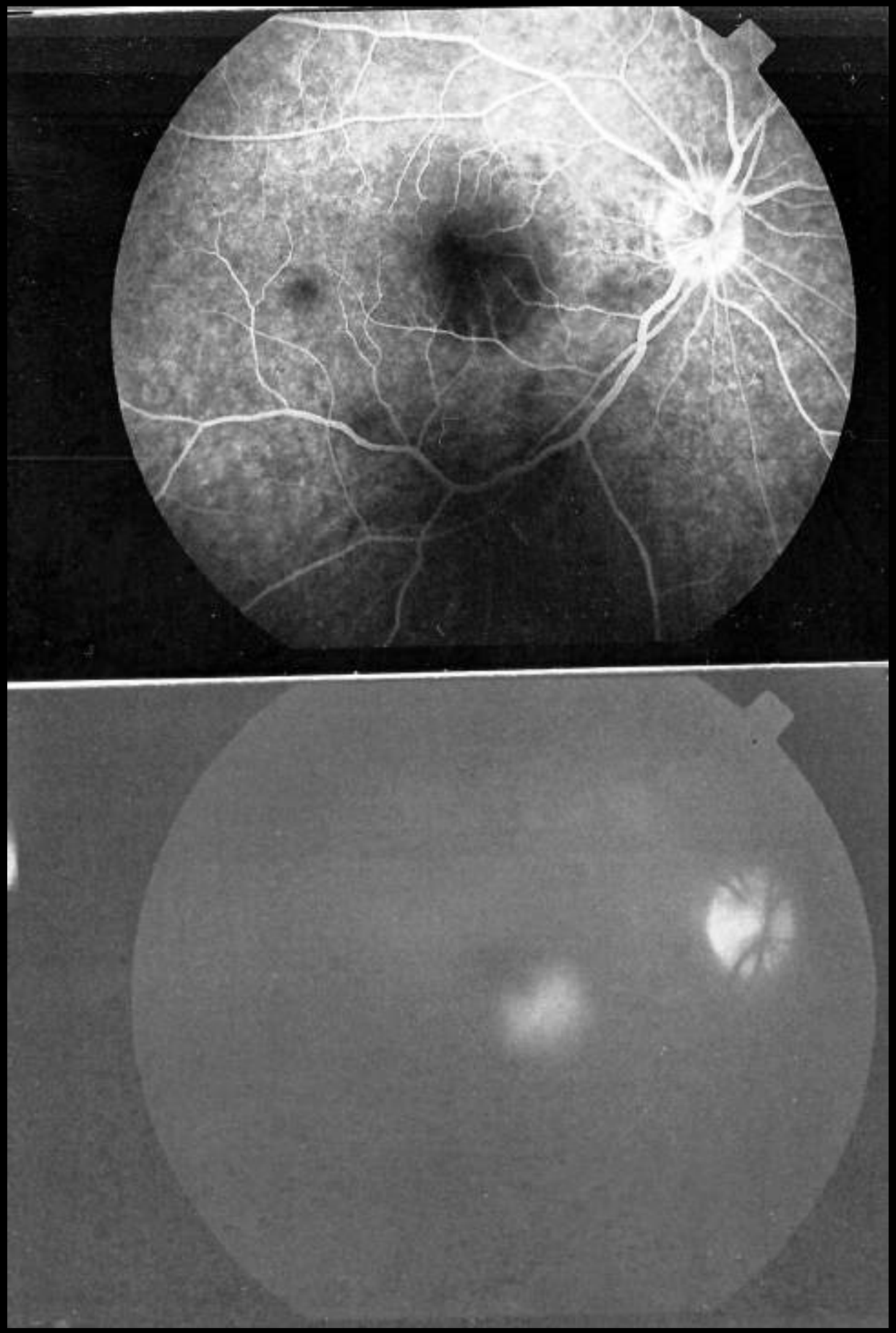








Patient/Scan Information

DOB: 7/27/1994, ID: 240430, Female

Scans to process: 6

Total Scans: 6

6/28/2010 1:37:12 PM OD Macular Thickness Map

S T N I 30°

Brightness Contrast %Zoom

Mirror Image

Save comment for the selected scan

Grayscale
Color

Default

Signal Strength (Max 10)	9

Log Abs. Ref

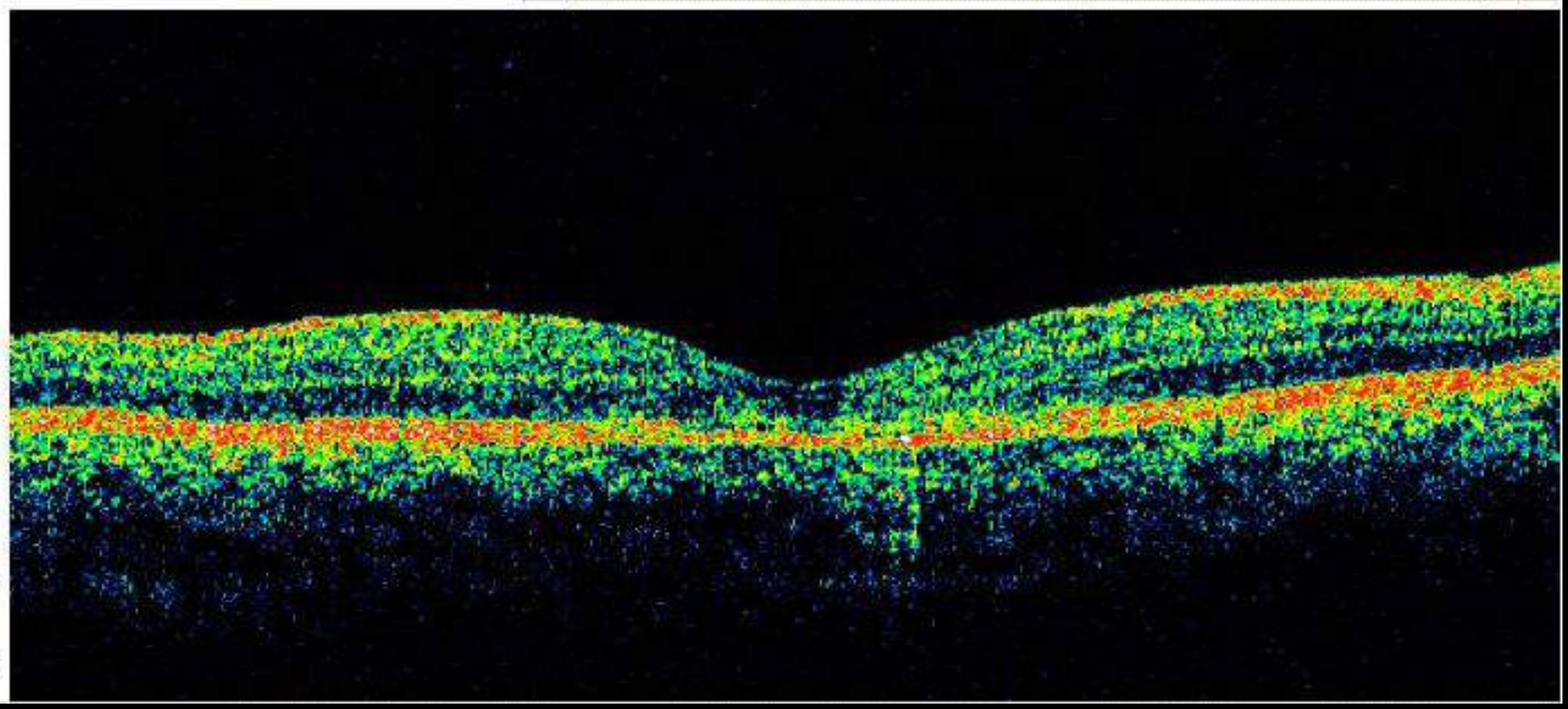
Level Window %Zoom

Width: 6 (mm) 512 (scans)

Depth: 2 (mm) 1024 (pixels)

Analyze

Multi-Slice Report



Caso RJ

- Diagnóstico
- APMPPE
- CTC 80 mg y bajando en 1 mes.
- AV 10/10

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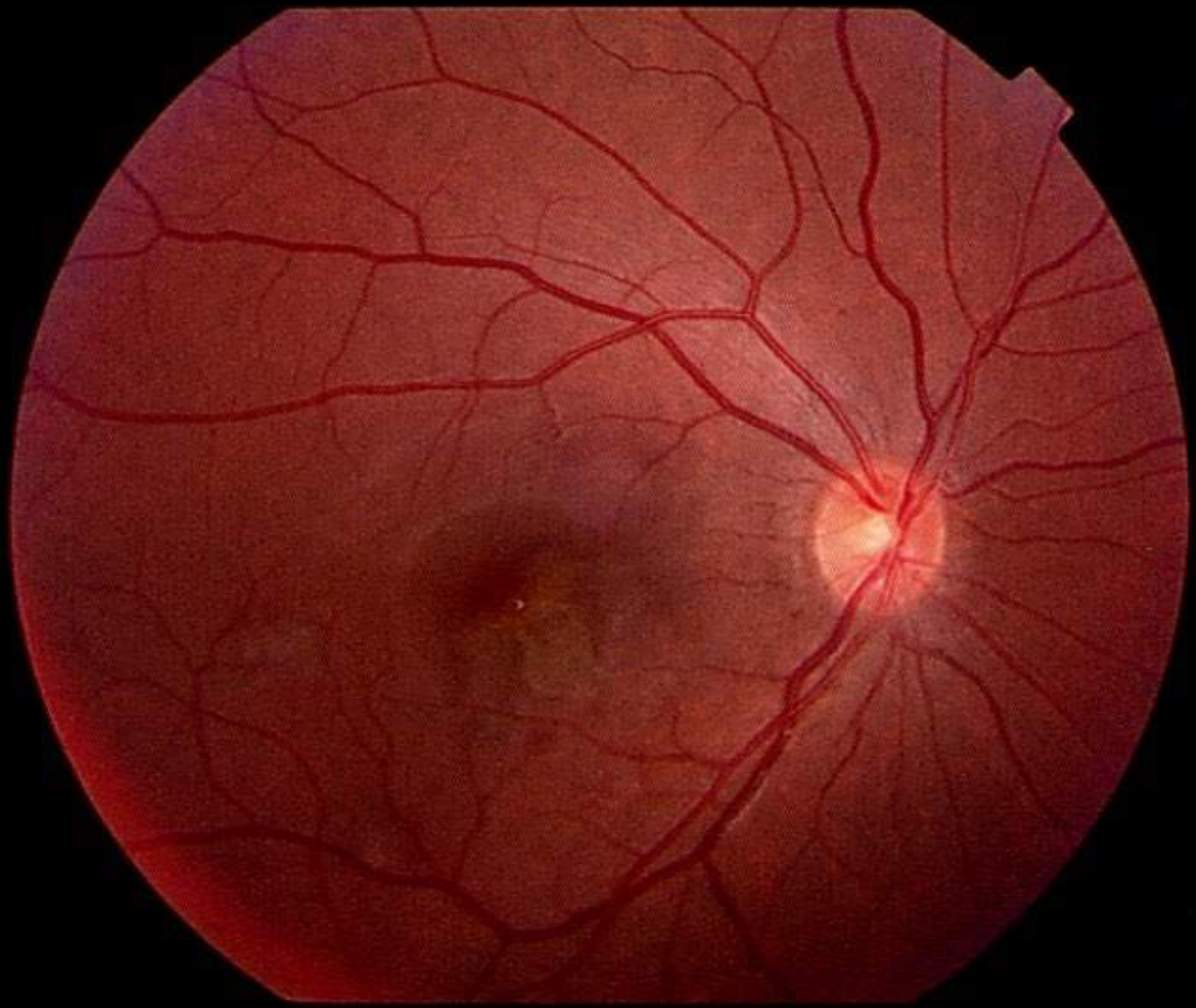

Junio 2010

Octubre 2010

Caso RJ

- Septiembre 2011
- Mancha en OD
- AV 10/10 OD y 3/10 OI
- BMC: normal
- Fondo

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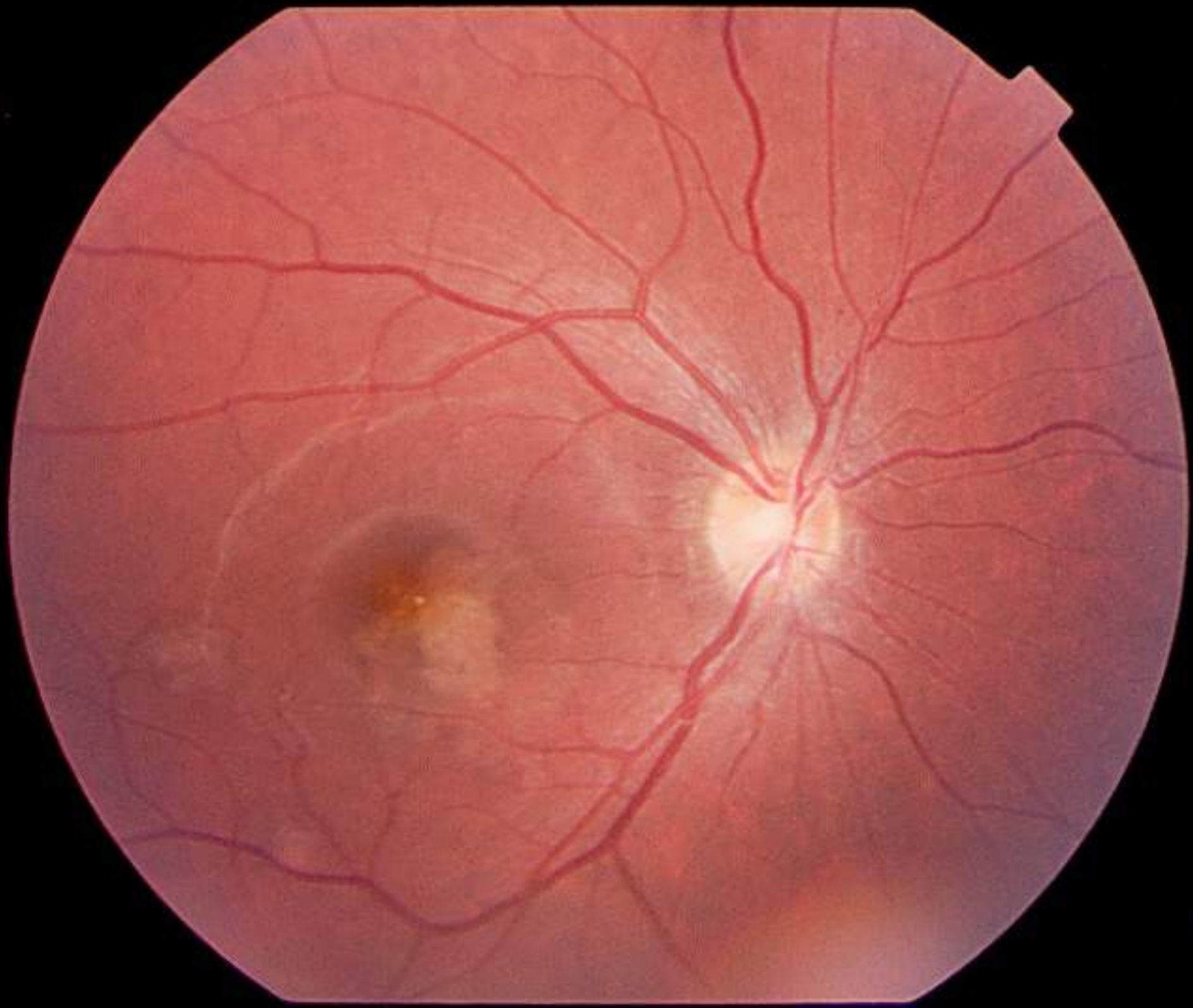
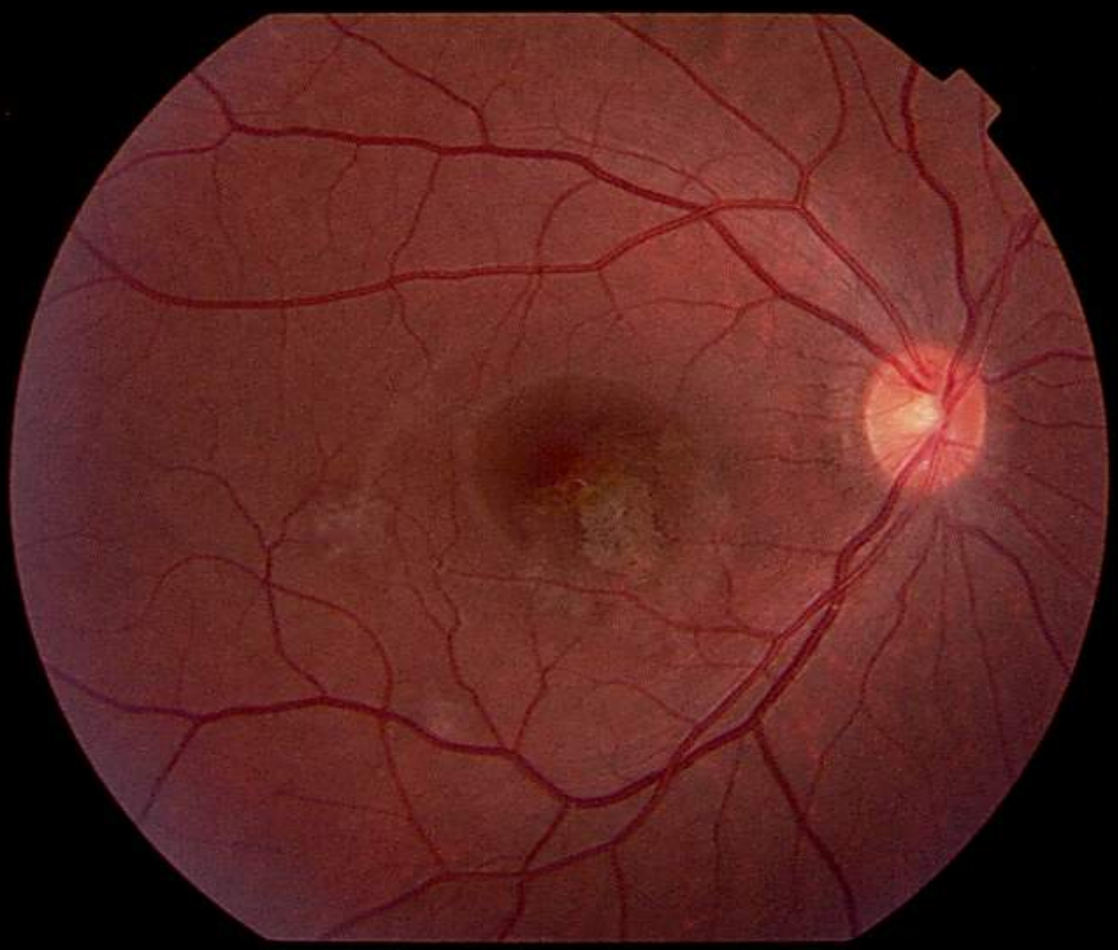
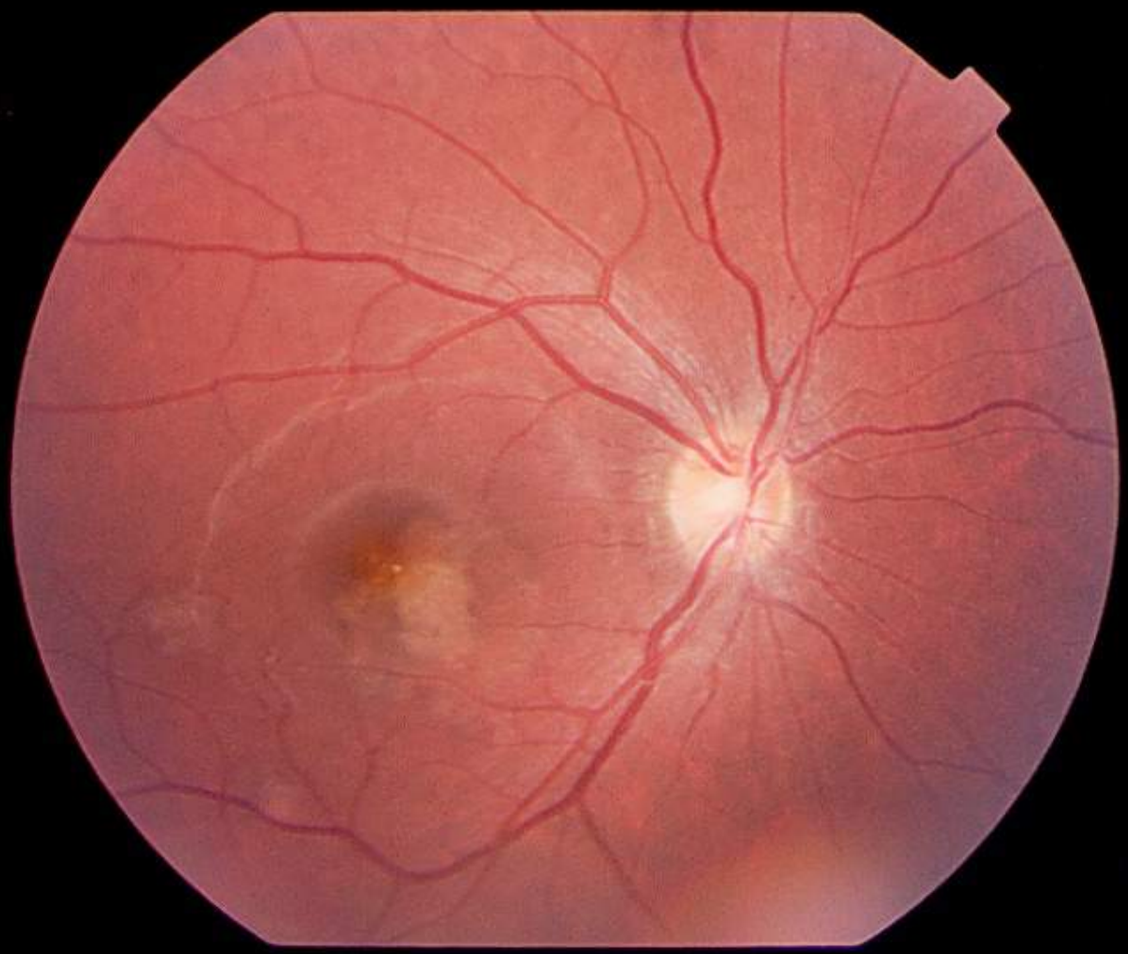
HF



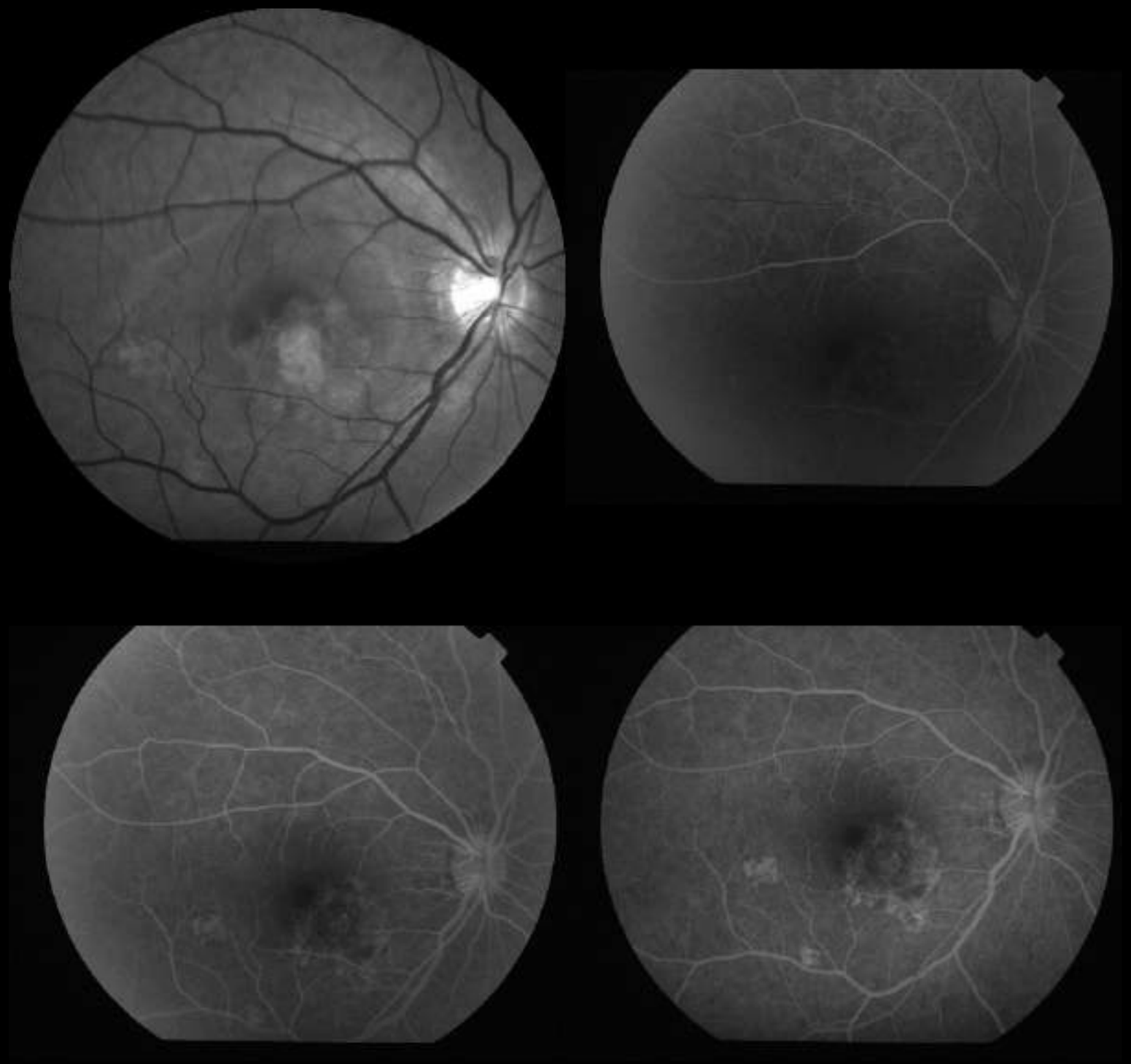
Octubre 2010



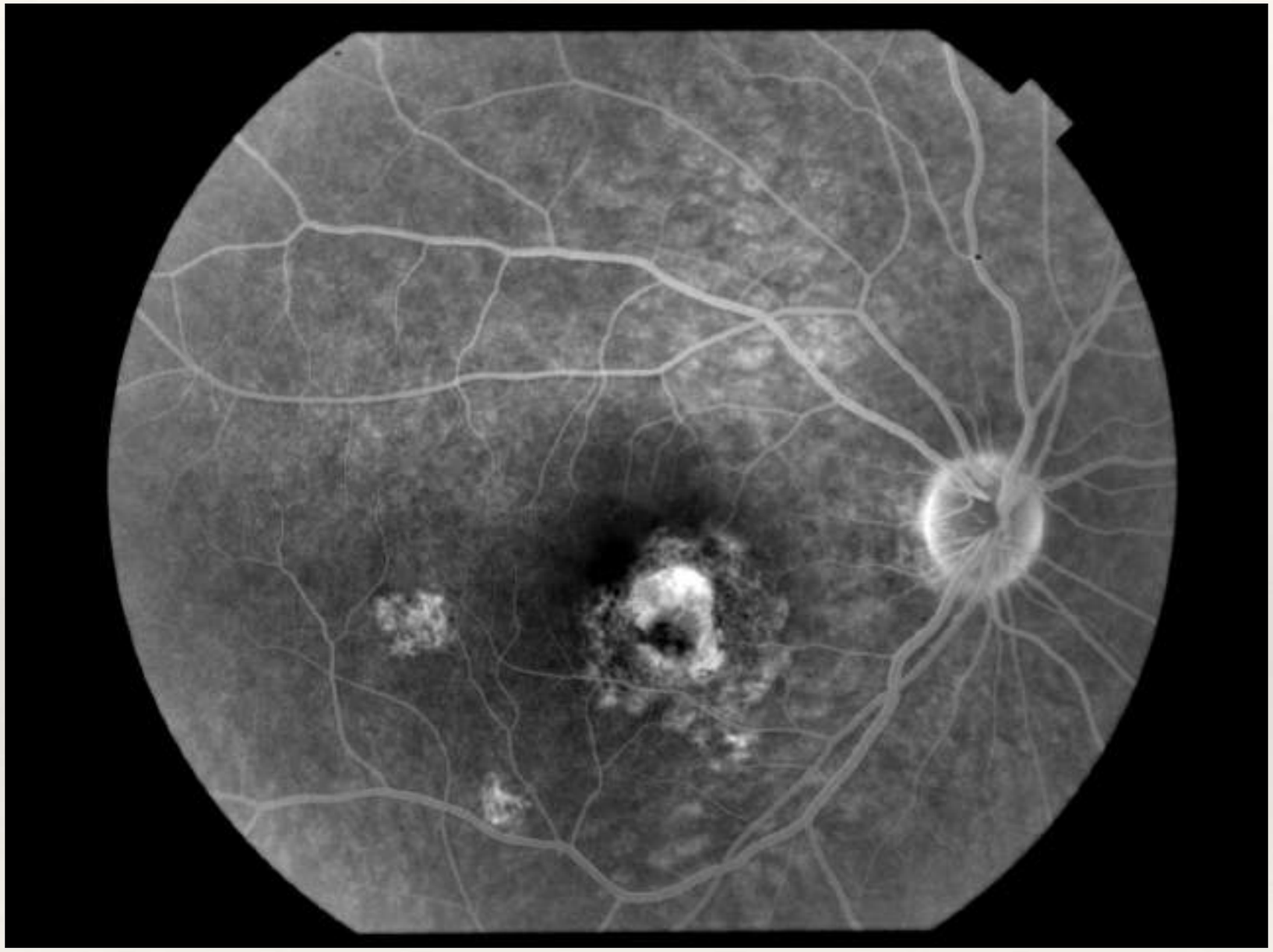
Septiembre 2011



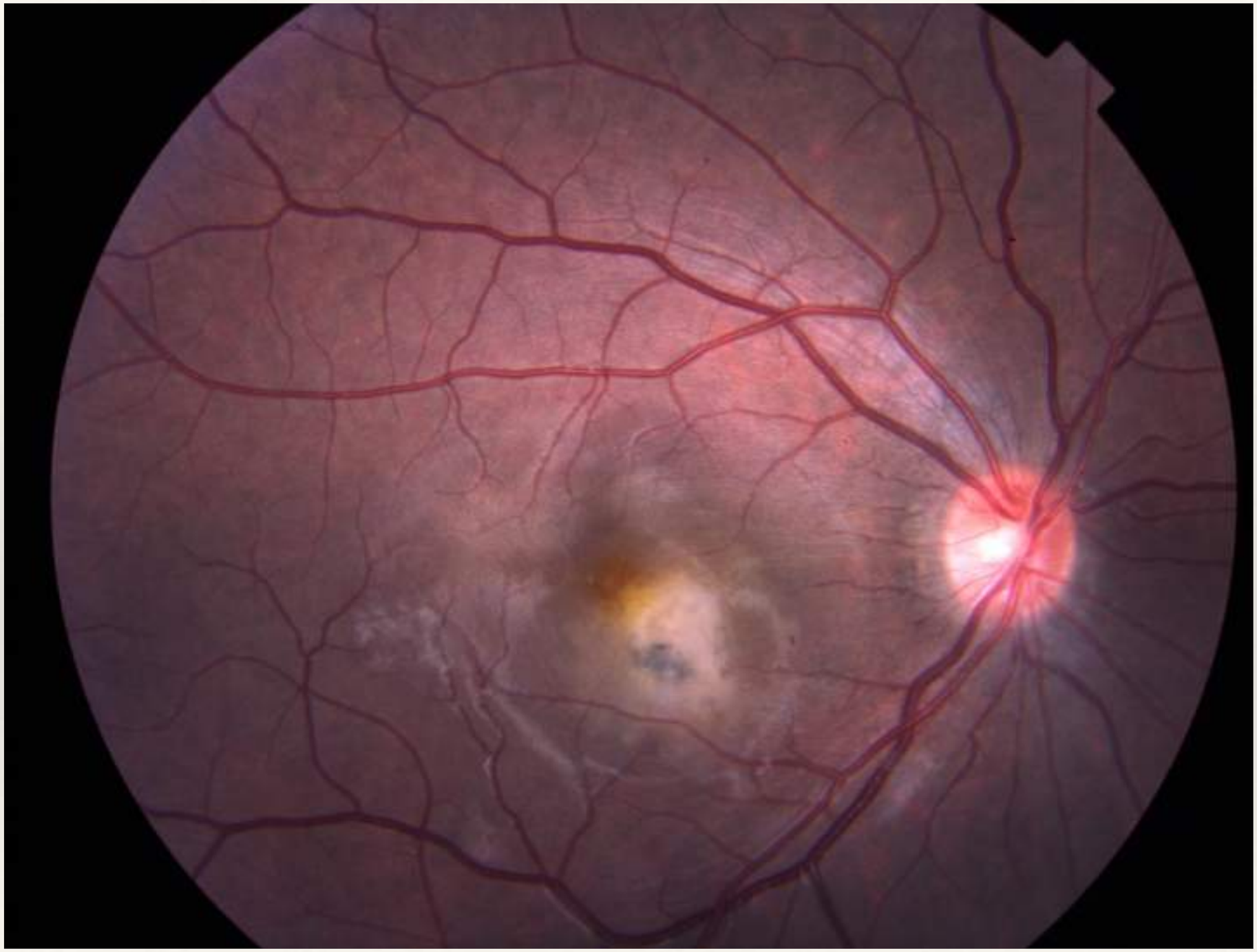
Otro ciclo corticoides orales



Septiembre 2012, mancha OD. Tercer episodio



Octubre 2012, mancha OD. Cuarta reactivación



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- 2013
- Metotrexato y corticoides
- PPD 6 mm
- Tratamiento para TBC
- Luego micofenolato hasta 2021

- 2-3 reactivaciones anuales
- Mantiene 9/10 OD y 2/10 OI

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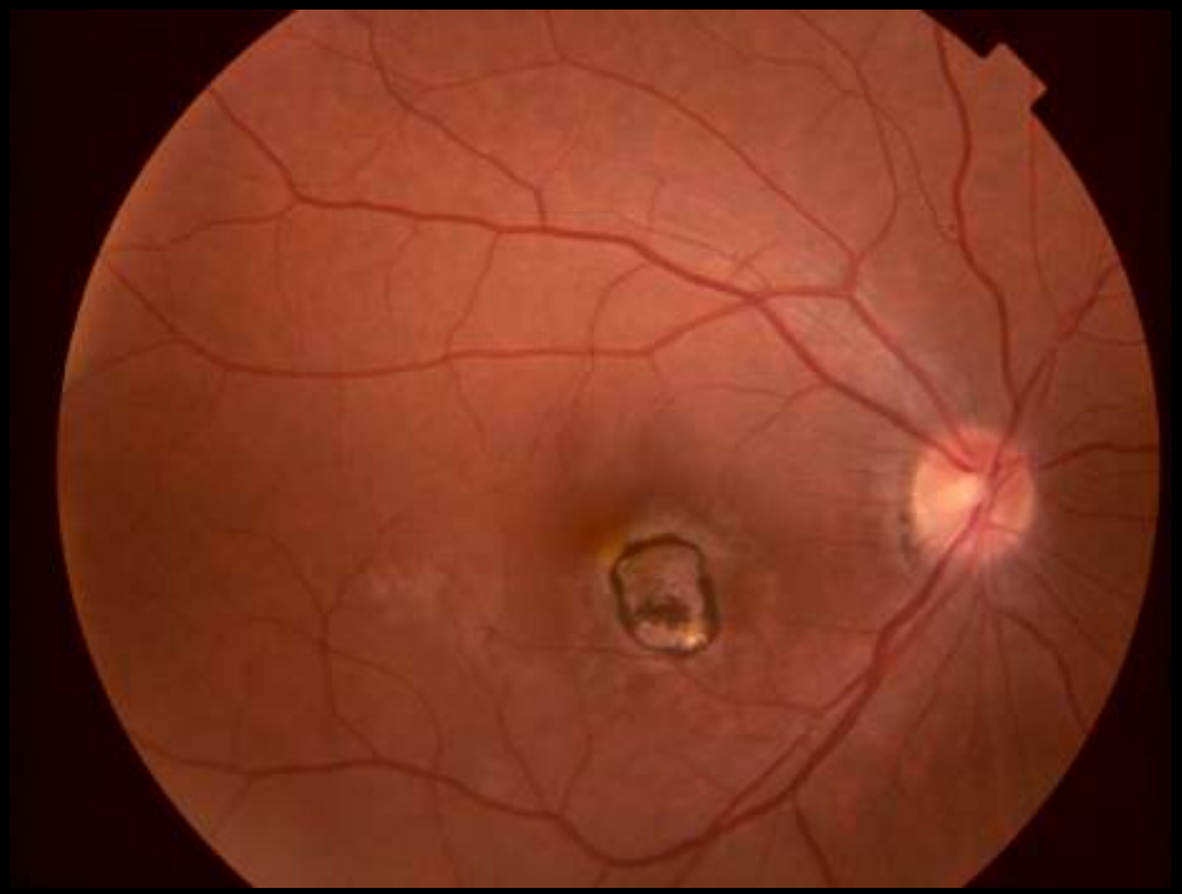
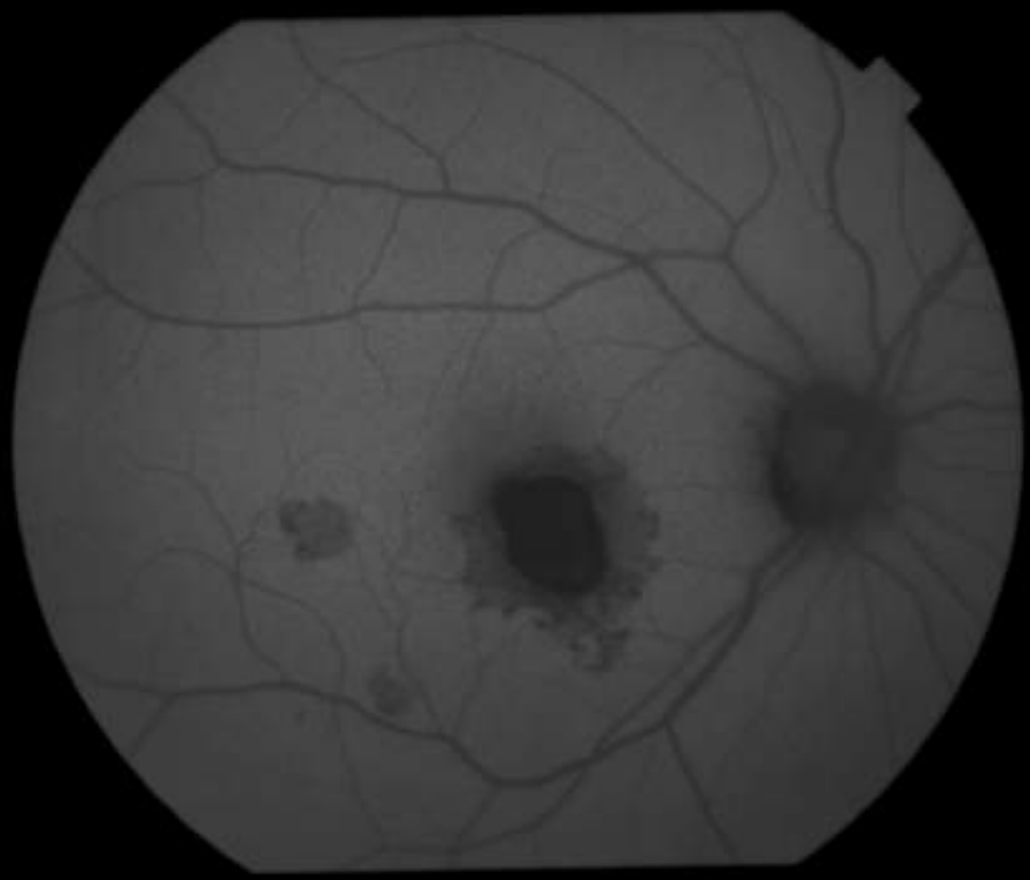
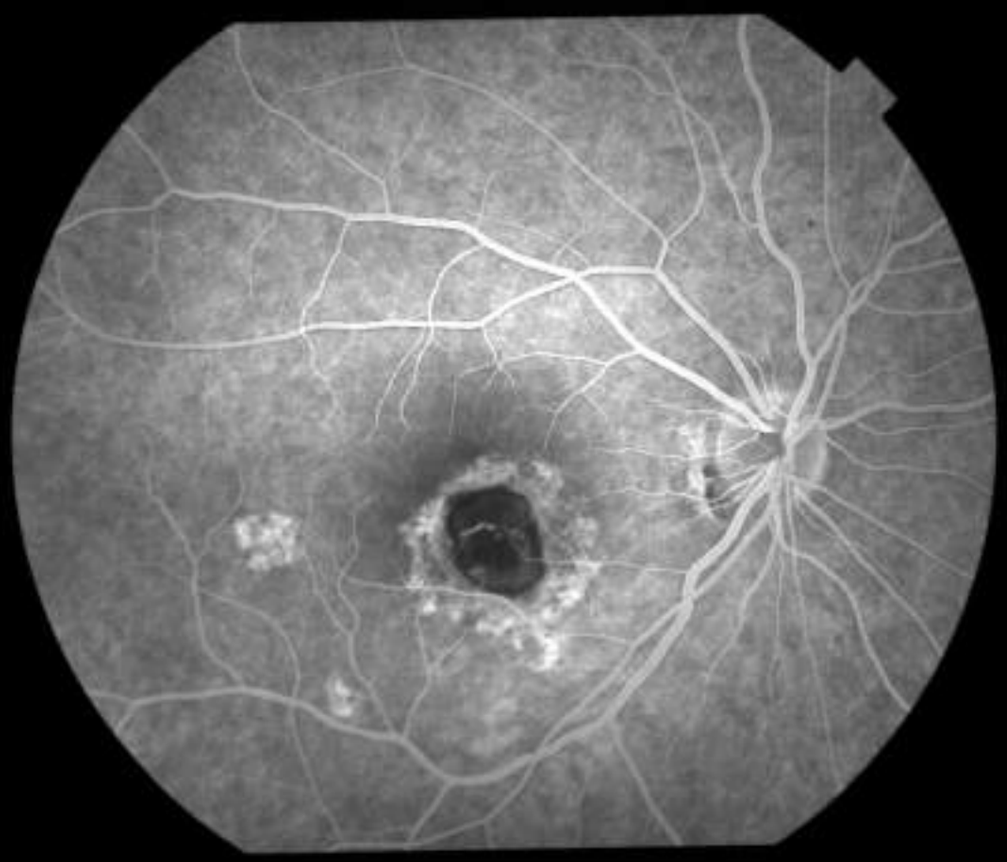
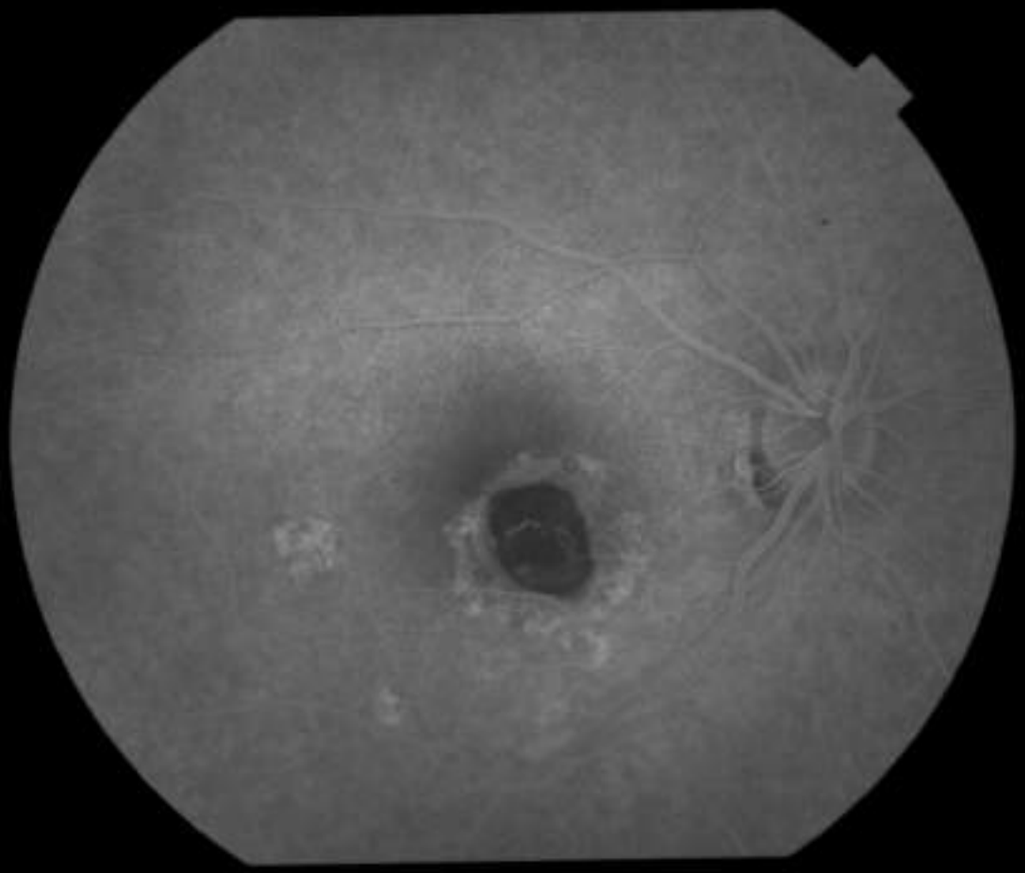
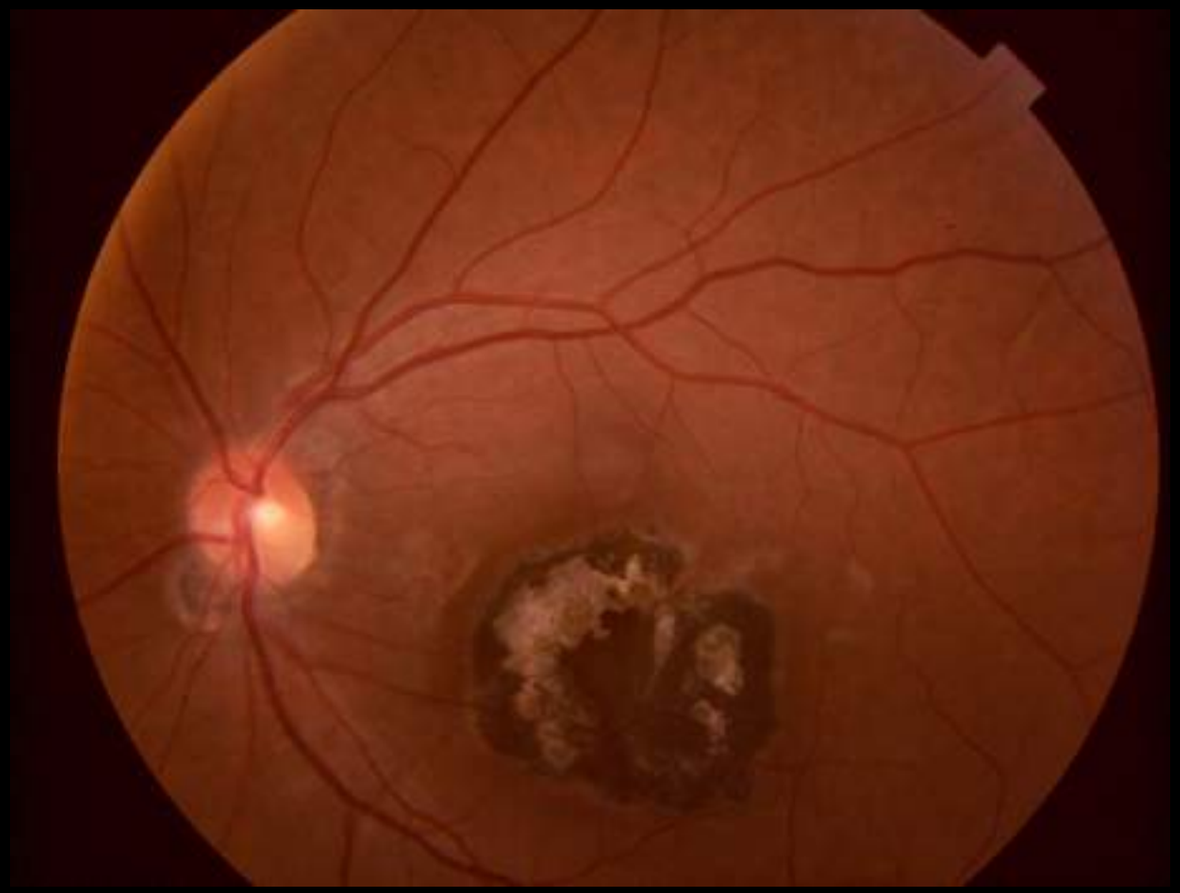
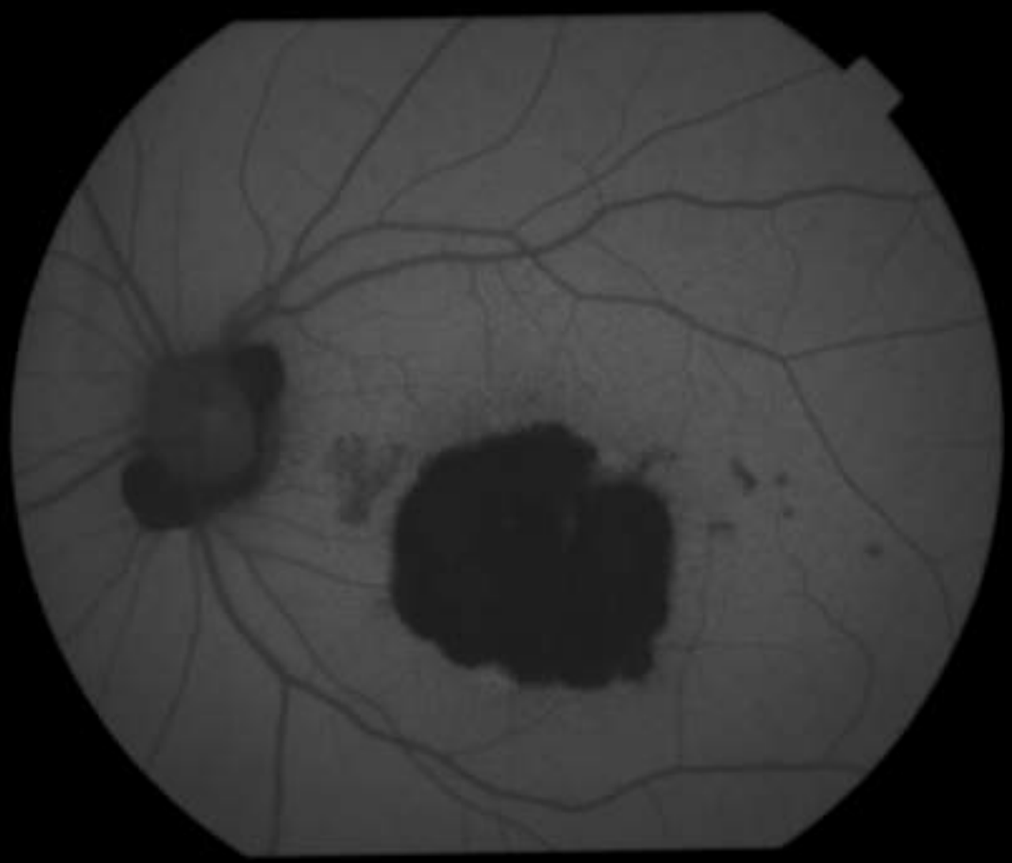









Continuous Progression of Tubercular Serpiginous-like Choroiditis After Initiating Antituberculosis Treatment

VISHALI GUPTA, REEMA BANSAL, AND AMOD GUPTA

Am J Ophthalmol 2011;152:857–863.

- The present study aims to describe the effect of antituberculosis treatment on the course of active tubercular serpiginous-like choroiditis, with longterm follow-up and outcome

- Addition of antituberculosis treatment to the usual systemic corticosteroids and immunosuppressive agents helps in reducing the number of recurrences over a long-term follow-up.

Gupta V, Gupta A, Arora S, Bambery P, Dogra MR, Agarwal. A. Presumed tubercular serpiginouslike choroiditis: clinical presentations and management. Ophthalmology 2003;110 :1744 –1749.

Gupta V, Gupta A, Rao NA. Intraocular tuberculosis-an update. Major review. Surv Ophthalmol 2007;52(6);561–587.

ACUTE, POSTERIOR MULTIFOCAL PLACOID PIGMENT EPITHELIOPATHY: A CASE OF 11 RECURRENCES OVER 15 YEARS

Liza M. Cohen, BA,* Marion R. Munk, MD, PhD,*† Debra A. Goldstein, MD,*
Lee M. Jampol, MD*

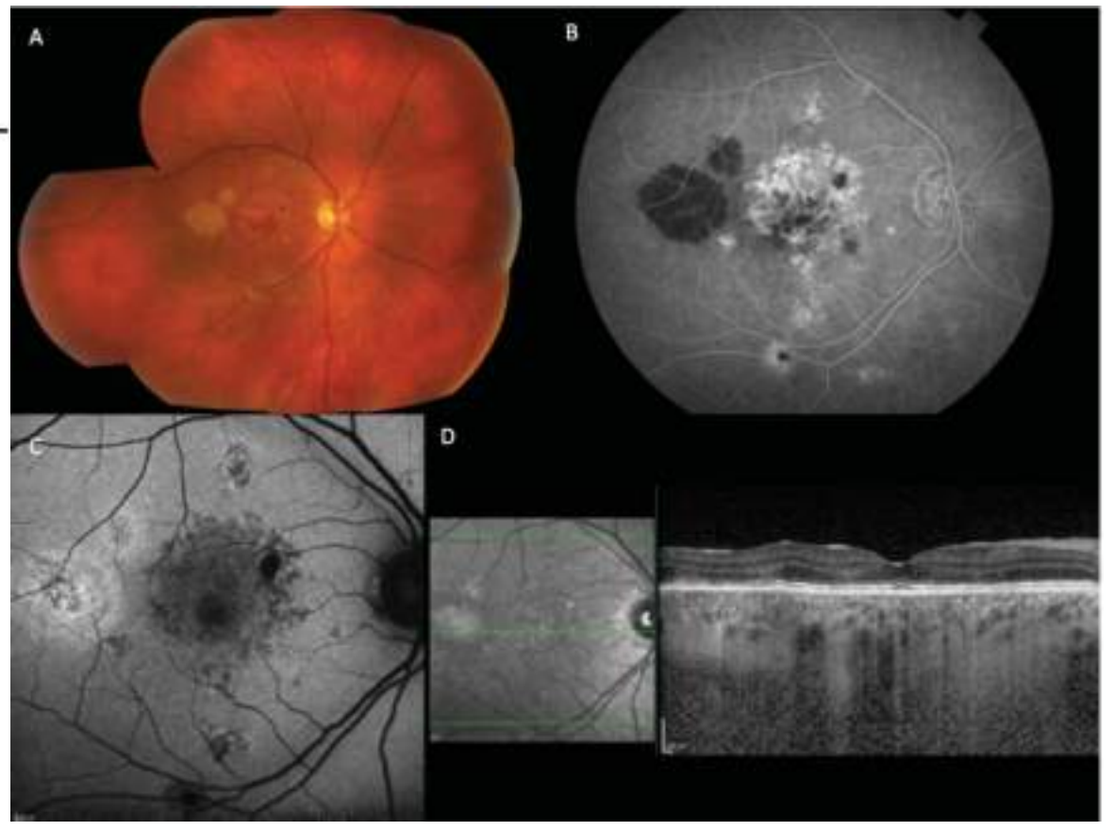
Purpose: To report the case of a patient with recurrent, acute posterior multifocal placoid pigment epitheliopathy. To the best of our knowledge, this is the longest documented course with the greatest number of recurrences reported.

Methods: Observational case report of one patient. A 27-year-old otherwise healthy male patient presented with recurrence of new scotomata over 15 years. Fundus photography, fluorescein angiography, indocyanine green angiography, fundus autofluorescence, and optical coherence tomography documented his clinical course.

Results: Over the course of 15 years, the patient developed 11 symptomatic (5 imaging-documented) recurrences of acute, posterior multifocal placoid pigment epitheliopathy affecting both eyes. Each episode manifested with new subjective scotomata and new lesions noted on imaging. Symptoms mostly resolved after each episode, and visual outcome remained excellent (20/20 in the right eye and 20/25 left eye at the last follow-up).

Conclusion: Although typically monophasic, acute posterior multifocal placoid pigment epitheliopathy can rarely present with a recurrent course over a prolonged period of time and should be considered as a diagnosis in patients presenting with recurrent visual symptoms and new placoid lesions on imaging. In recurrent cases, visual recovery may still remain excellent.

RETINAL CASES & BRIEF REPORTS 9:226–230, 2015



APMPPE

Causas

- Idiopático
- Tuberculosis
- Dengue
- Wegener's granulomatosis
- Cerebral vasculitis
- Sarcoidosis

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Vacunas

- Hepatitis B virus
- Meningococcus C
- Varicella zoster virus
- Influenza virus

Olguín-Manríquez et al. Int J Retin Vitr (2021) 7:41
https://doi.org/10.1186/s40942-021-00312-w

International Journal of Retina and Vitreous

CASE REPORT Open Access

Unilateral acute posterior multifocal placoid pigment epitheliopathy in a convalescent COVID-19 patient

Francisco Olguín-Manríquez[1,7*], Linda Cernichiaro-Espinosa[2], Arturo Olguín-Manríquez[3], Rebeca Manríquez-Arias[4], Erick Omar Flores-Villalobos[5] and Perla Ayumi Kawakami-Campos[6]

Abstract

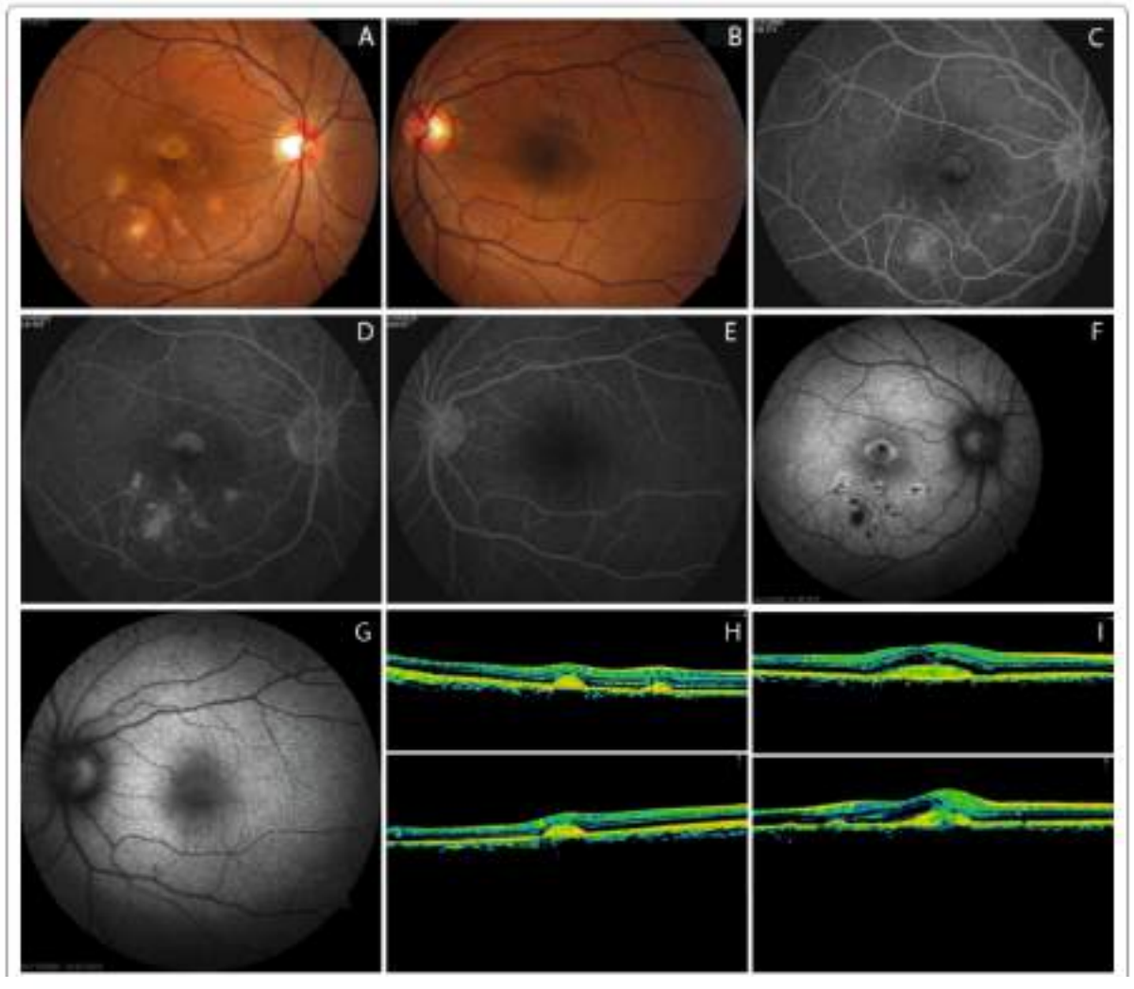
Background: To report a case of unilateral acute posterior multifocal placoid pigment epitheliopathy (APMPPE) in a Hispanic convalescent COVID-19 female patient.

Case presentation

A 35-year-old Hispanic female with exposure to the severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) was evaluated due to unilateral visual loss. Ophthalmic examination and diagnostic tests were consistent with APMPPE.

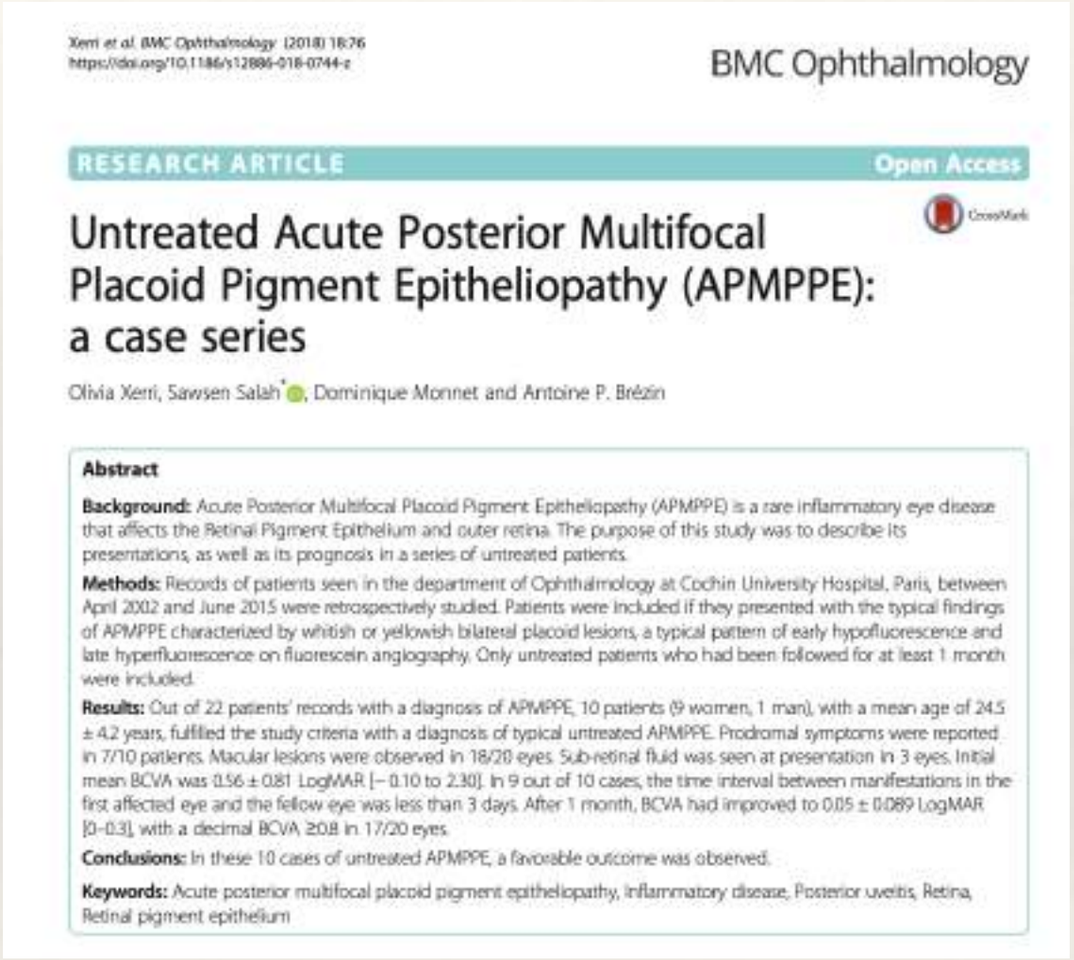
Discussion: Ocular changes can be observed in patients with COVID-19. A complete ophthalmic evaluation must be performed in patients with low vision after SARS-CoV-2 infection.

Keywords: Acute posterior multifocal placoid pigment epitheliopathy, Severe acute respiratory syndrome coronavirus 2, Coronavirus disease 2019



Tratamiento

- Autolimitada
- Beneficio de corticoides?



Xerri et al. BMC Ophthalmology (2018) 18:76
https://doi.org/10.1186/s12886-018-0744-z

BMC Ophthalmology

RESEARCH ARTICLE Open Access

Untreated Acute Posterior Multifocal Placoid Pigment Epitheliopathy (APMPPE): a case series

Olivia Xerri, Sawsen Salah*, Dominique Monnet and Antoine P. Brézin

Abstract

Background: Acute Posterior Multifocal Placoid Pigment Epitheliopathy (APMPPE) is a rare inflammatory eye disease that affects the Retinal Pigment Epithelium and outer retina. The purpose of this study was to describe its presentations, as well as its prognosis in a series of untreated patients.

Methods: Records of patients seen in the department of Ophthalmology at Cochin University Hospital, Paris, between April 2002 and June 2015 were retrospectively studied. Patients were included if they presented with the typical findings of APMPPE characterized by whitish or yellowish bilateral placoid lesions, a typical pattern of early hypofluorescence and late hyperfluorescence on fluorescein angiography. Only untreated patients who had been followed for at least 1 month were included.

Results: Out of 22 patients' records with a diagnosis of APMPPE, 10 patients (9 women, 1 man), with a mean age of 24.5 ± 4.2 years, fulfilled the study criteria with a diagnosis of typical untreated APMPPE. Prodromal symptoms were reported in 7/10 patients. Macular lesions were observed in 18/20 eyes. Sub-retinal fluid was seen at presentation in 3 eyes. Initial mean BCVA was 0.56 ± 0.81 LogMAR [− 0.10 to 2.30]. In 9 out of 10 cases, the time interval between manifestations in the first affected eye and the fellow eye was less than 3 days. After 1 month, BCVA had improved to 0.05 ± 0.089 LogMAR [0–0.3], with a decimal BCVA ≥0.8 in 17/20 eyes.

Conclusions: In these 10 cases of untreated APMPPE, a favorable outcome was observed.

Keywords: Acute posterior multifocal placoid pigment epitheliopathy, Inflammatory disease, Posterior uveitis, Retina, Retinal pigment epithelium

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HF

Acute Posterior Multifocal Placoid Pigment Epitheliopathy

J. Donald M. Gass, MD, Miami, Fla

The clinical and fluorescein angiographic findings are described in three young female patients showing rapid loss of central vision secondary to multifocal, yellow-white, placoid lesions at the level of the pigment epithelium and choroid; rapid resolution of these lesions with permanent alterations in the pigment epithelium and minimal damage to the adjacent choroid and retina; and significant visual improvement which continued for several weeks or months after apparent ophthalmoscopic resolution of the acute lesions.

Submitted for publication Feb 28, 1968.

From Bascom Palmer Eye Institute, Department of Ophthalmology, University of Miami School of Medicine, Miami, Fla.

Reprint requests to 1638 NW 10 Ave, Miami, Fla 33136 (Dr. Gass).

THIS REPORT presents the clinical and fluorescein angiographic findings in three healthy young adult female patients who presented similar and peculiar ophthalmoscopic pictures. Each developed rapid loss of central vision secondary to multiple subretinal lesions resembling initially a disseminated embolic choroiditis. Spontaneous resolution of the lesions was rapid and was accompanied by marked visual improvement despite prominent and permanent derangement of the pigment epithelium. Medical evaluation failed to demonstrate a cause for the ocular disease.

Report of Cases

CASE 1.—A 19-year-old white coed developed a central scotoma in the left eye on Nov 10, 1965. She saw a local physician one day later, and visual acuity in the right eye was 20/20 and in the left eye was 20/200. The right fundus was normal. In the left eye, elevation and edema of the macula were described. Five days later she returned with a paramacular lesion in the right eye and the vision was reduced to 20/25. Twenty-four hours later it was further reduced to 20/70. Results of an eye examination one year previously were normal. Her general health was good. She was subject to periodic episodes of nasal and sinus congestion. She was receiving one pill daily for "low thyroid." At age five she had an intratracheal foreign body removed. She lived in Iowa until age seven and in Florida since that time.

When seen at the Bascom Palmer Eye Institute 12 days after the onset of blurred vision, her vision in the right eye was 20/70−1 and in the left eye, 20/100−2. She had an irregular 10° central scotoma in the right eye and a 15° central scotoma to 18/1,000 white test objects in the left eye. The findings from the remainder of the eye examination were normal except for

APMPPE

- Enfermedad en gente joven y sana, no recurrente
- RFG: diagnóstico
- Autofluorescencia: seguimiento
- Tratamiento: corticoides ciclo corto
- Pensar en Tuberculosis

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