Course of Myopic Schisis

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Disclosures

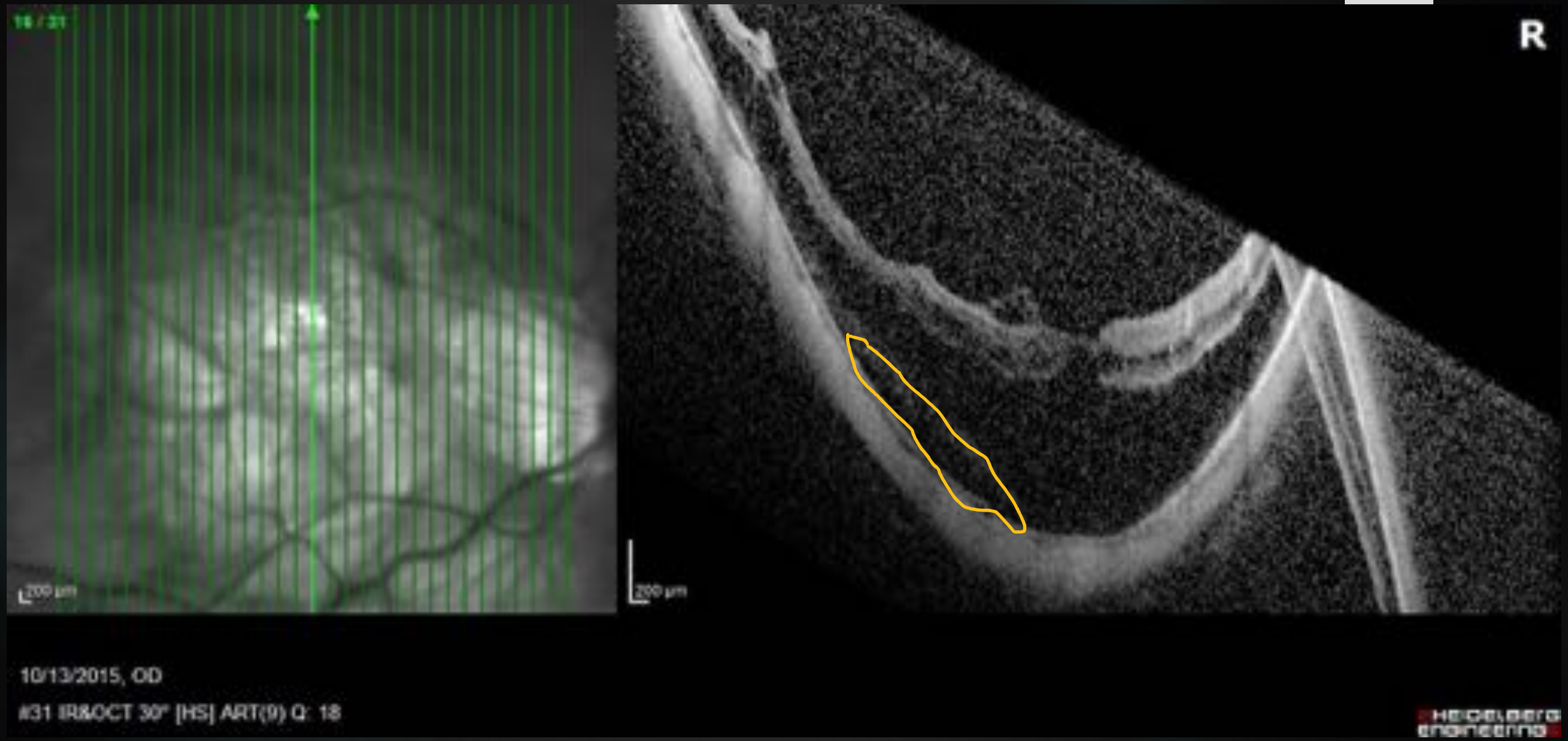
- Alcon Surgical - royalties

Summary

- Myopic schisis can have a fluctuating course

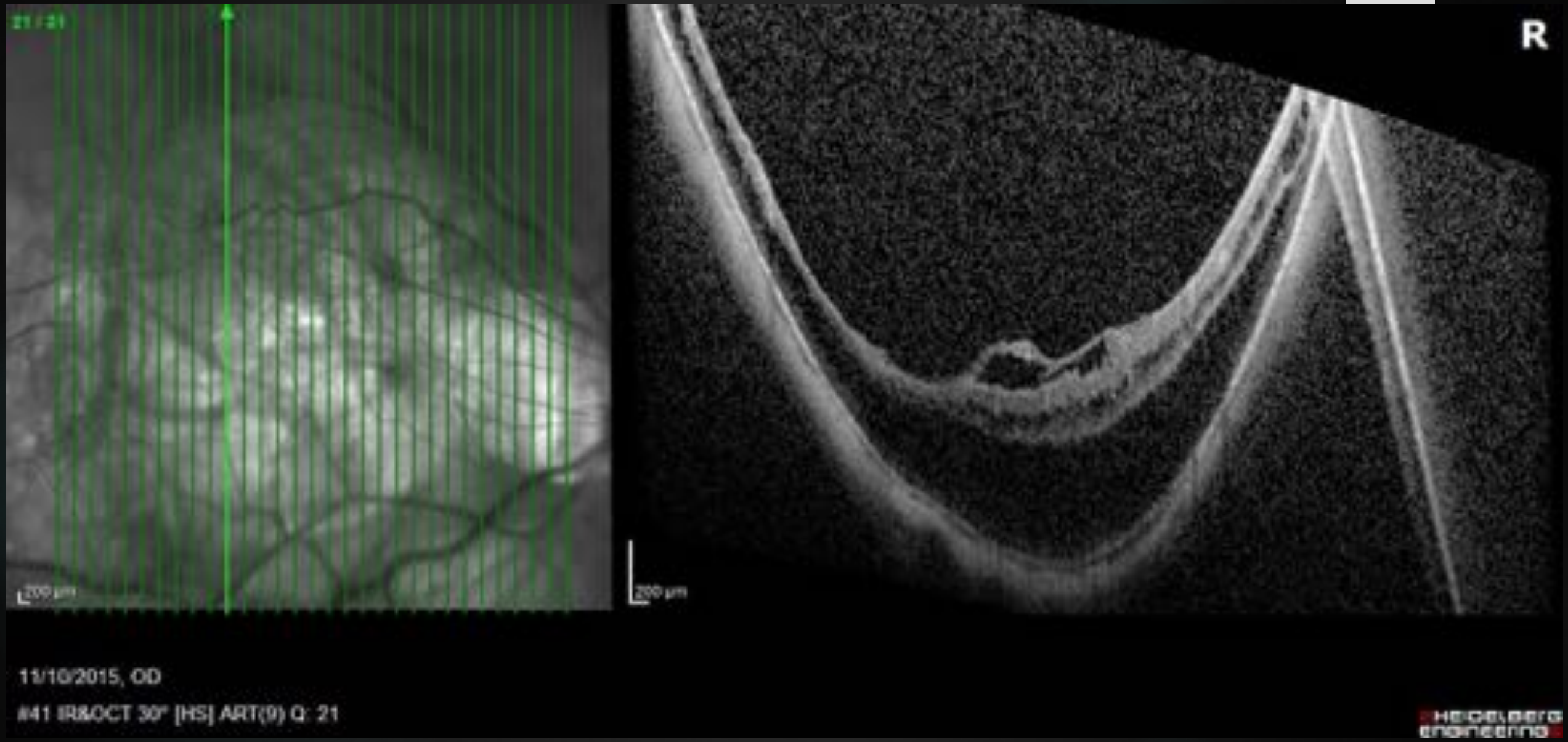
Referred for decreasing vision OD

- 73 yo man with 2-3mo history decreasing vision in only eye
- History of PCL and POAG OD, on latanoprost and timolol
- NLP OS post failed RD repair many years ago
- Former very high myope
- First seen 10/13/15, was 20/40– OD with IOP of 15 OD, 0 OS
- Exam OD showed staphyloma and myopic schisis

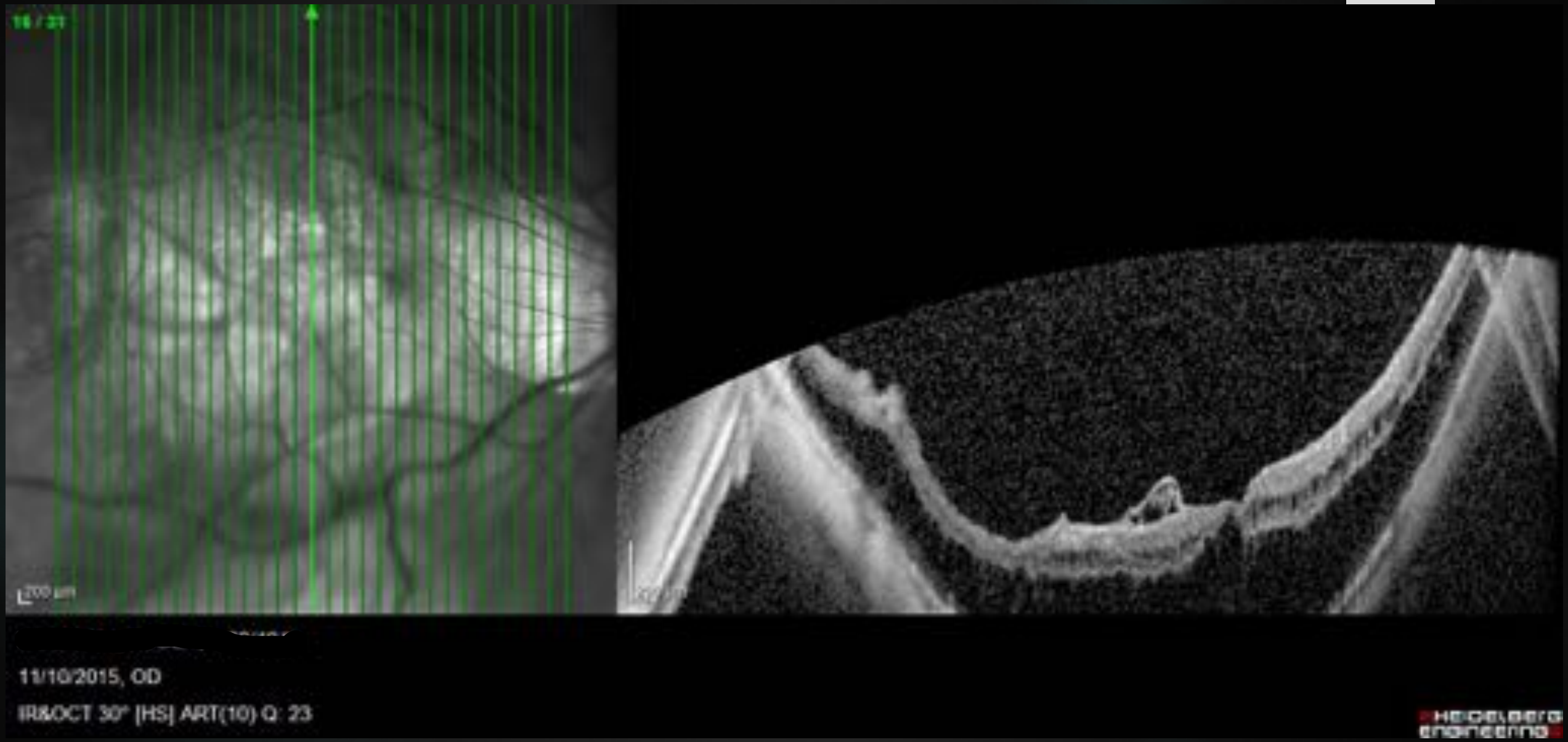

16 / 31
200 µm
R
200 µm
10/13/2015, OD
#31 IR&OCT 30° [HS] ART(9) Q: 18
HEIDELBERG ENGINEERING

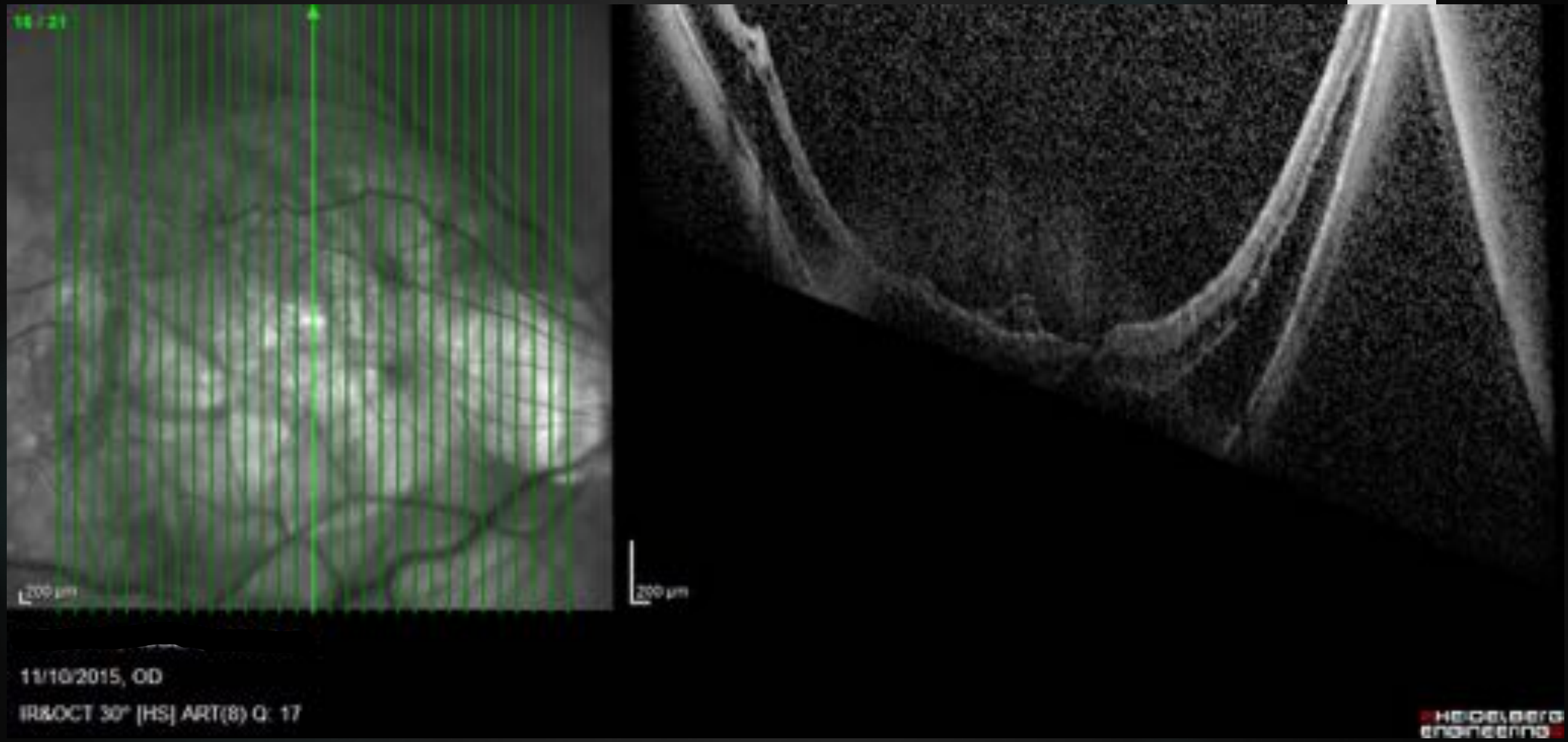
First exam

- Foveal thinning, but no hole
- SRF worrisome, however
- Vision 20/40, symptoms not prominent
- So, opted to observe



20/40-


11/10/2015, OD
IR&OCT 30° [HS] ART(10) Q: 23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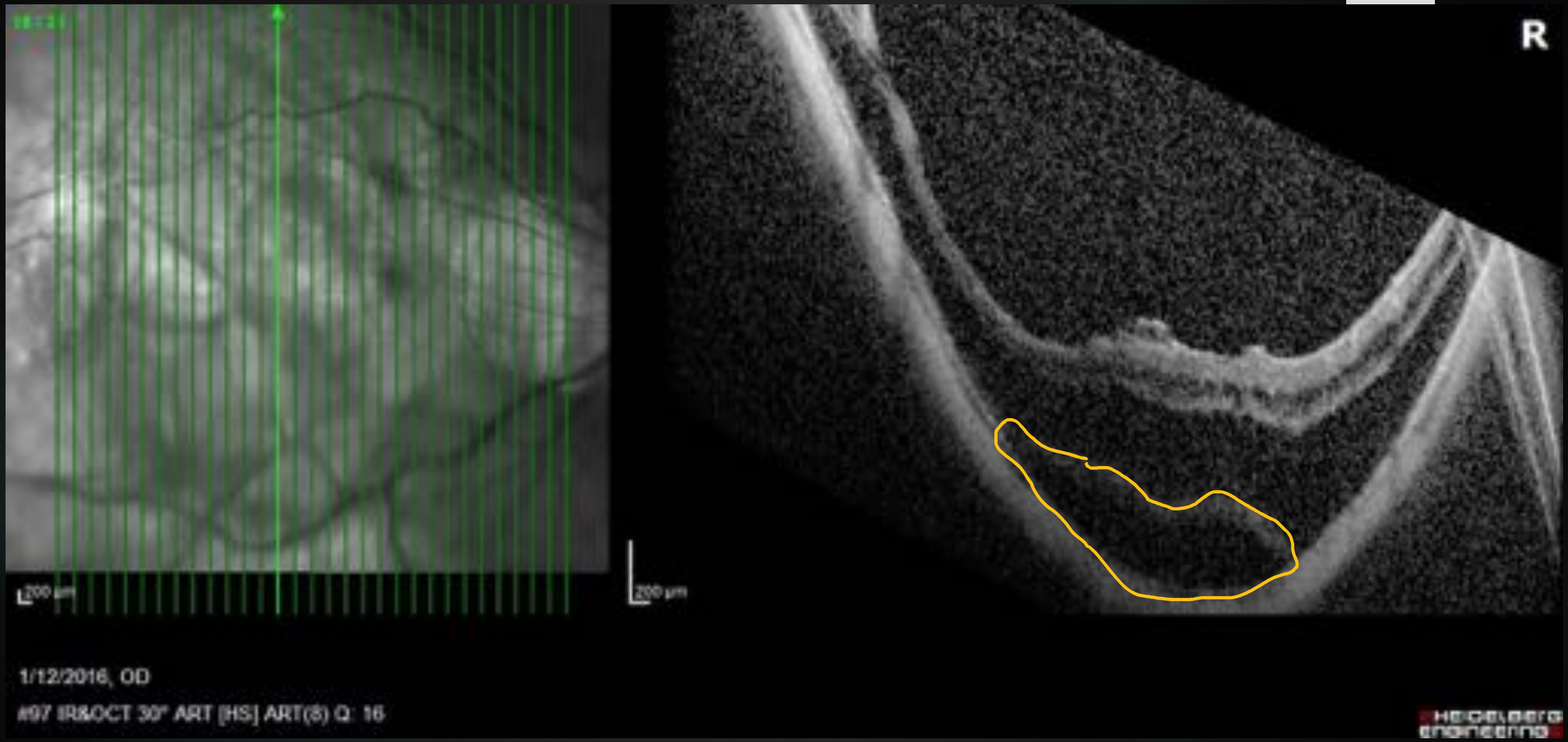
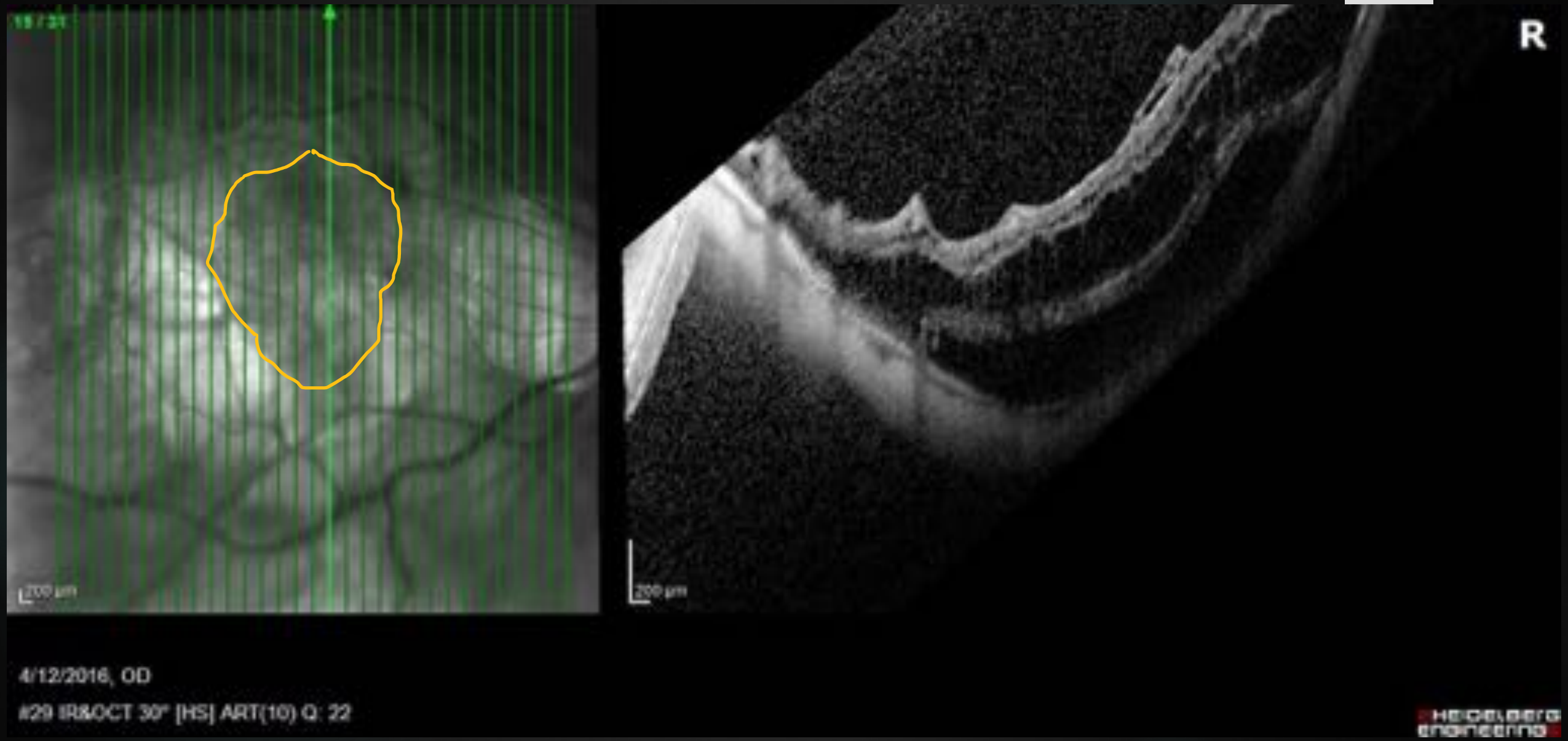
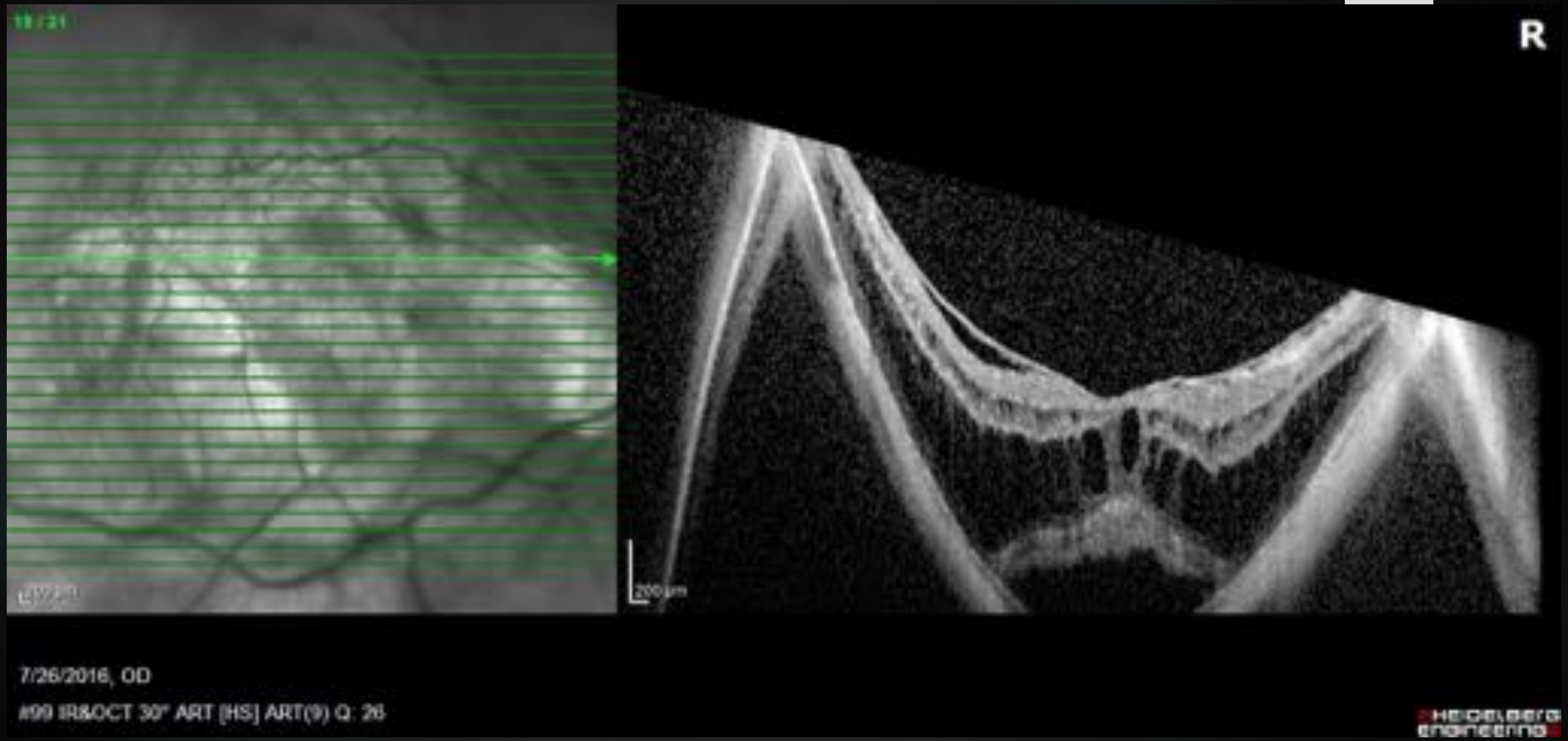
11/10/2015, OD
IR&OCT 30° [HS] ART(8) Q: 17
HEIDELBERG ENGINEERING



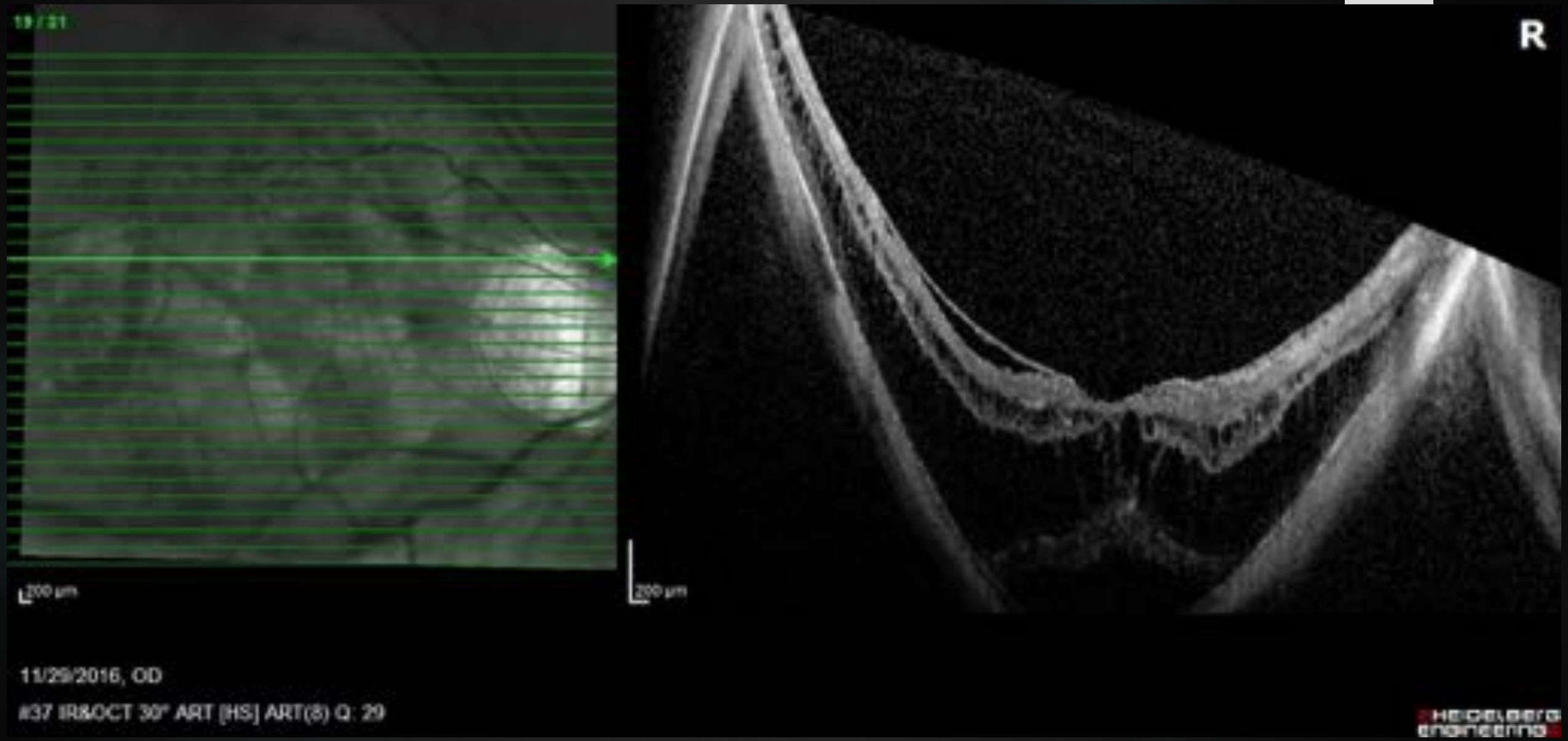
Increased SRF, VA decreased to 20/50-
Time to intervene?



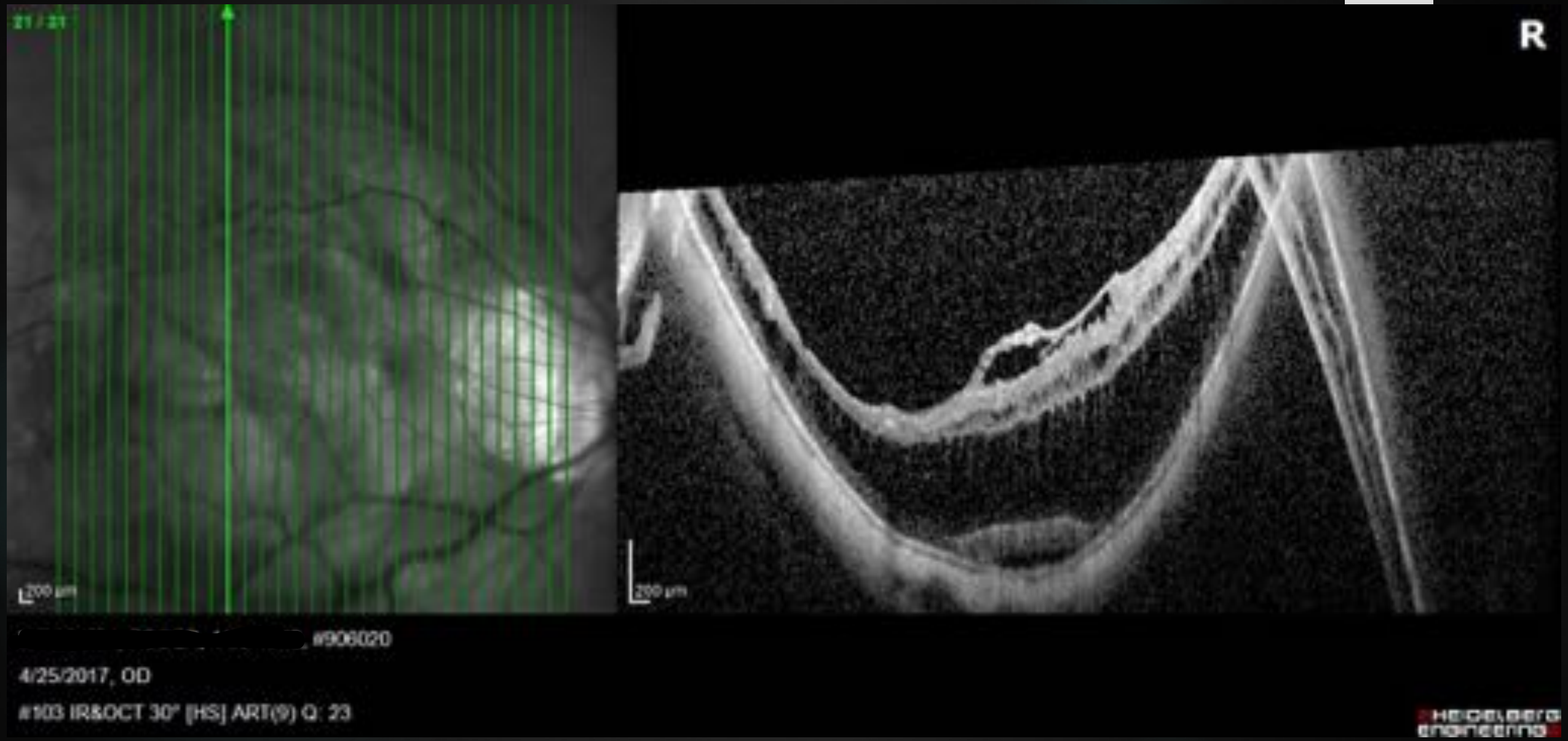
20/50+

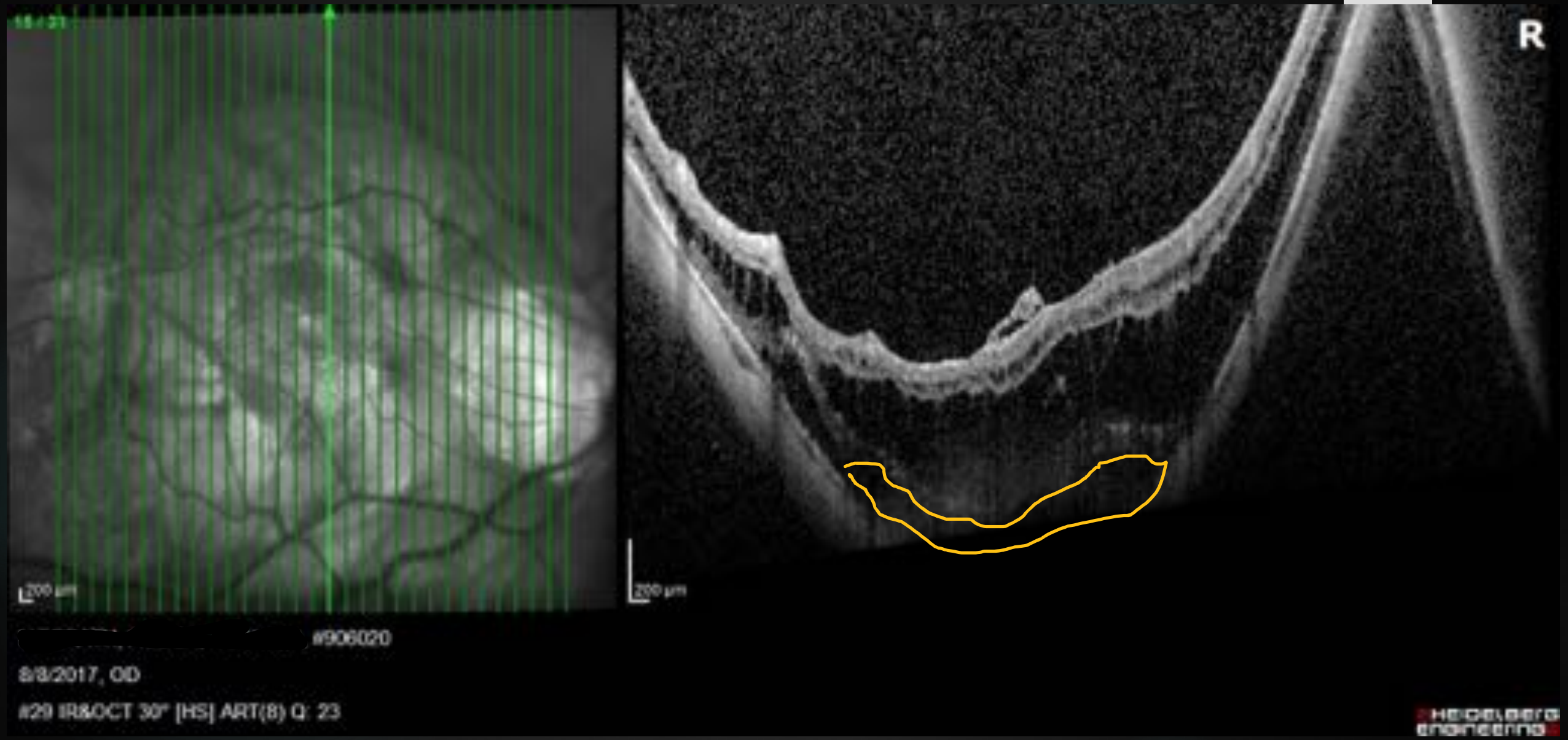


20/30, noted subjective change

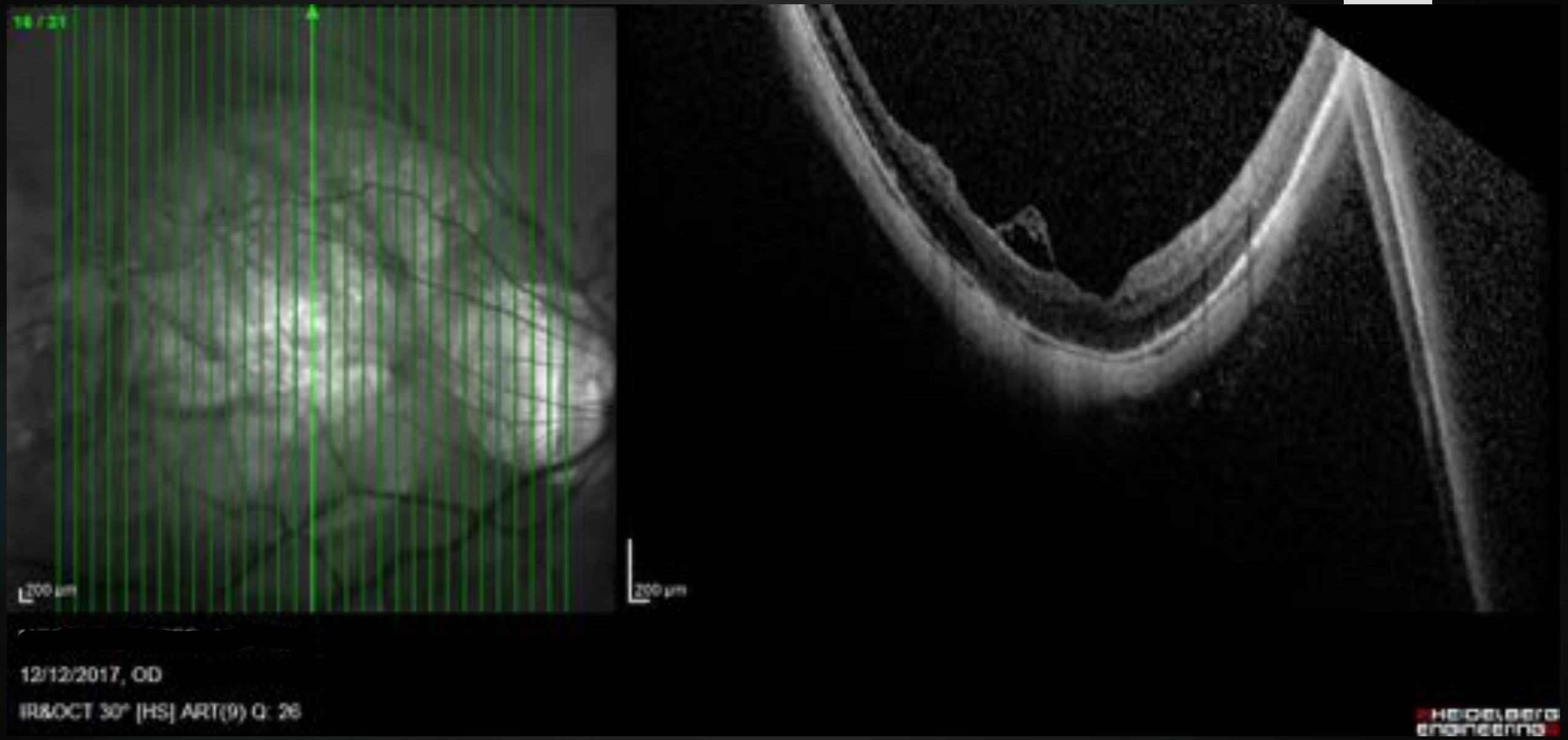

19 / 31
200 µm
R
200 µm
11/29/2016, OD
#37 IR&OCT 30° ART [HS] ART(8) Q: 29
HEIDELBERG ENGINEERING

20/40-

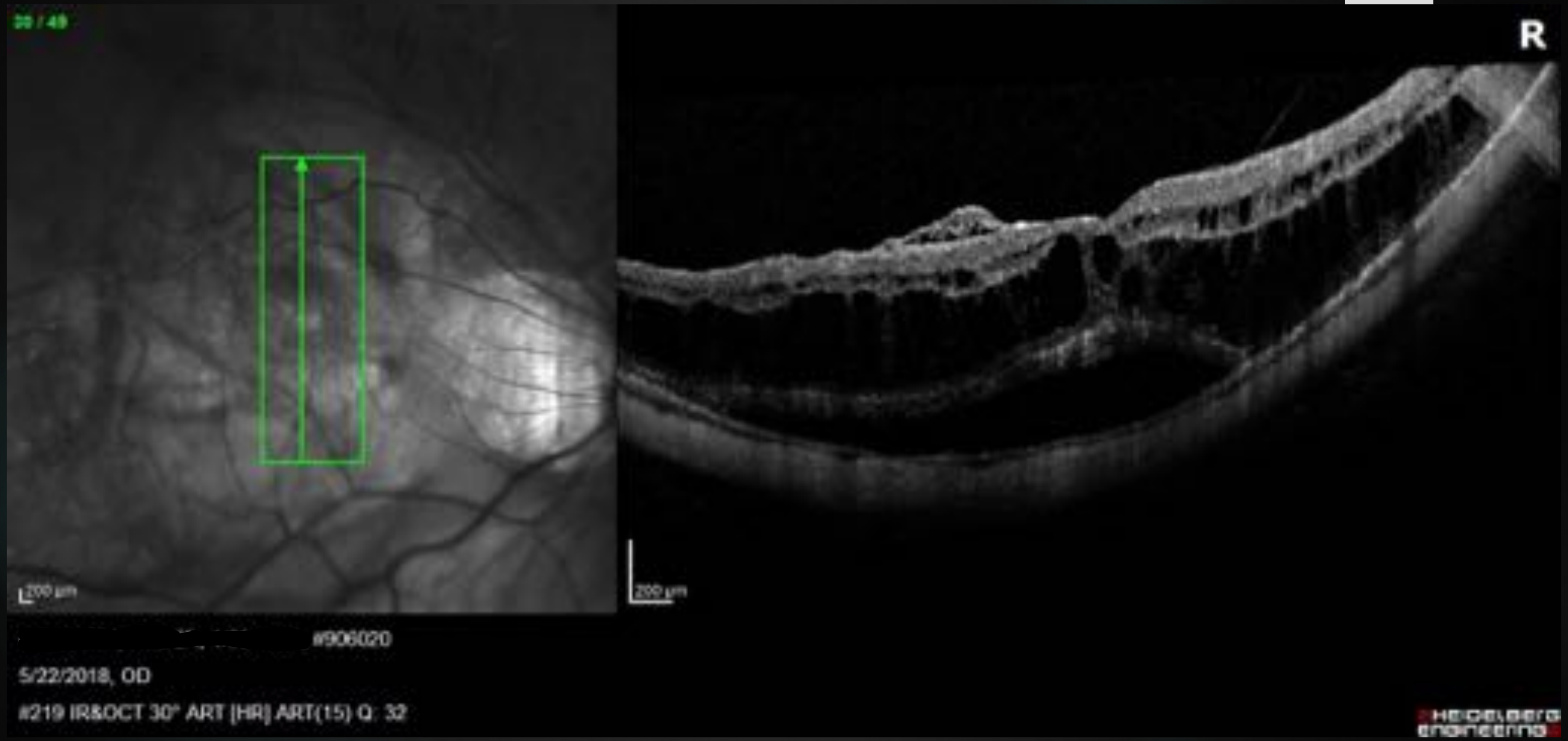

21 / 31
200 µm
R
200 µm
[redacted] #906020
4/25/2017, OD
#103 IR&OCT 30° [HS] ART(9) Q: 23
HEIDELBERG ENGINEERING



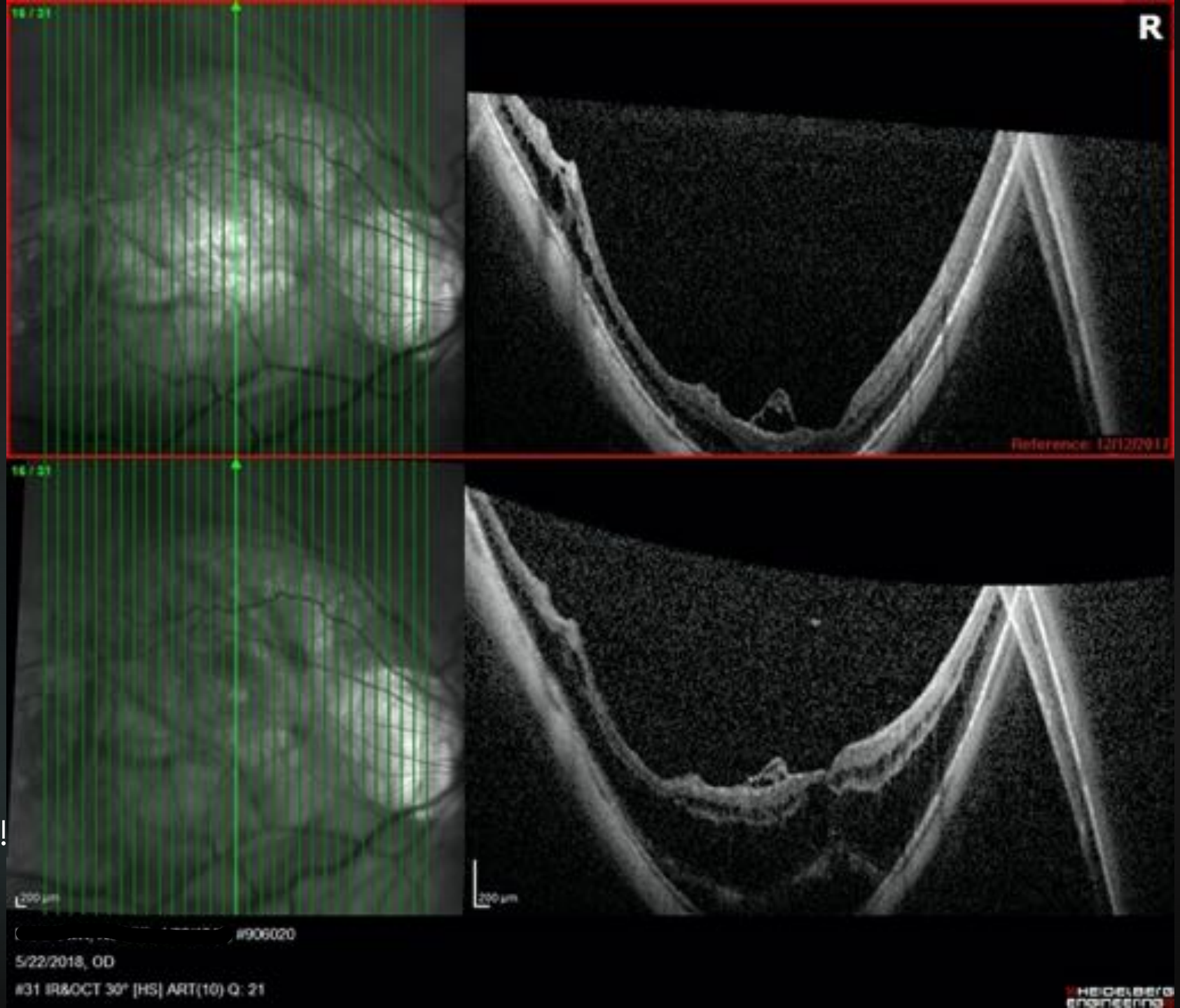
20/50- “slightly worse”



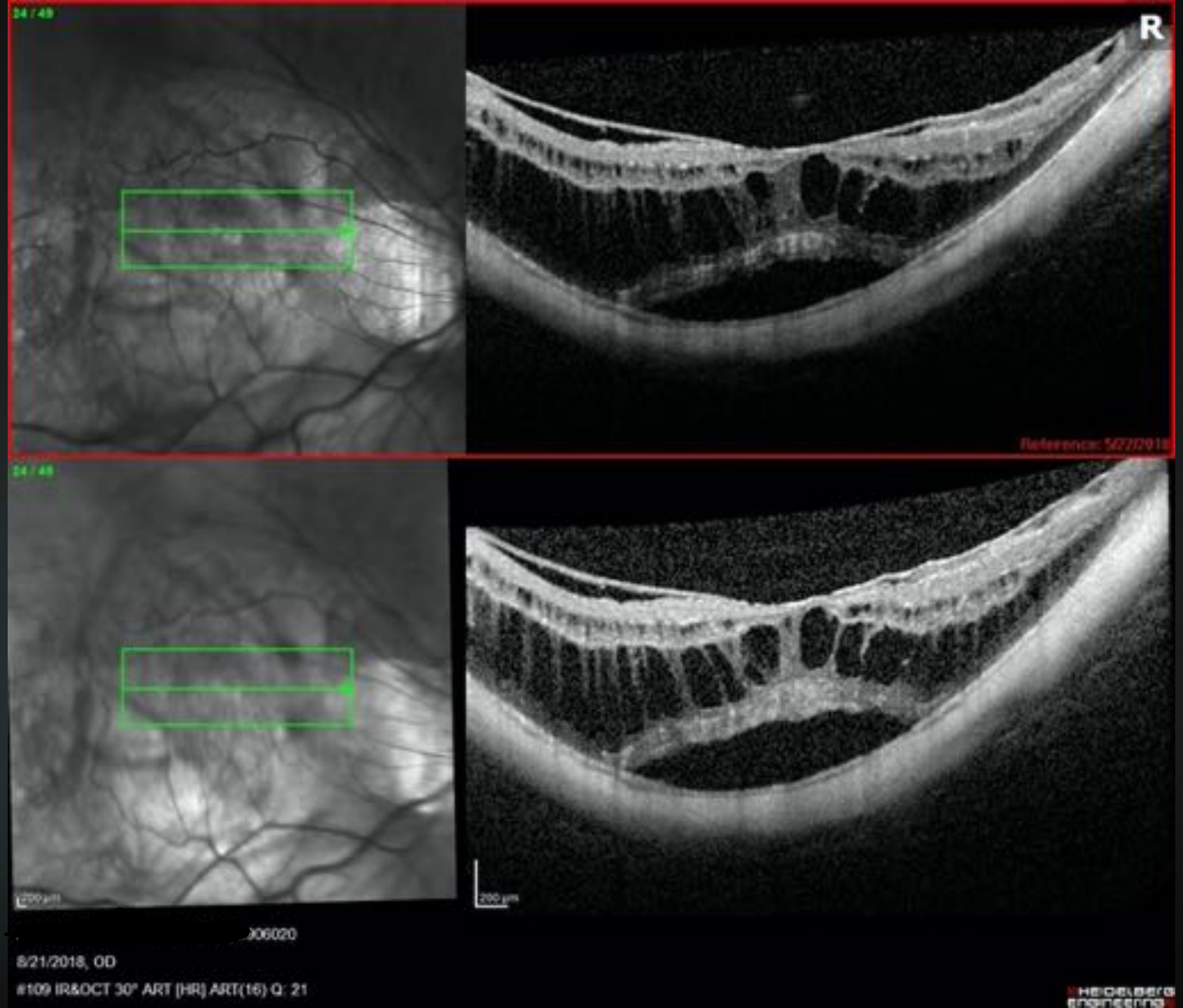
No Fluid! 20/30+. Patient notes only some subjective improvement



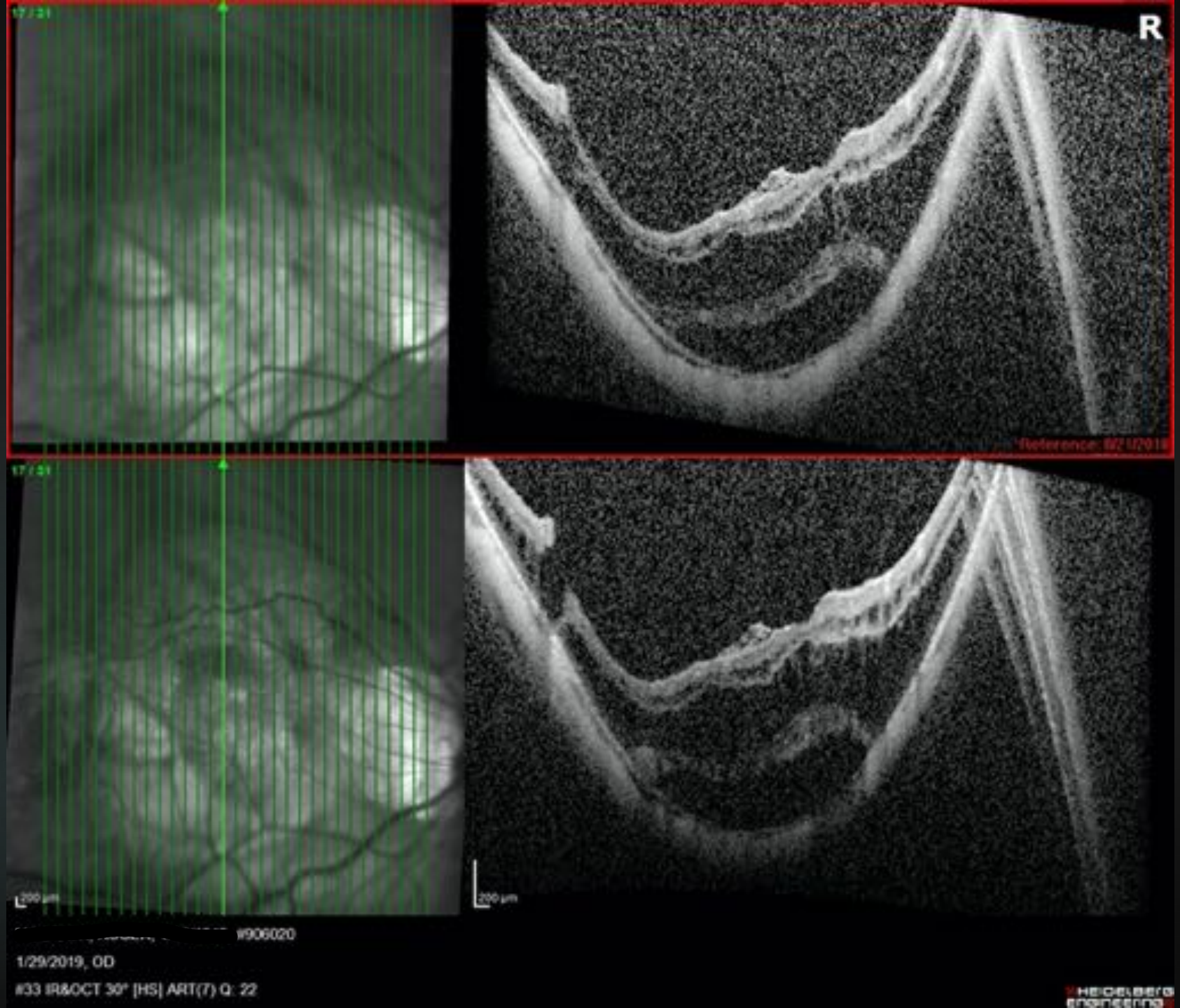
20/40-



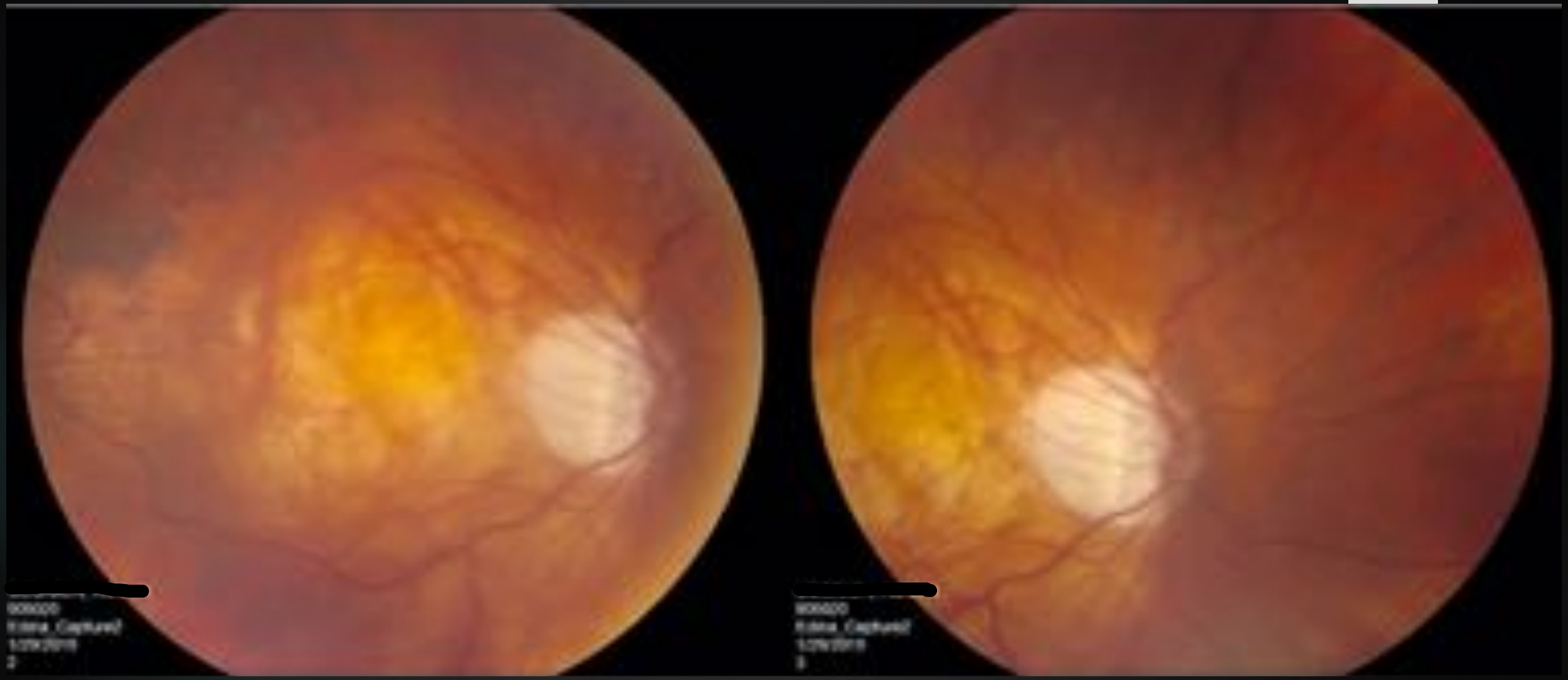
Recurrent fluid!
20/40-

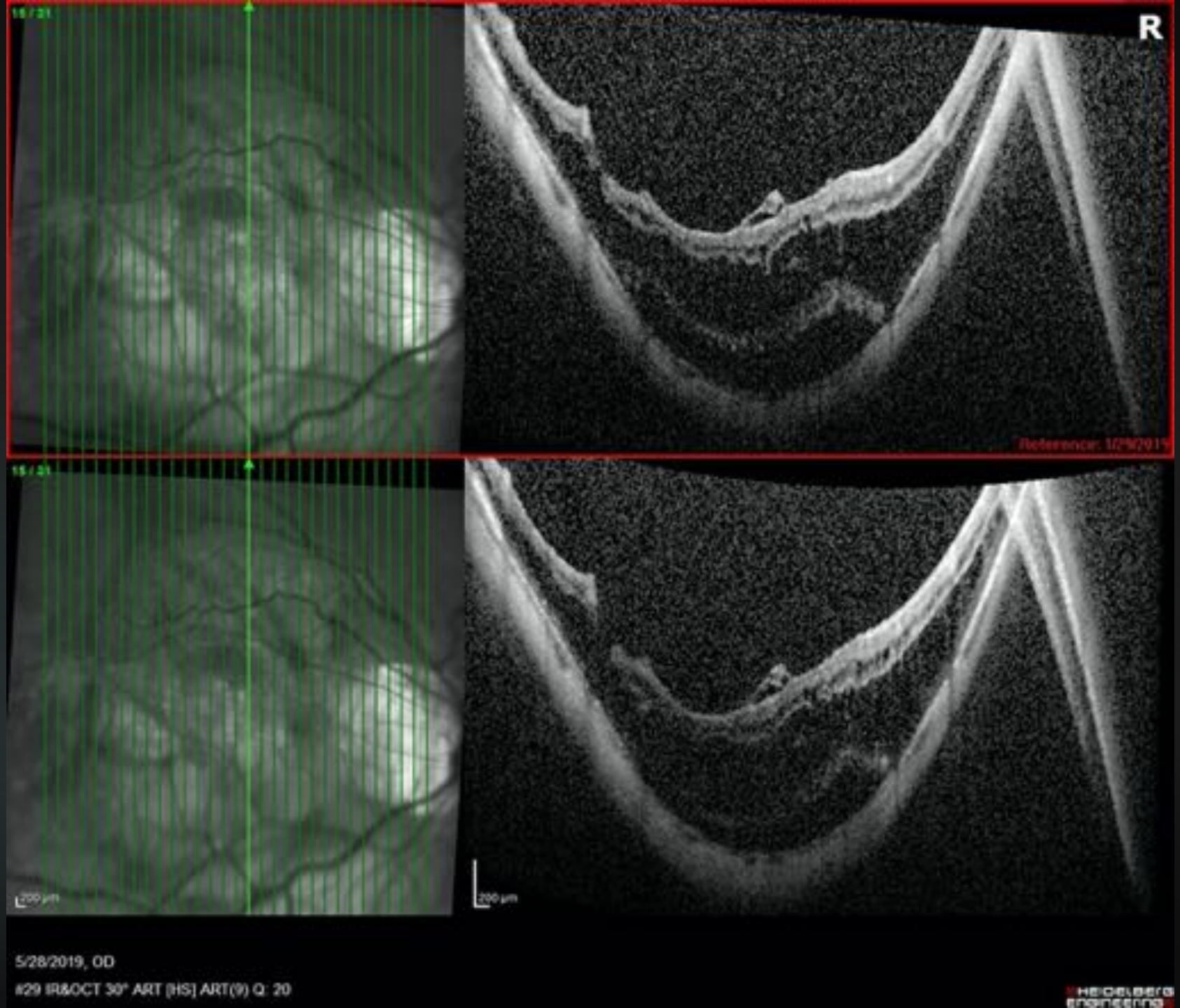


20/60

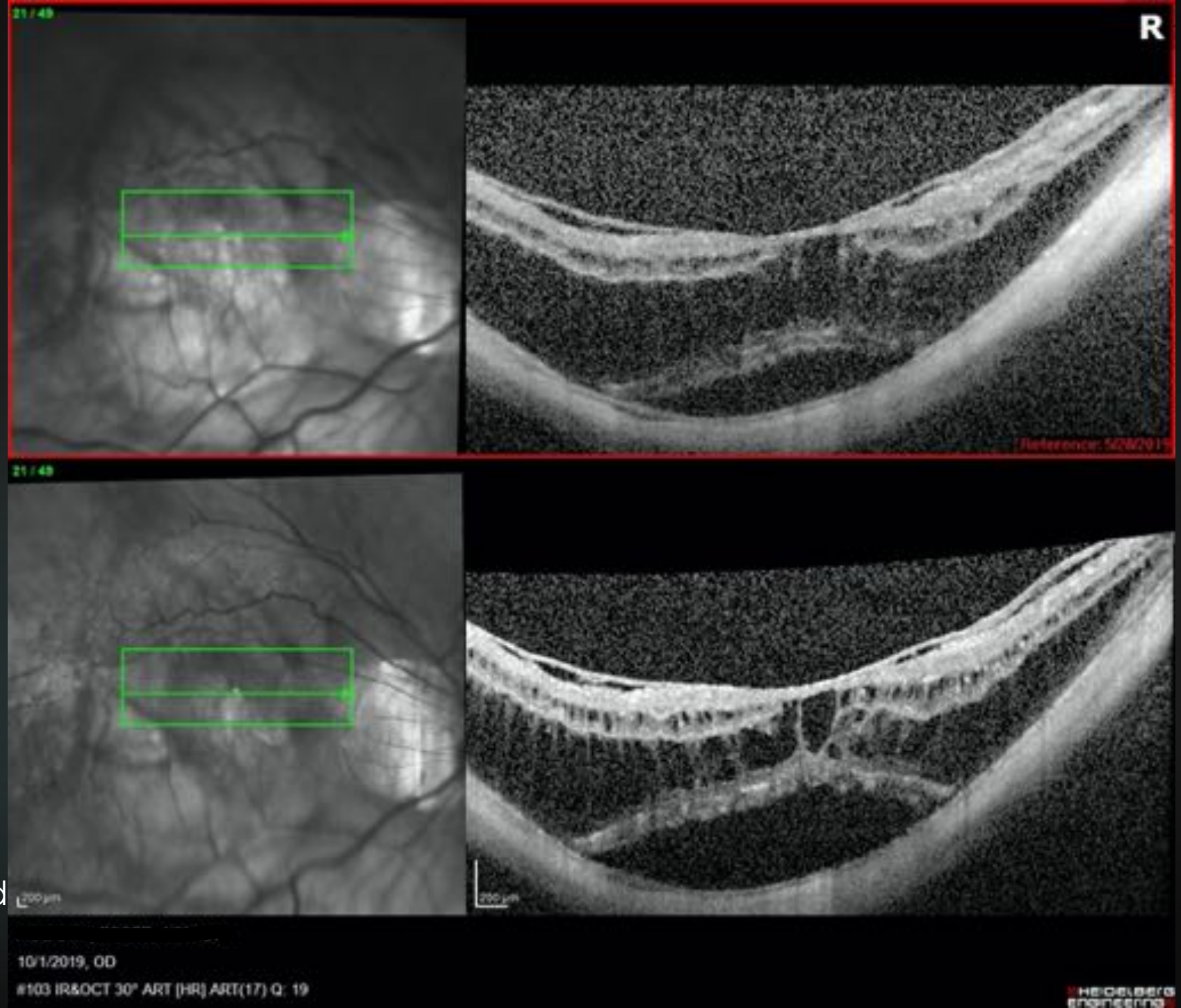


20/40

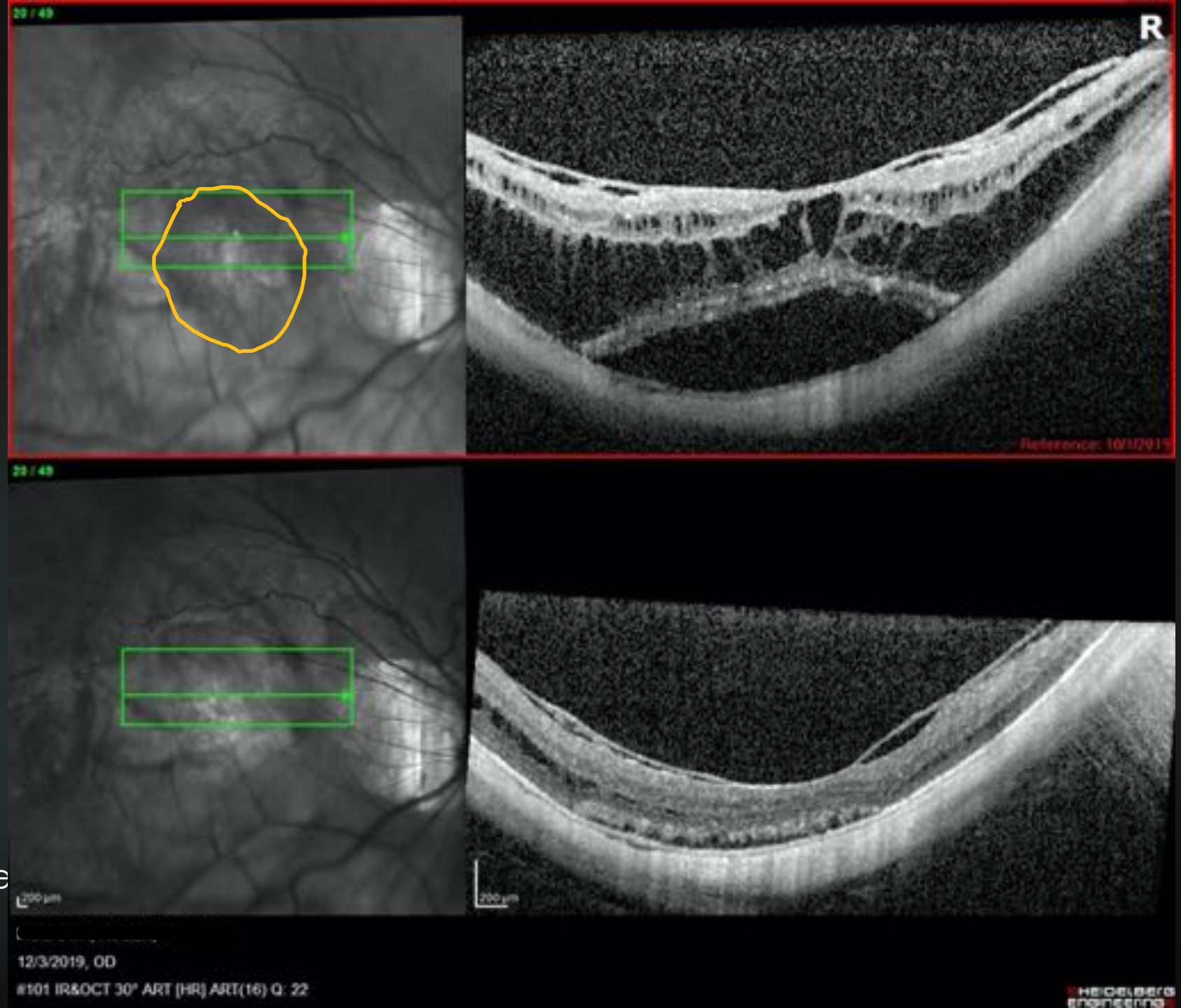




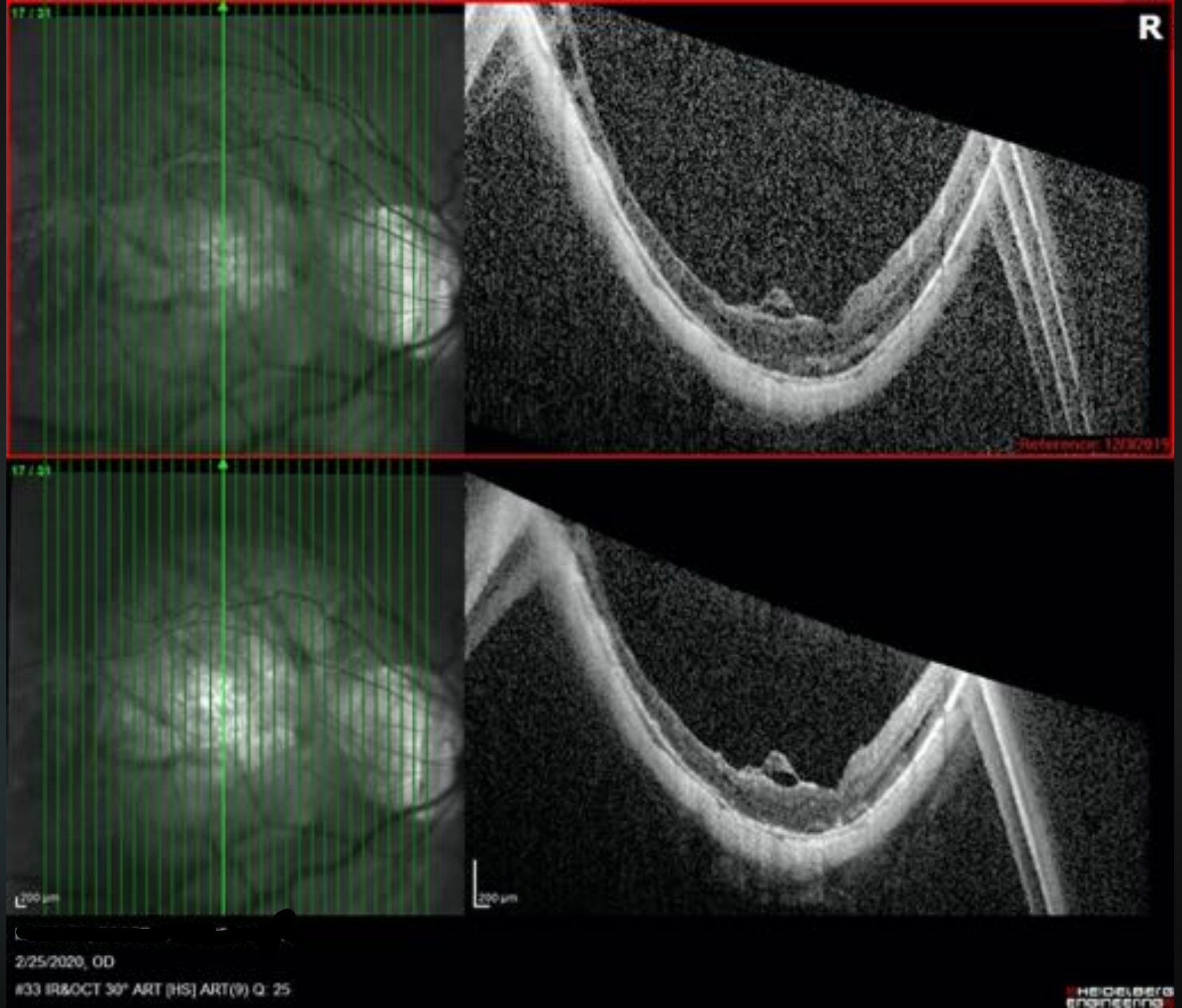
5/28/19
20/50+



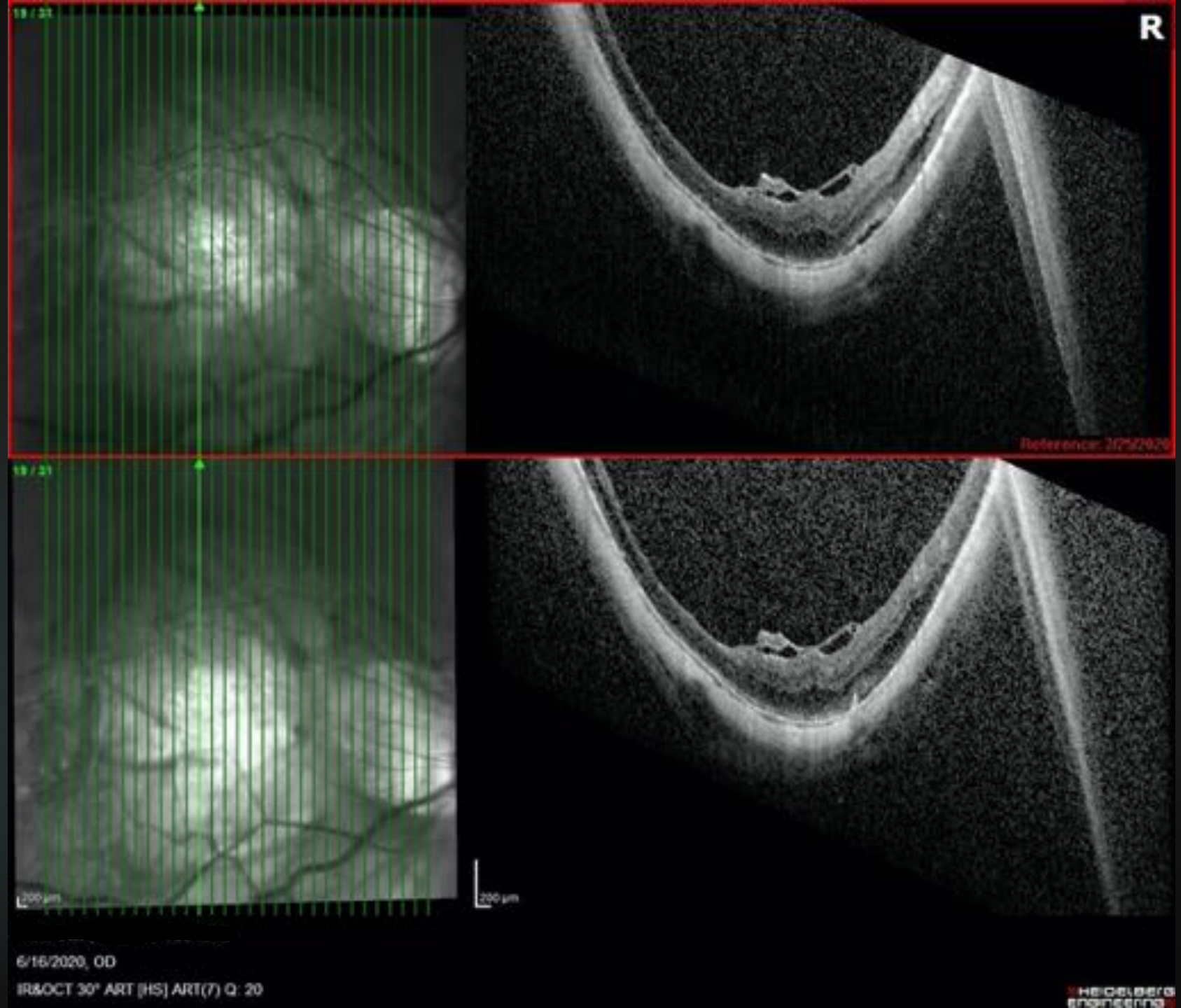
10/1/19 20/60+
Notes decreased



12/3/19
Huge improveme
20/40-



2/25/20
20/40+



6/16/20
Resolved
20/25ph

Summary

- Myopic foveoschisis can have a variable course
  - Multiple reports of spontaneous resolution
- Many patients progress to macular hole and myopic RD, and need surgical repair, which can be challenging
- But some do not (I have 4 other patients with spontaneous resolution)
- My approach is to observe, and only intervene if vision progressively worsening and/or a hole is developing