Non-Neovascular Age-Related Macular Degeneration with Subretinal Fluid

Degenerescência Macular da Idade Não-Neovascular Associada a Fluído Subretiniano

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A 68 year-old woman with intermediate age-related macular degeneration - AMD (AREDS category 3)[1] presented to our department with complaints of progressively diminished visual acuity in the right eye (RE). On examination, her visual acuity was 20/40 in the RE. Spectral-domain optical coherence tomography (OCT) revealed a large drusenoid pigment epithelial detachment (PED) with subretinal fluid (SRF) located at the angle (Fig. 1A; arrow). Neovascular AMD was suspected due to disease presentation but neovascularization was not identified in any retina layer on OCT-angiography (Fig. 1B). One year after the diagnosis, SD-OCT showed partial collapse of the PED with incomplete retinal pigment epithelial and outer retinal atrophy.

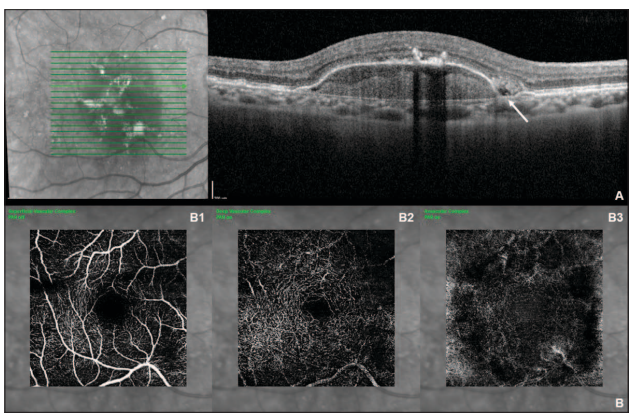

Figure 1. **A –** Spectral-domain OCT image of the drusenoid pigment epithelial detachment with SRF (arrow). Note the associated findings of choroidal hypertransmission, hyperreflective sub-retinal pigment epithelium, (RPE) space, focal RPE thickening and intraretinal hyperreflective material. **B –** OCT-angiography in the superficial vascular (B1), deep vascular (B2) and avascular (B3) complex. No neovascularization was identified.

Although the presence of SRF in age-related macular degeneration (AMD) is considered a biomarker of neovascular activity, SRF may be found in the setting of non-neovascular AMD. Despite being rare, it is important to identify this clinical entity to avoid unnecessary anti-vascular endothelial growth factor treatment.[2] Multimodal imaging plays an important role in clarifying the prognosis and treatment options of these patients as some may be misdiagnosed as having neovascular AMD. Particularly the OCT-A stands out for being a more readily accessible weapon to exclude macular neovascularization, clarifying the prognosis and therapeutic options in these cases that raise doubts.[3]

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