



# Course of Myopic Schisis

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# Disclosures

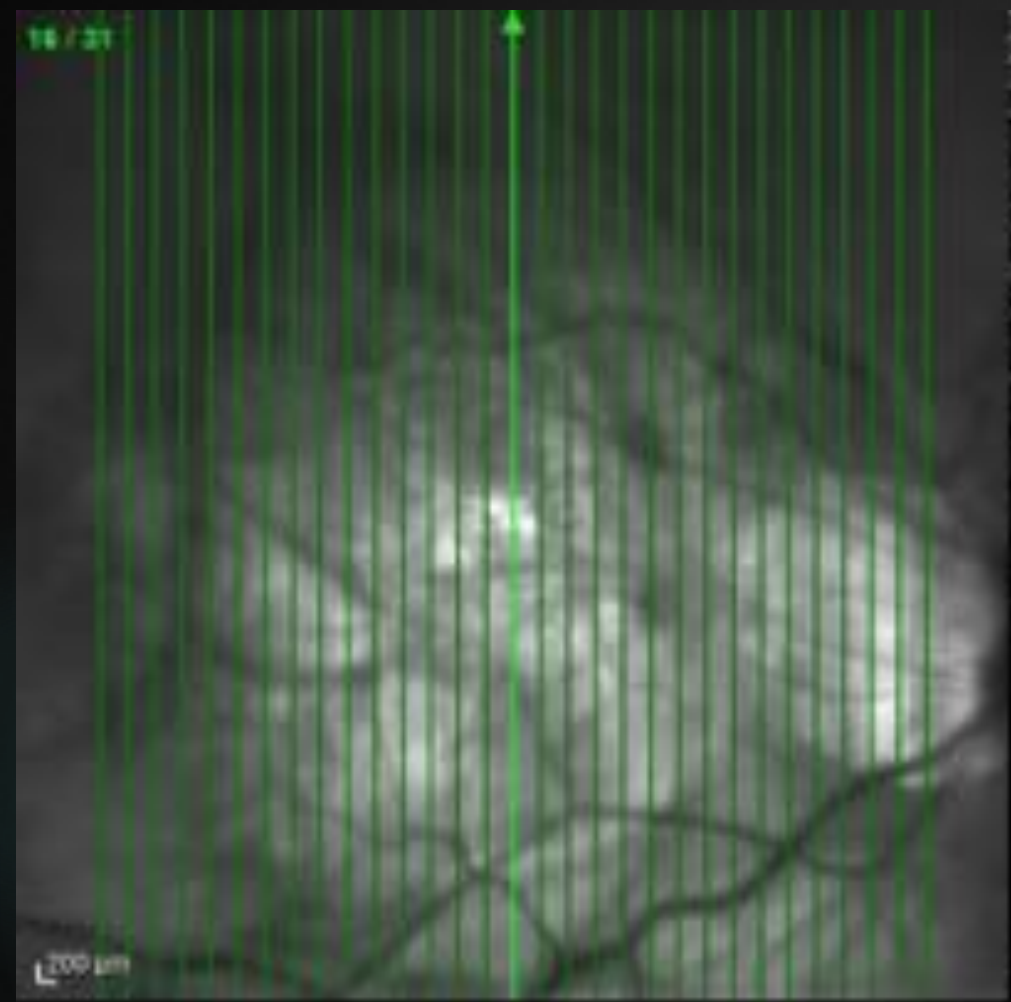
- ▶ Alcon Surgical - royalties

# 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

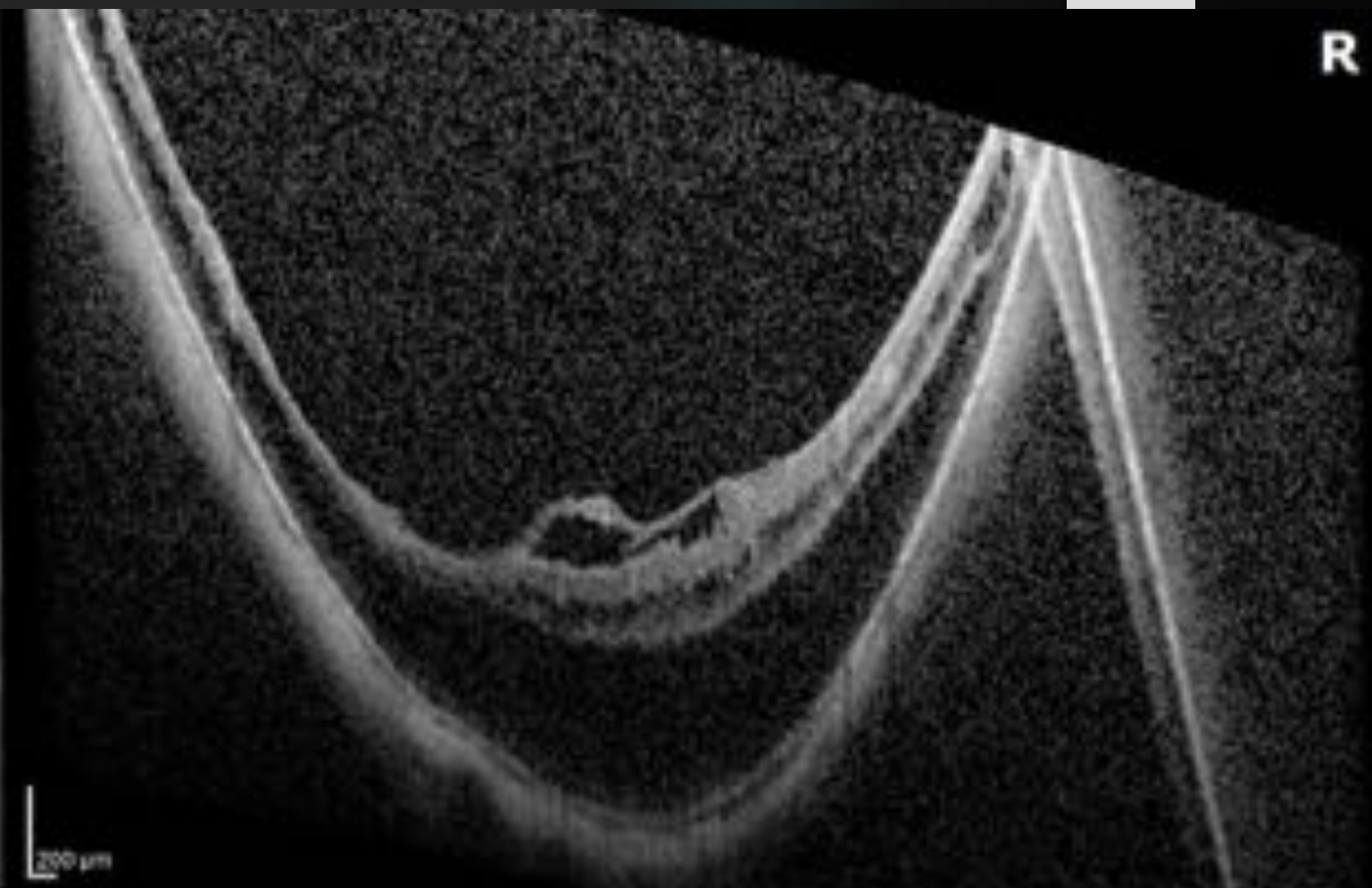
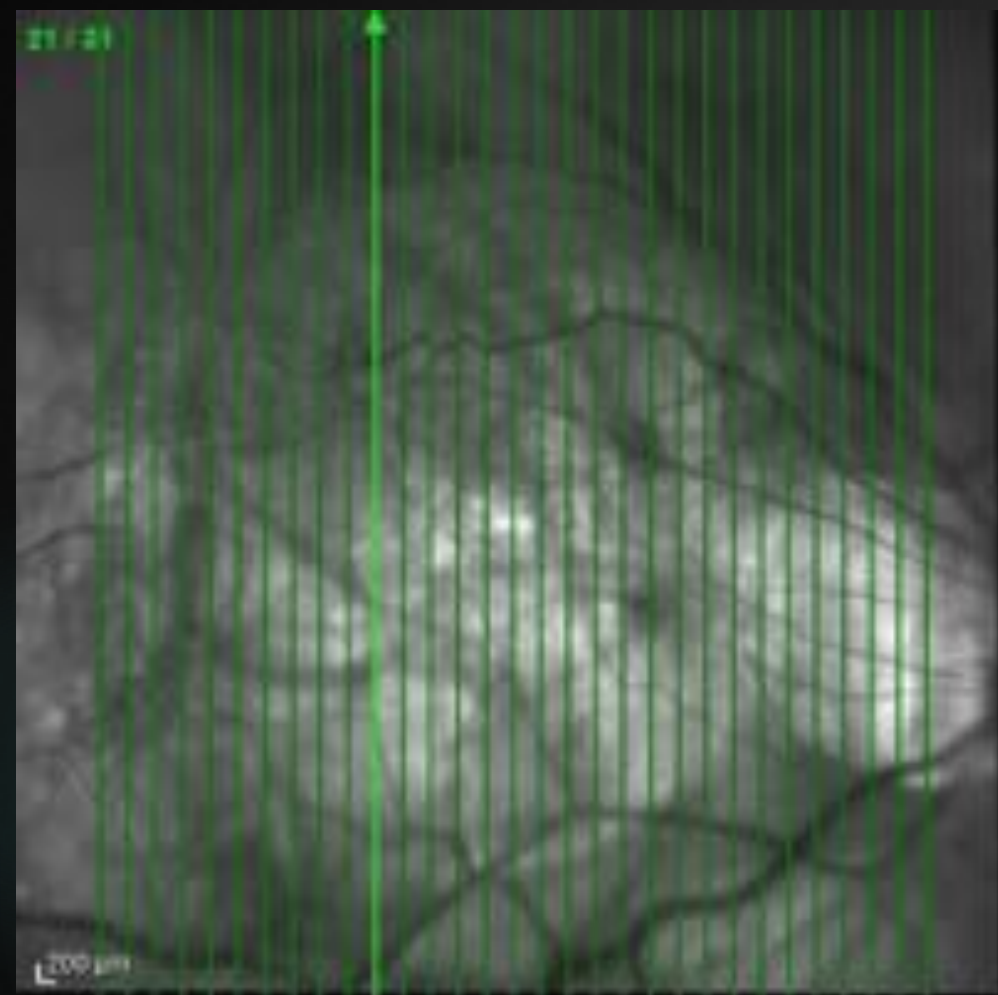


10/13/2015, OD

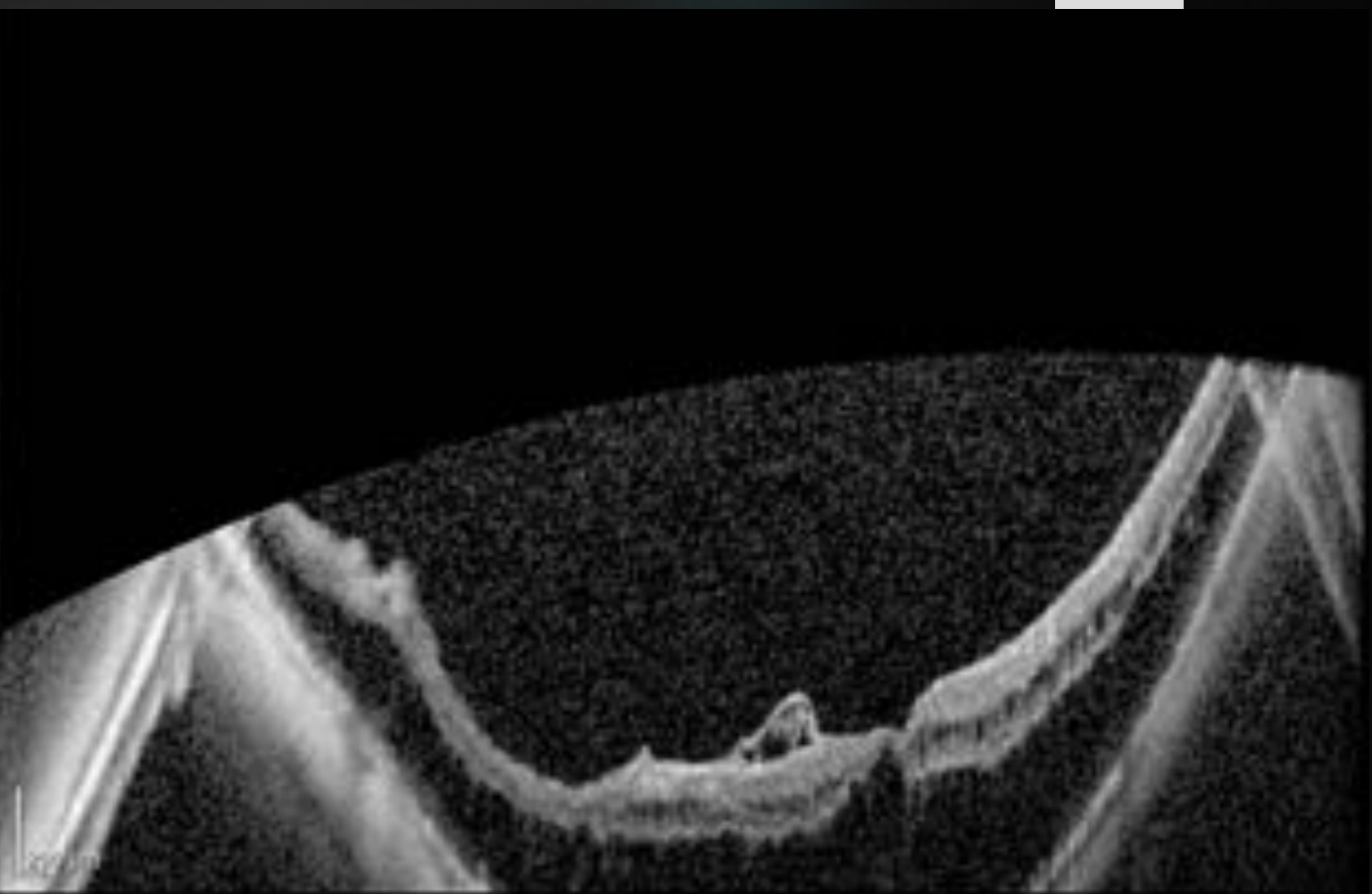
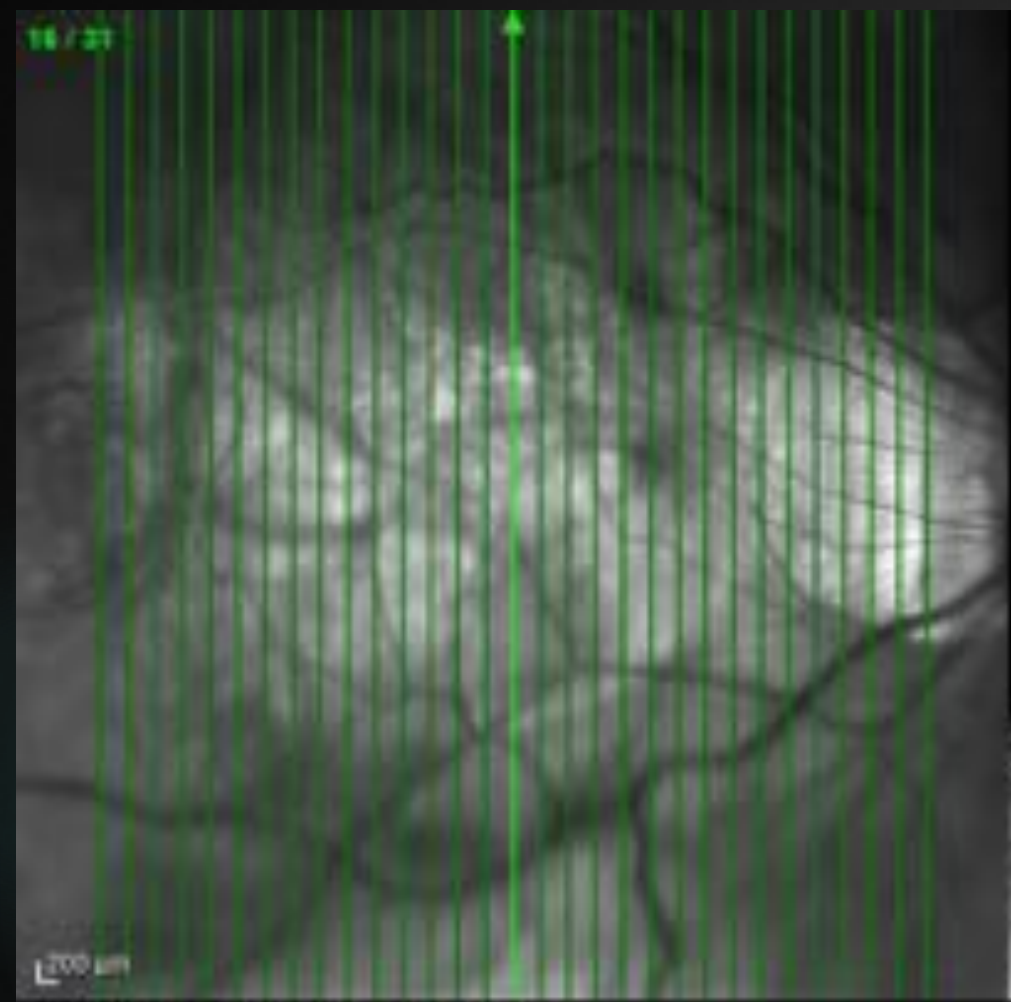
#31 IR&OCT 30° [HS] ART(9) Q: 18

# First exam

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

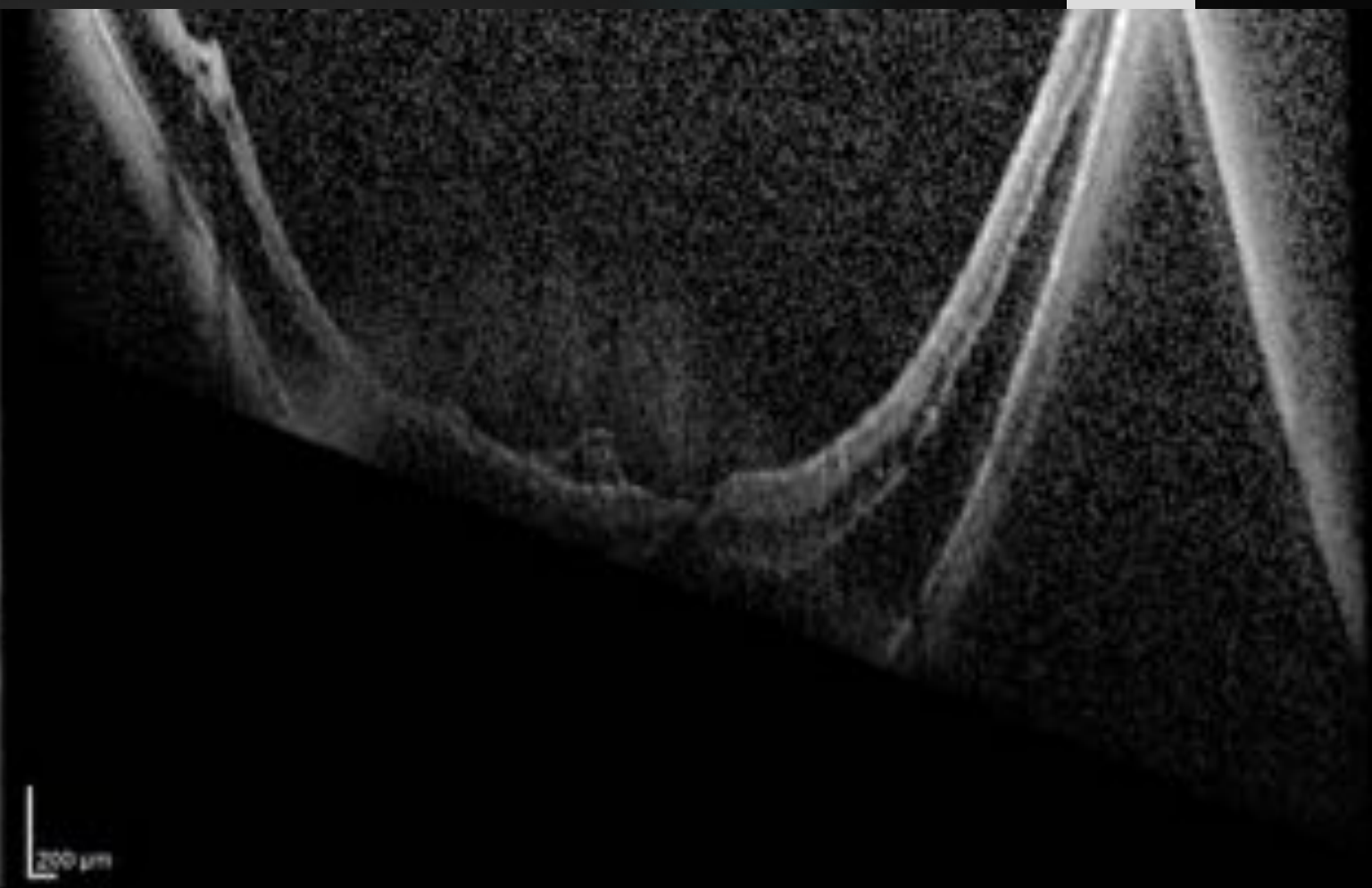
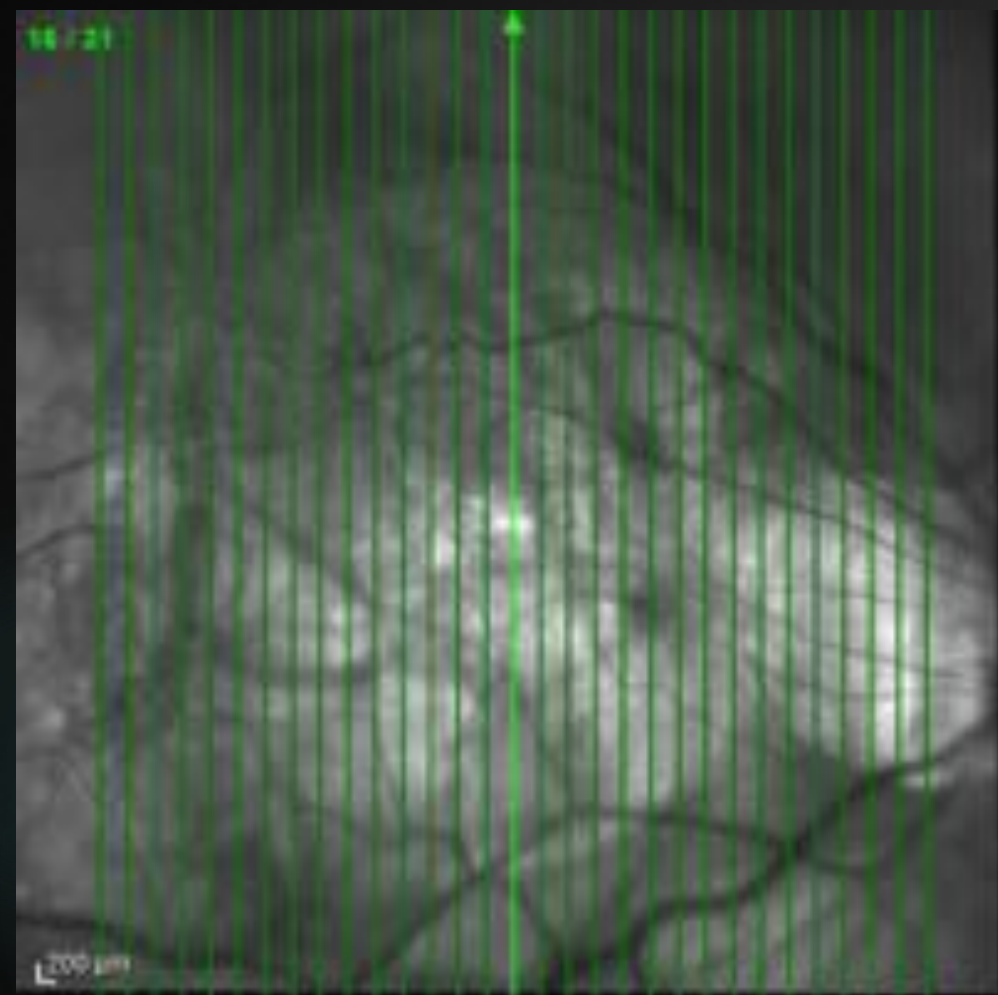


11/10/2015, OD  
#41 IR&OCT 30° [HS] ART(9) Q: 21



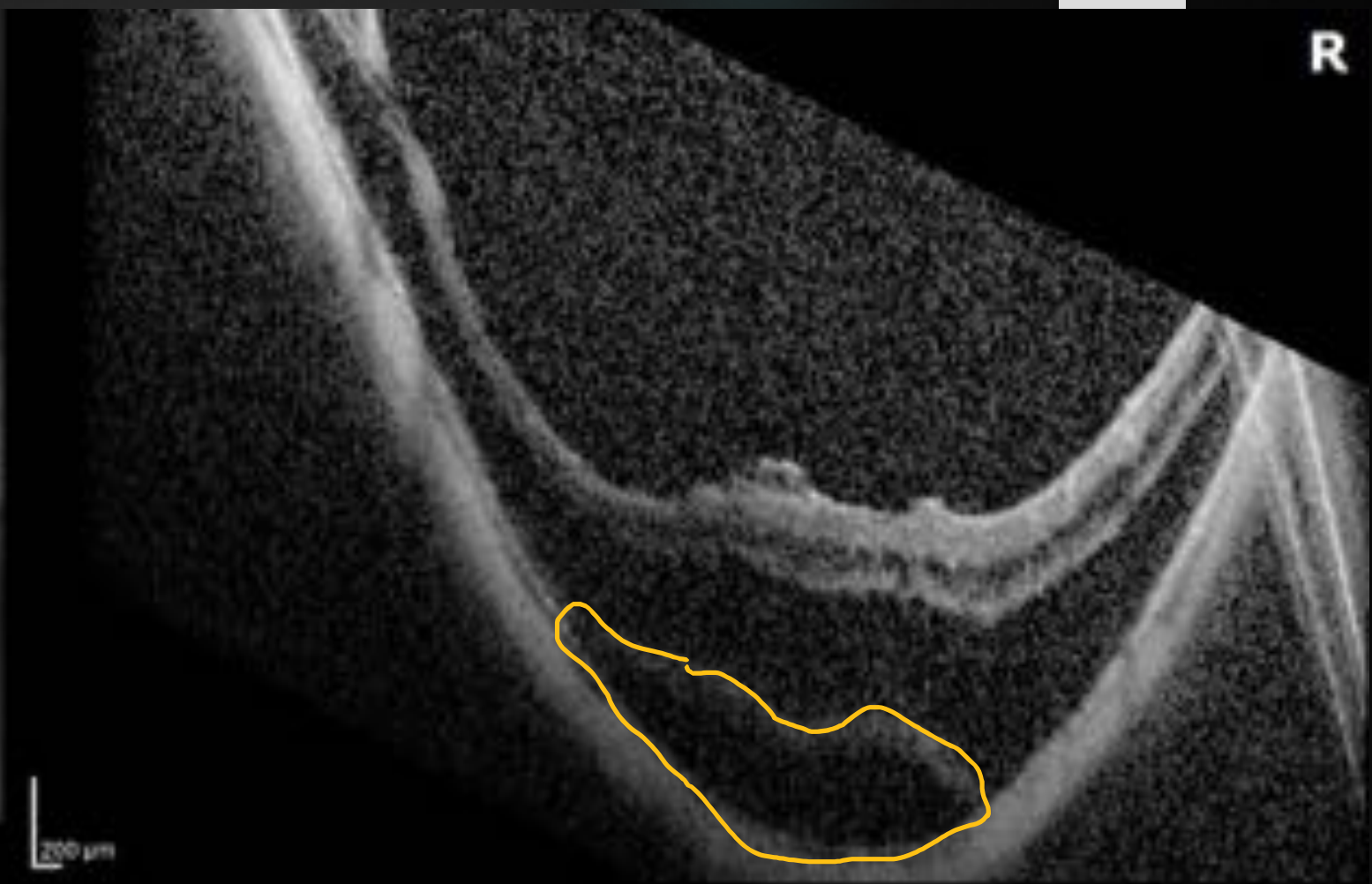
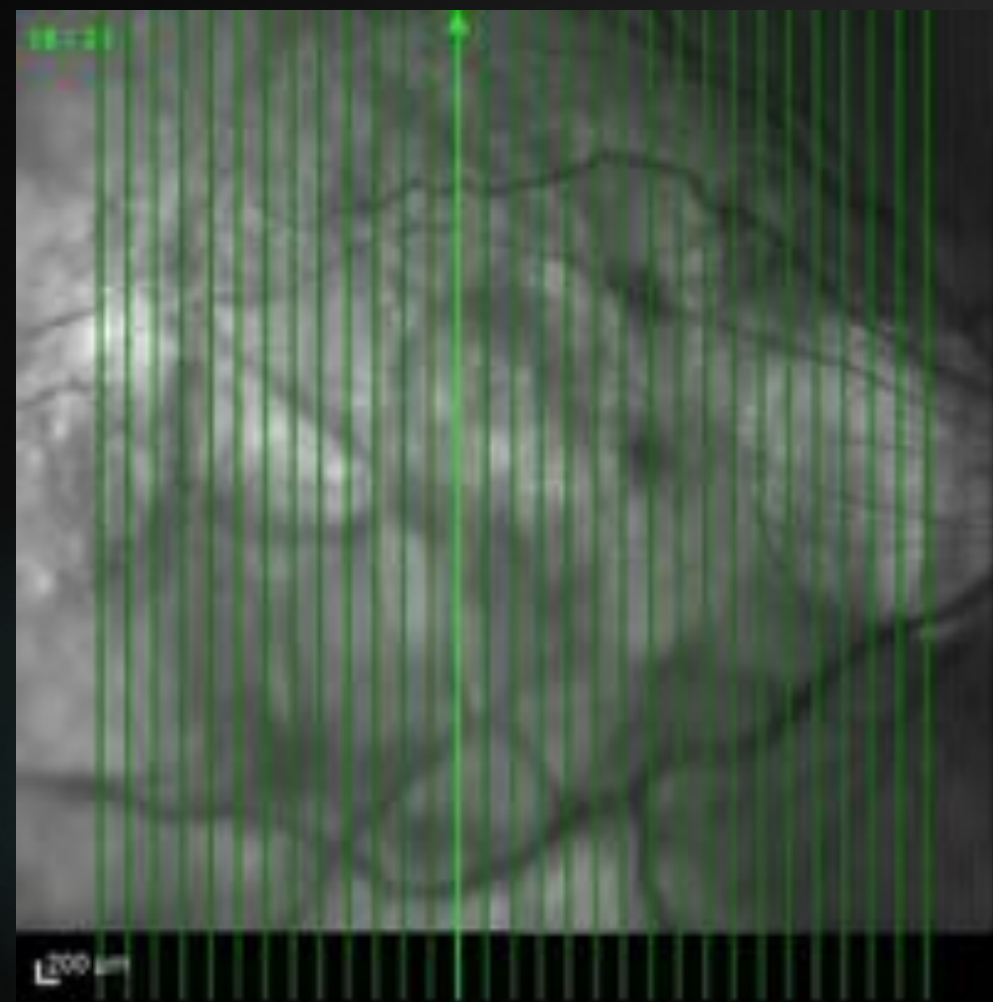
11/10/2015, OD  
IR&OCT 30° [HS] ART(10) Q: 23





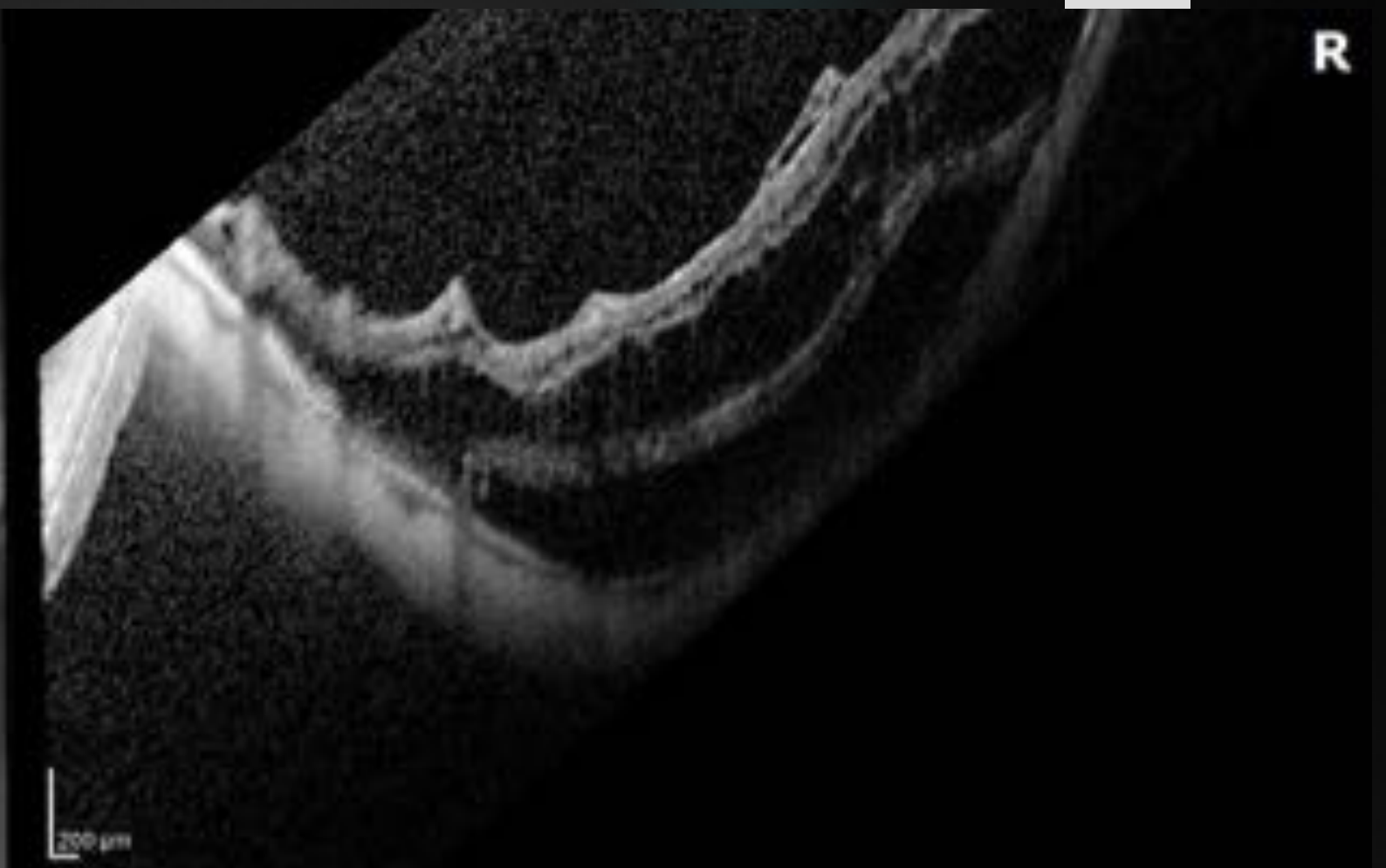
11/10/2015, OD

IR&OCT 30° [HS] ART(8) Q: 17

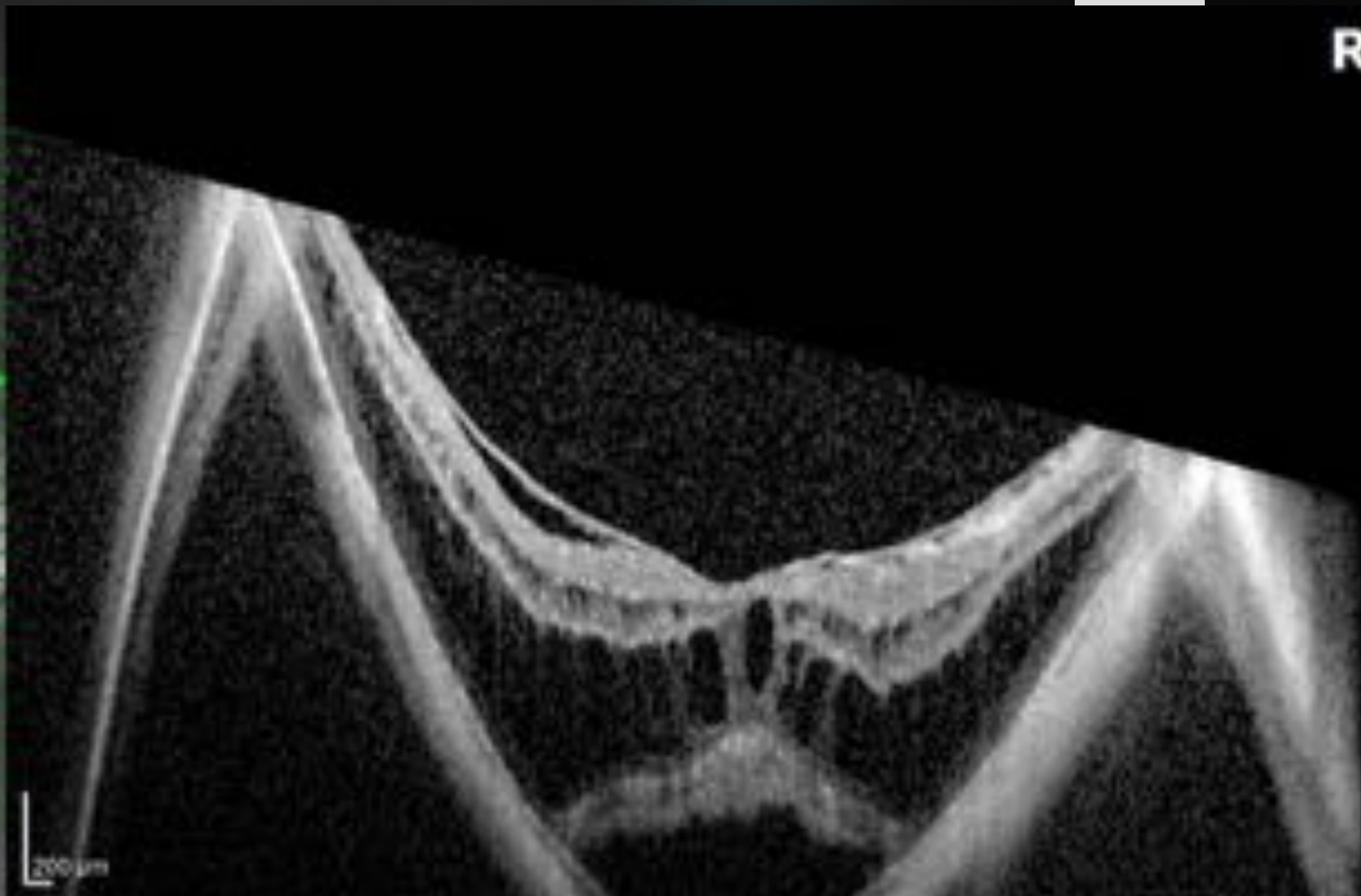
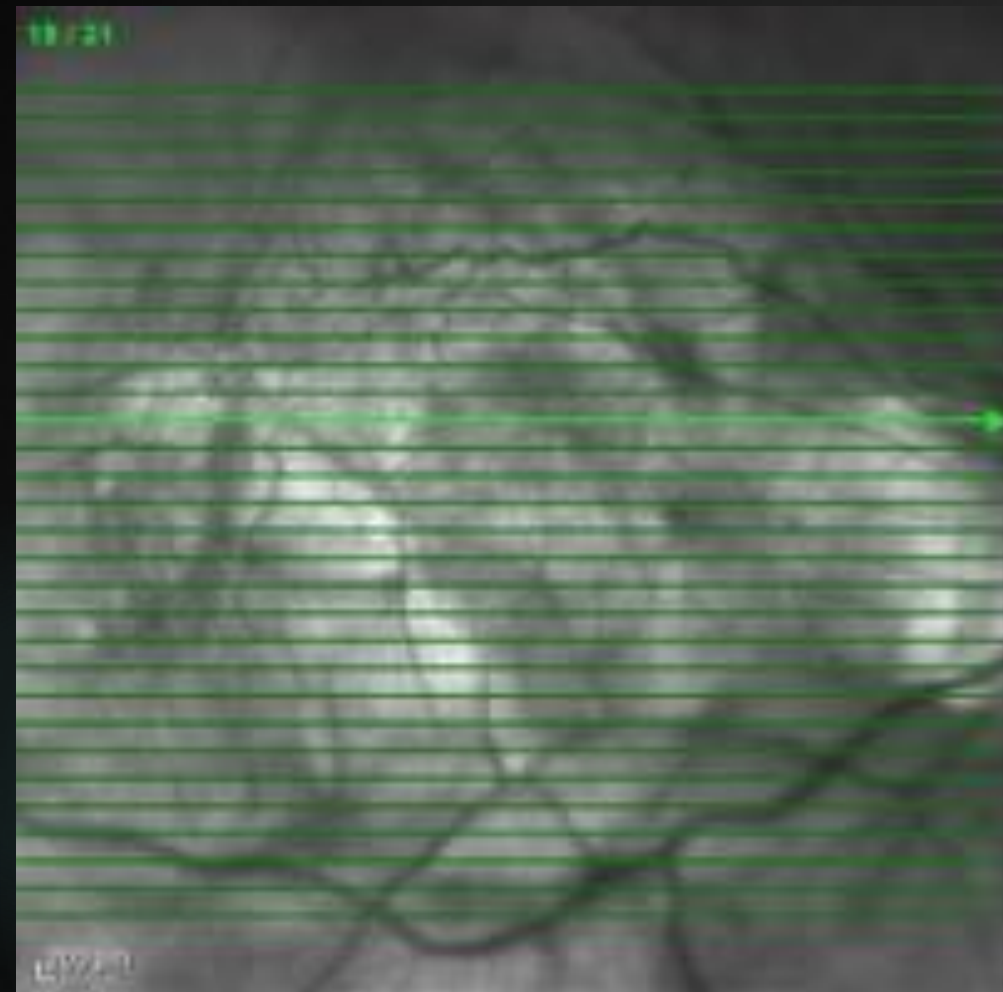


1/12/2016, OD  
#07 IR&OCT 30° ART [HS] ART(8) Q: 16

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



4/12/2016, OD  
#29 IR&OCT 30° [HS] ART(10) Q: 22

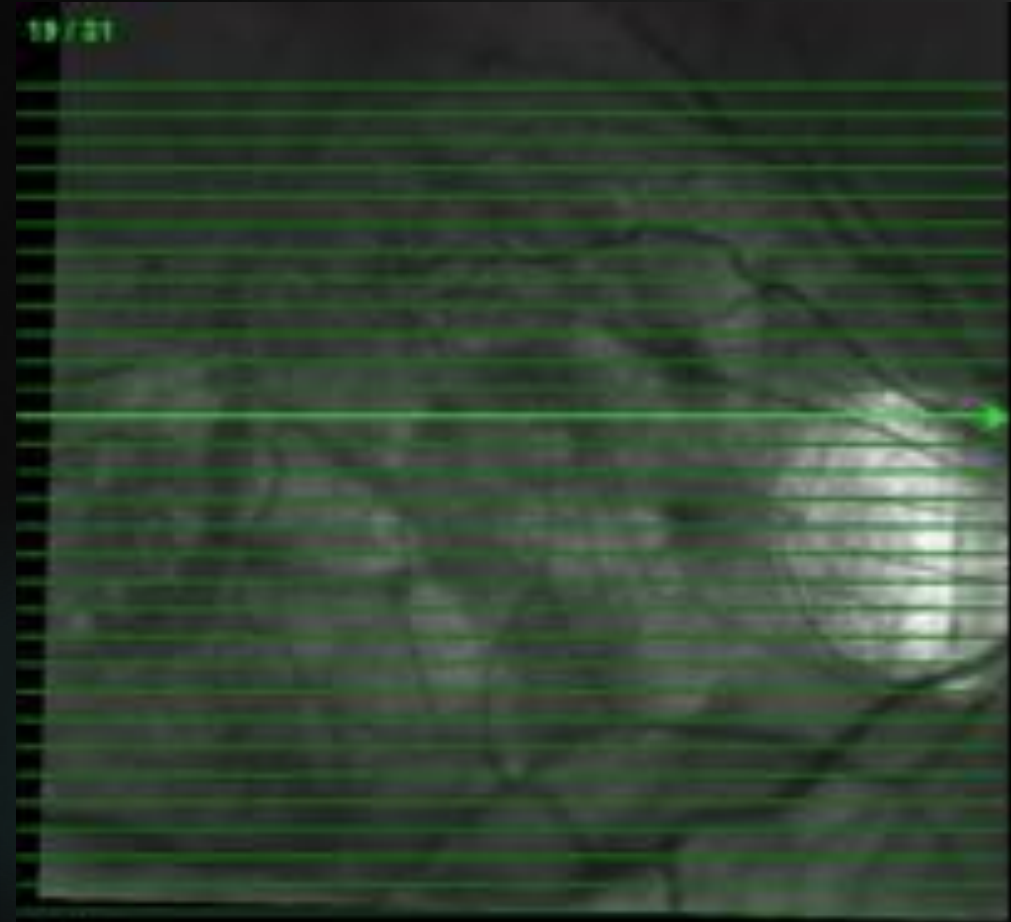
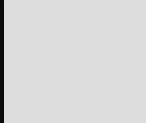


7/26/2016, OD

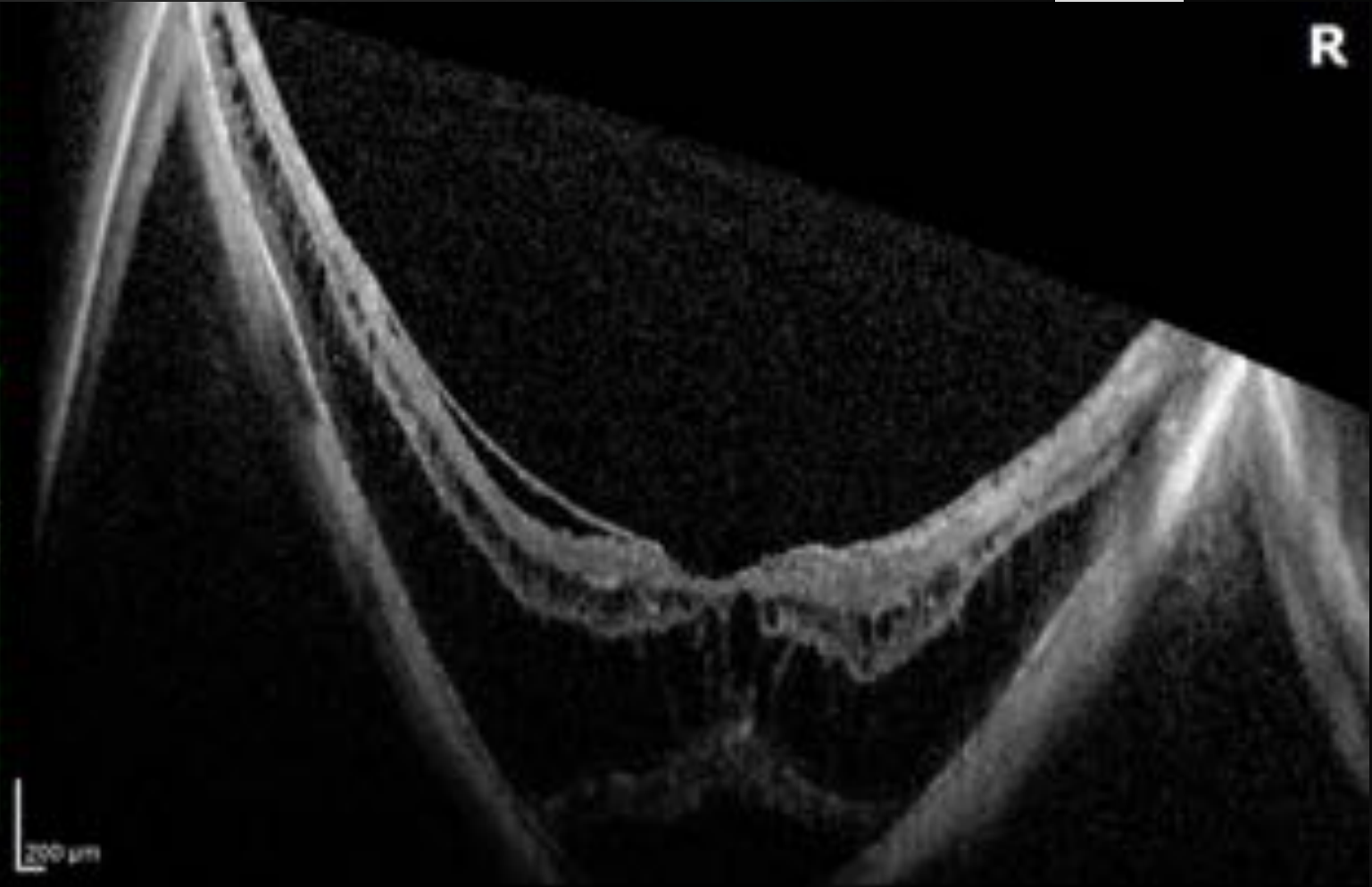
#99 IR&OCT 30° ART [HS] ART(9) Q: 28

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20/30, noted subjective change



200 μm

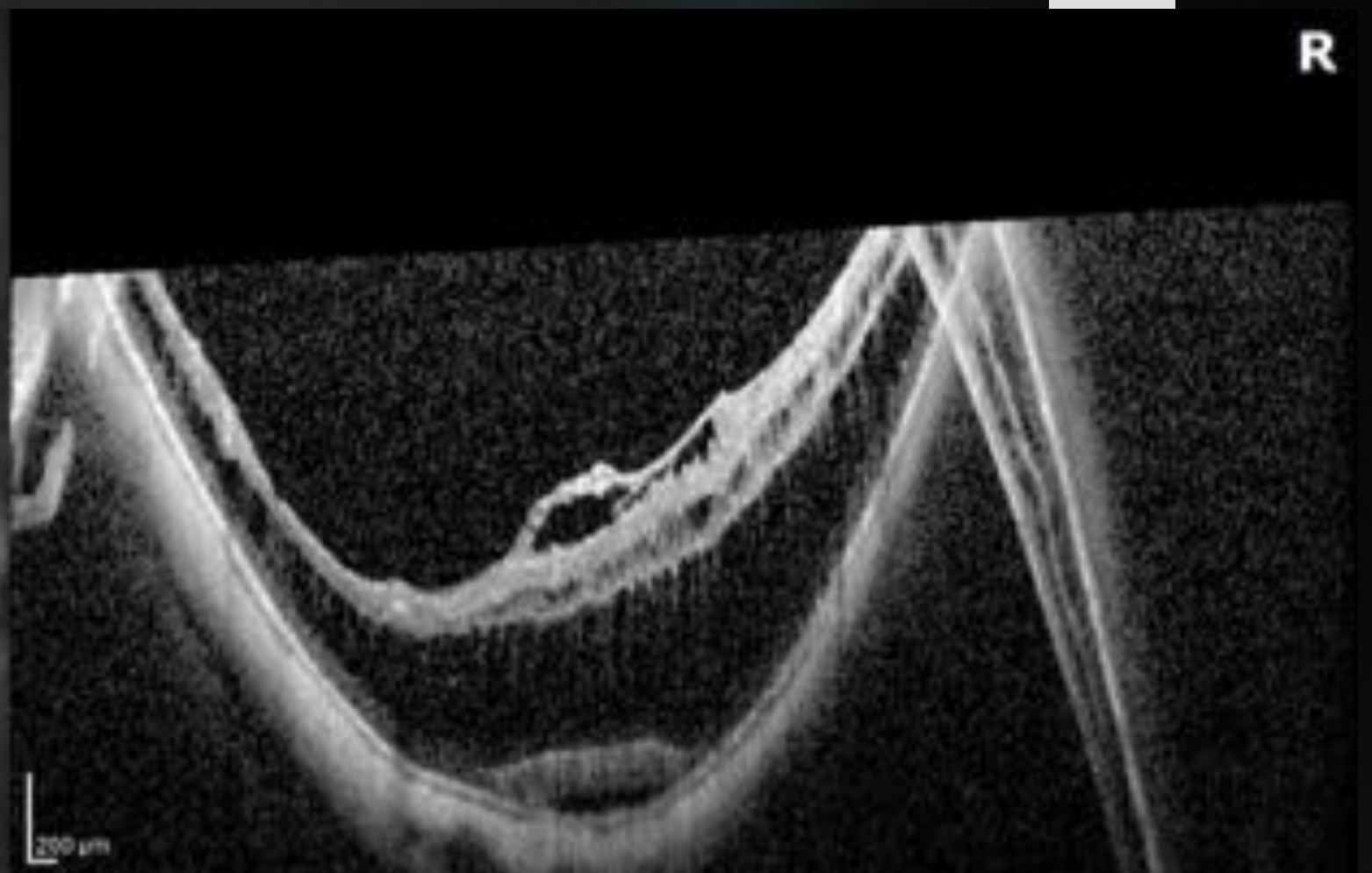
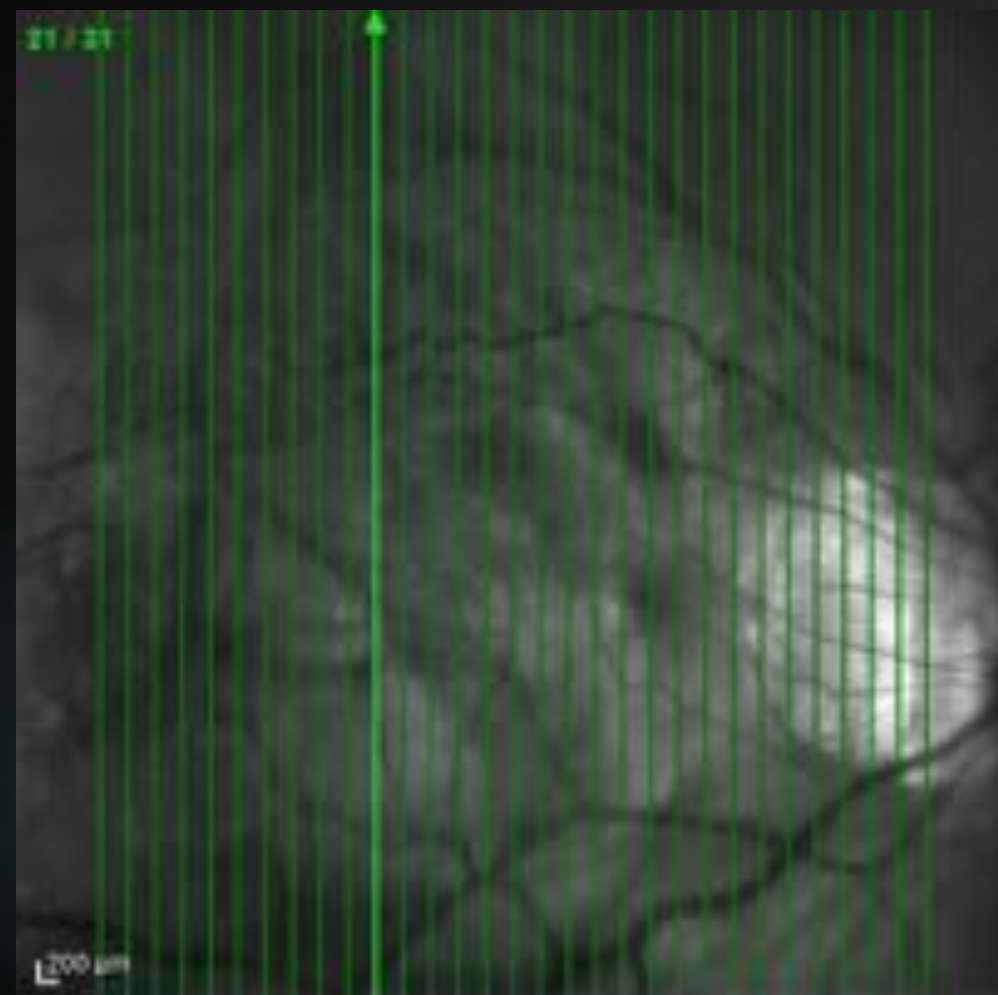


200 μm

11/29/2016, OD

#37 IR&OCT 30° ART [HS] ART(8) Q: 29



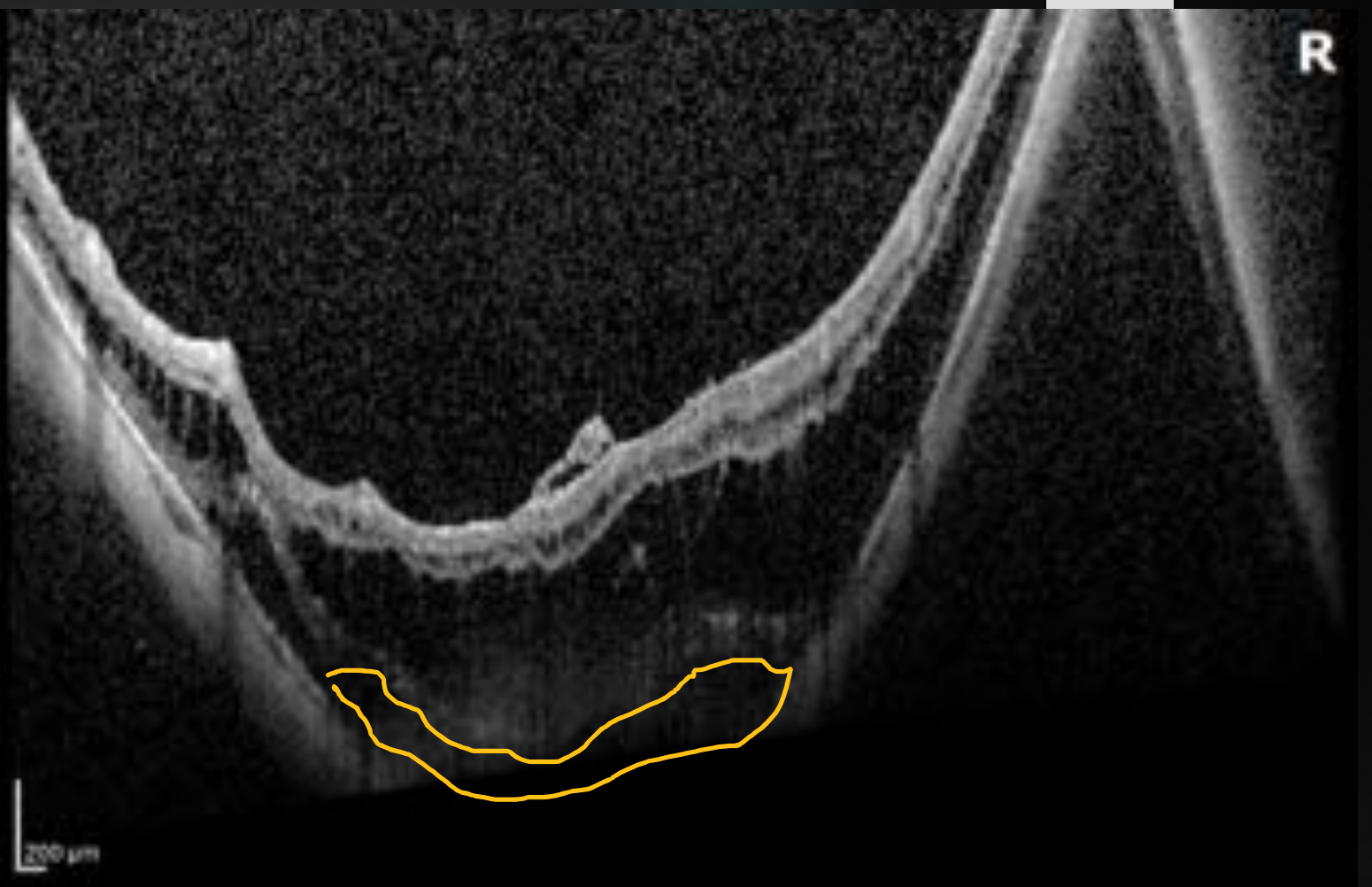
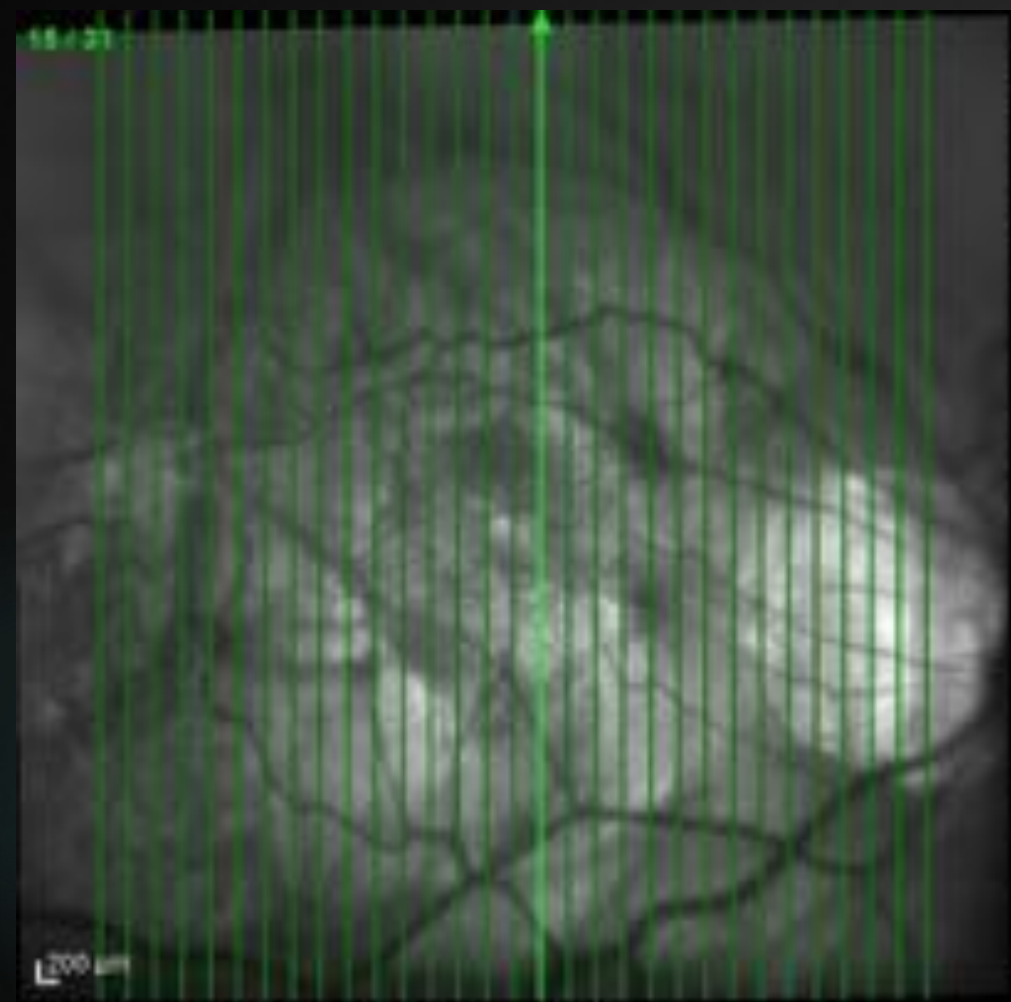


#906020

4/25/2017, OD

#103 IR&OCT 30° [HS] ART(9) Q: 23

HEIDELBERG  
ENGINEERING



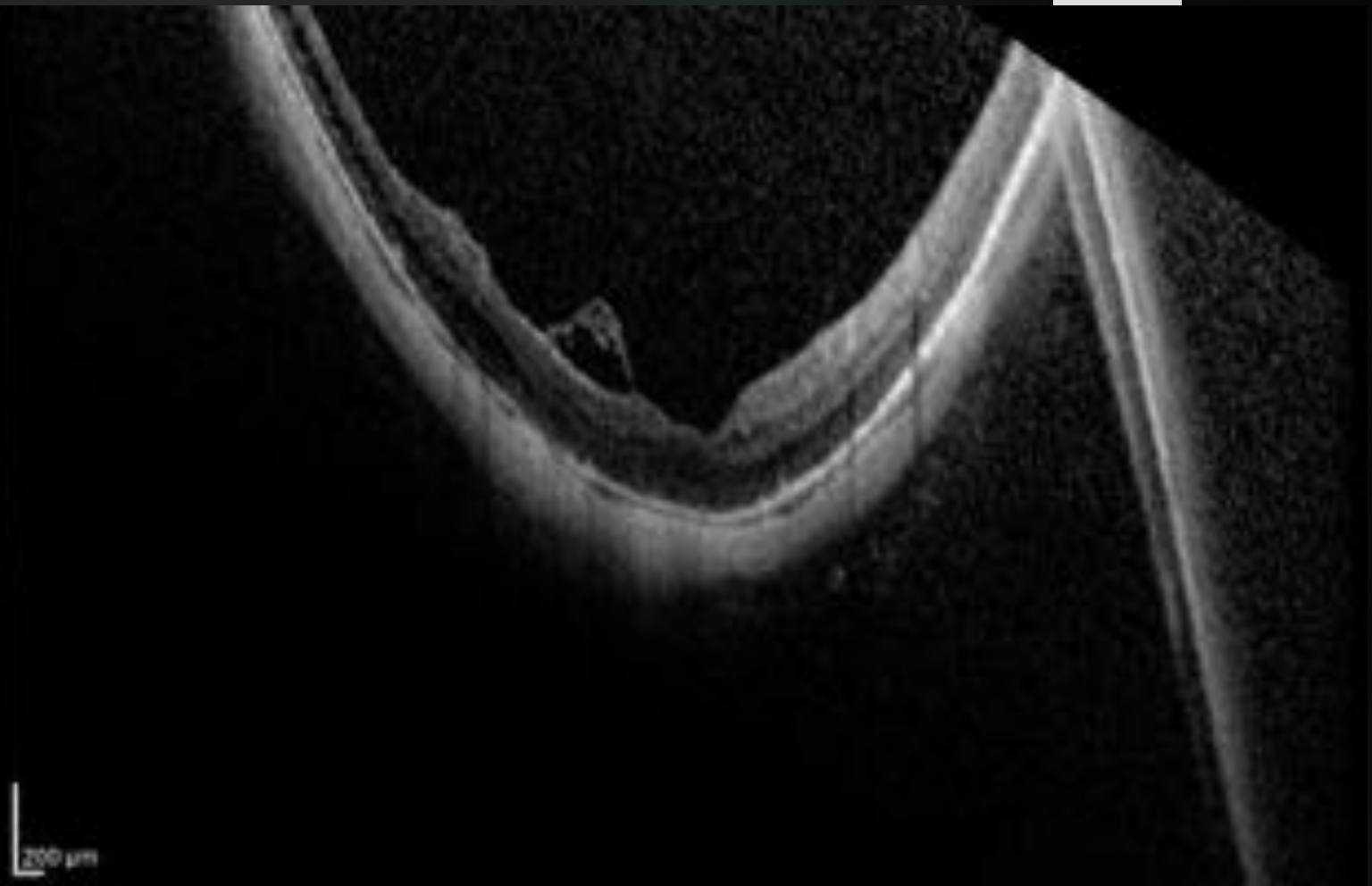
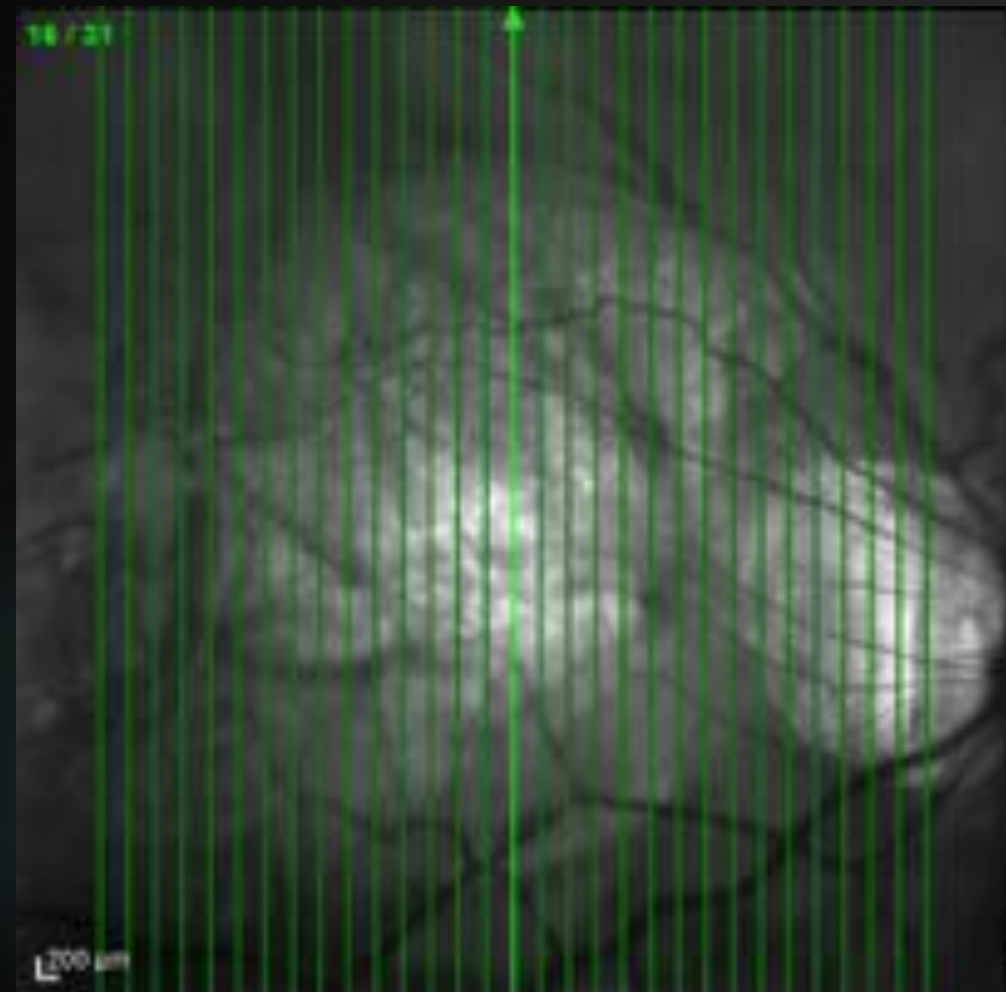
#906020

8/8/2017, OD

#29 IR&OCT 30° [HS] ART(8) Q: 23

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ENGINEERING

20/50- "slightly worse"



12/12/2017, OD

IR&OCT 30° [HS] ART(9) Q: 26

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ENGINEERING

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





R

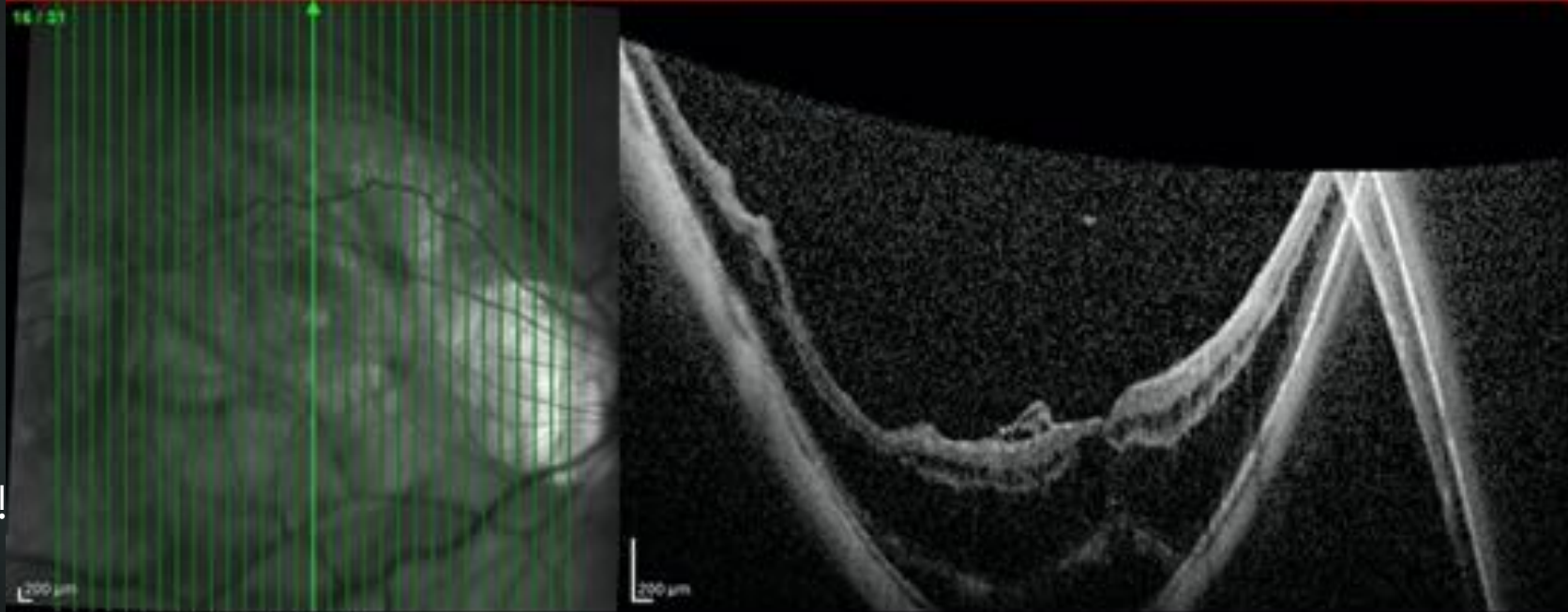
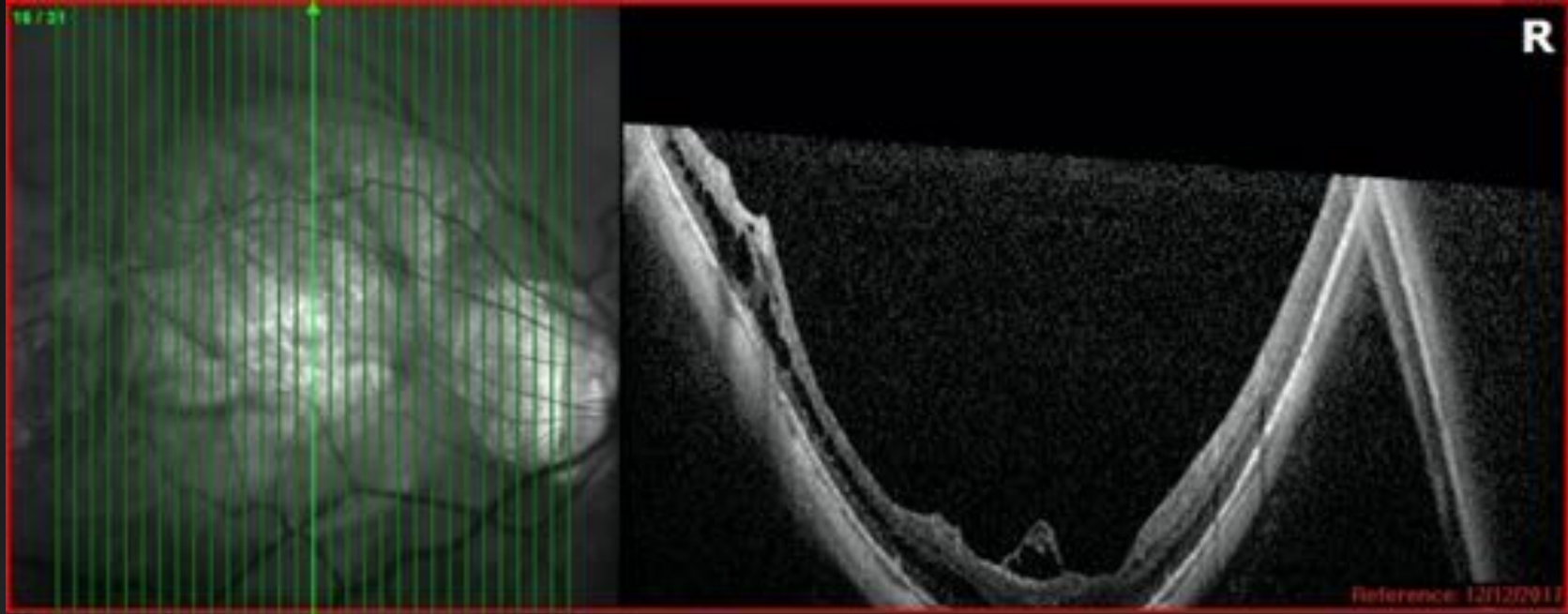
200 μm

200 μm

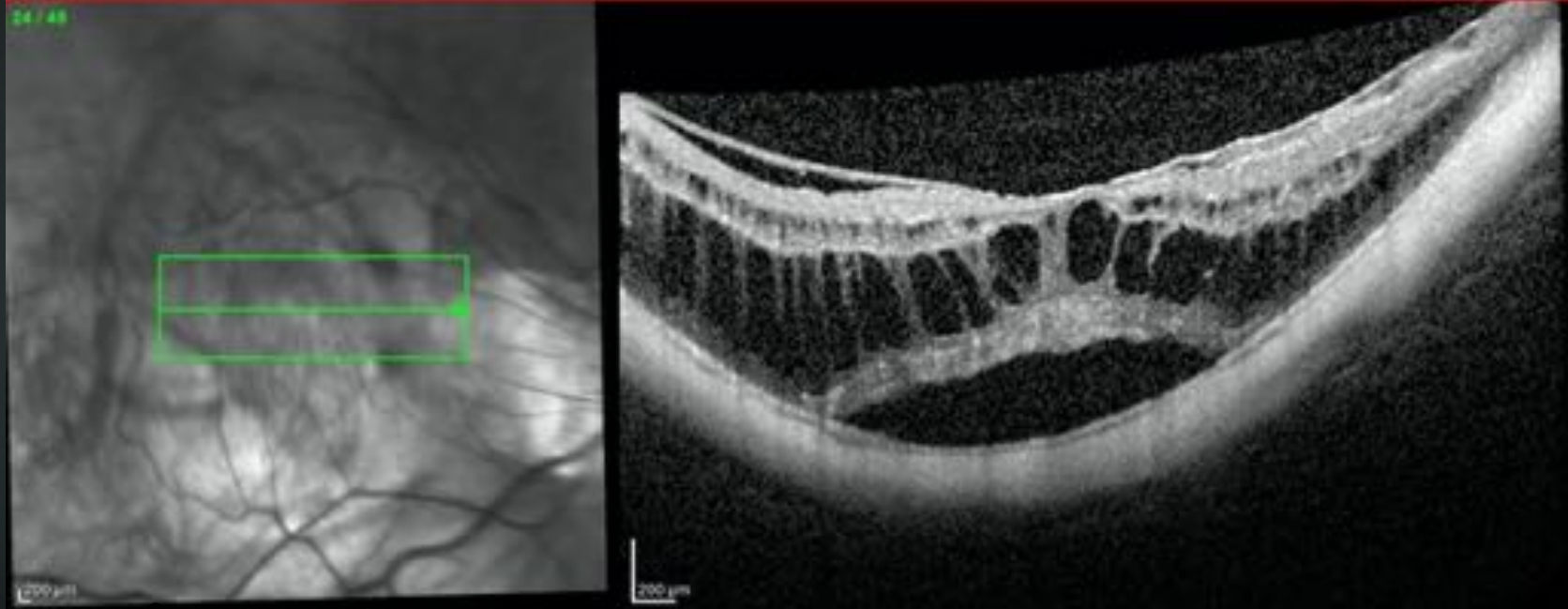
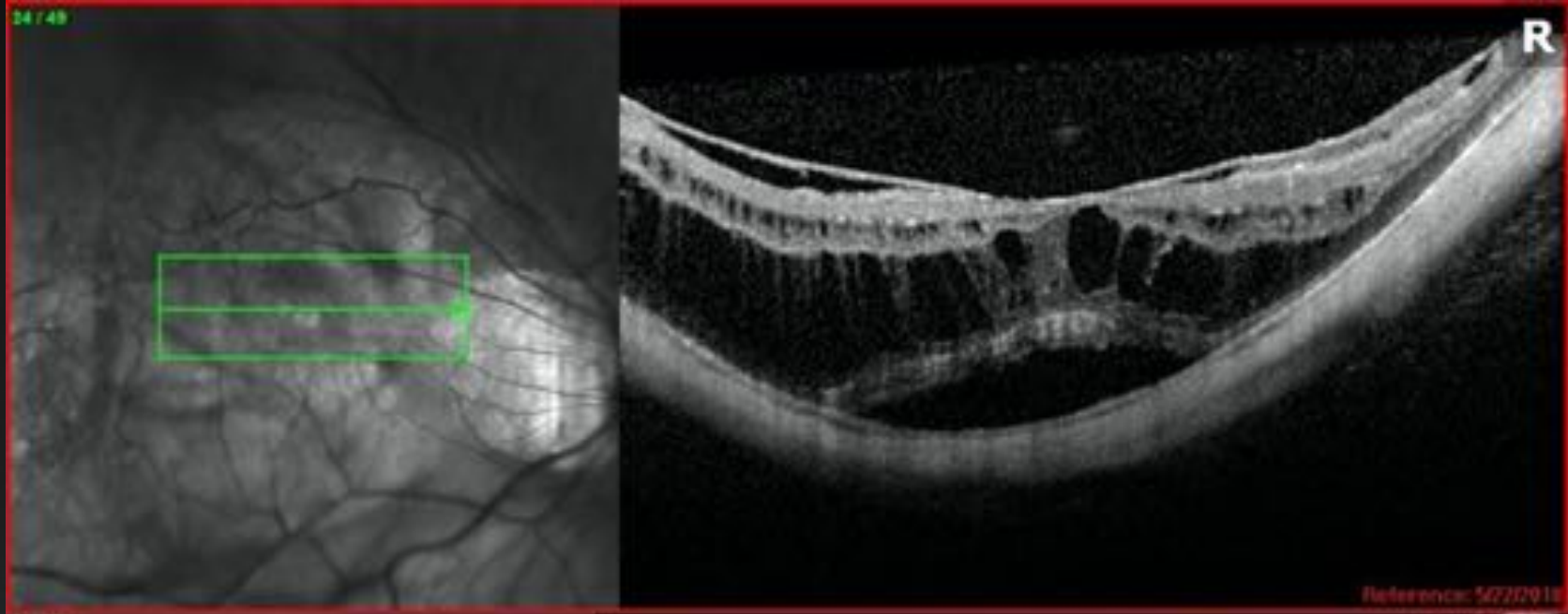
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5/22/2018, OD

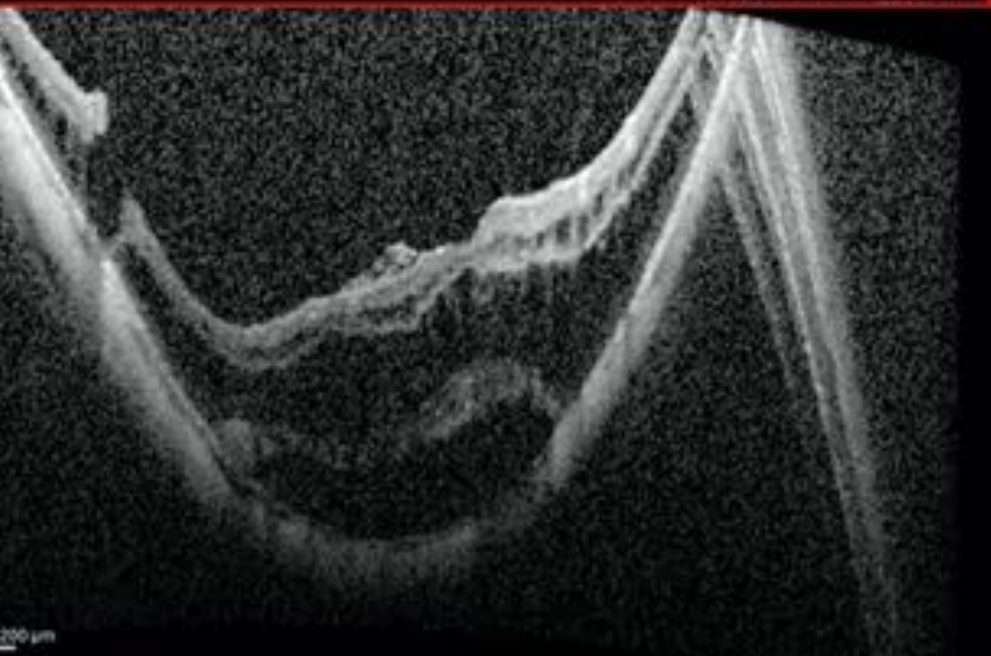
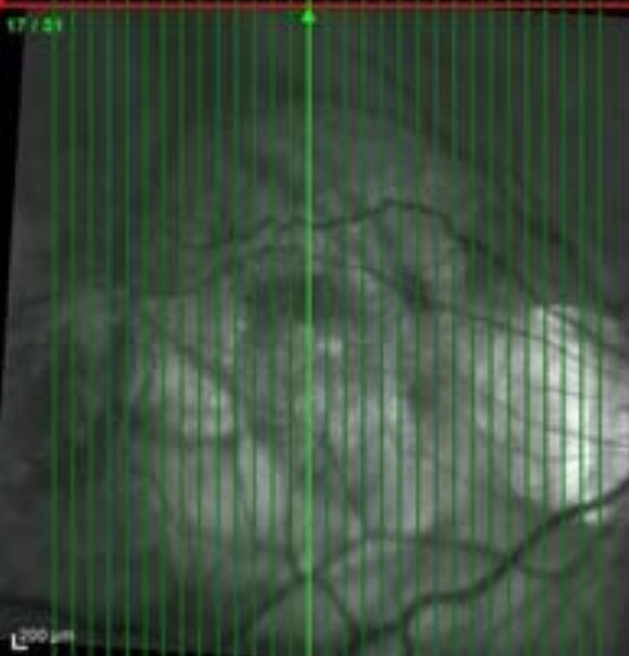
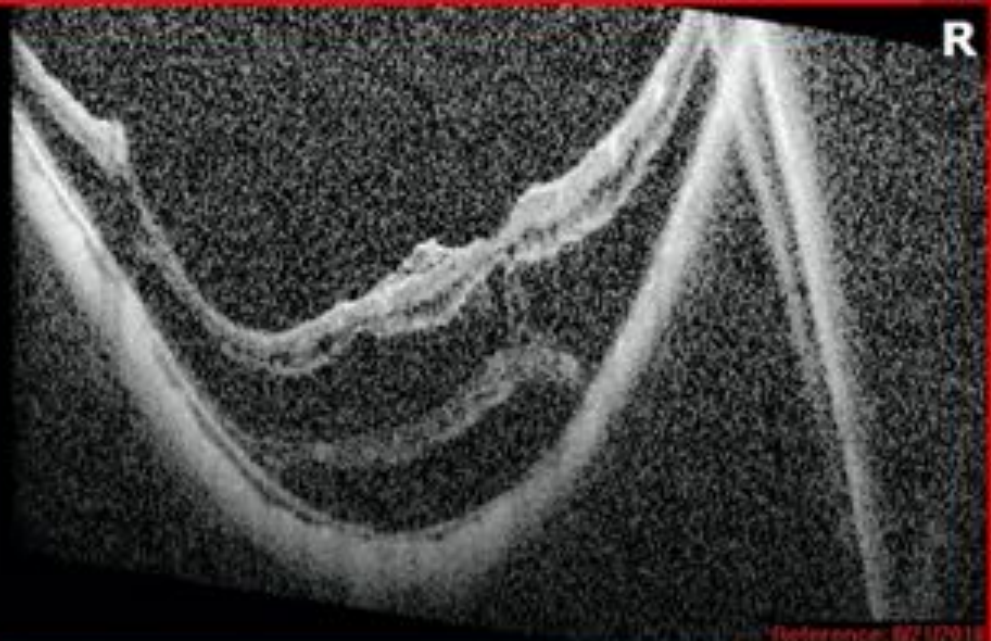
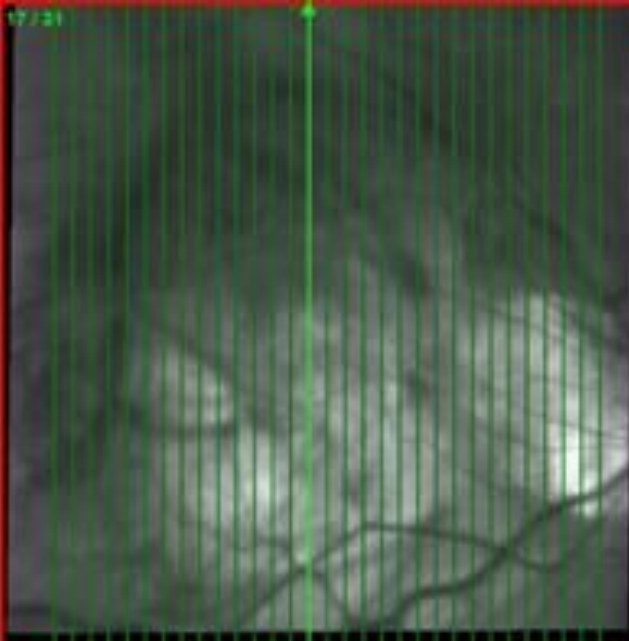
#219 IR&OCT 30° ART [HR] ART(15) Q: 32



Recurrent fluid!  
20/40-



20/60

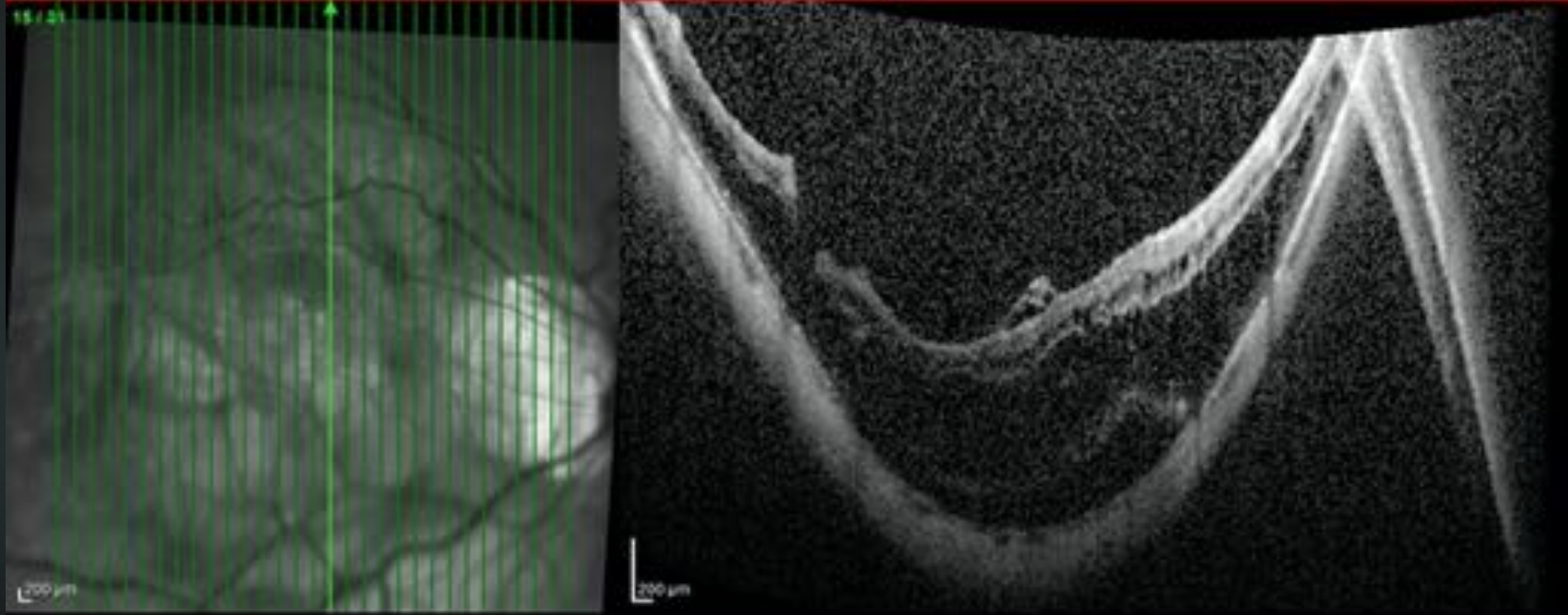
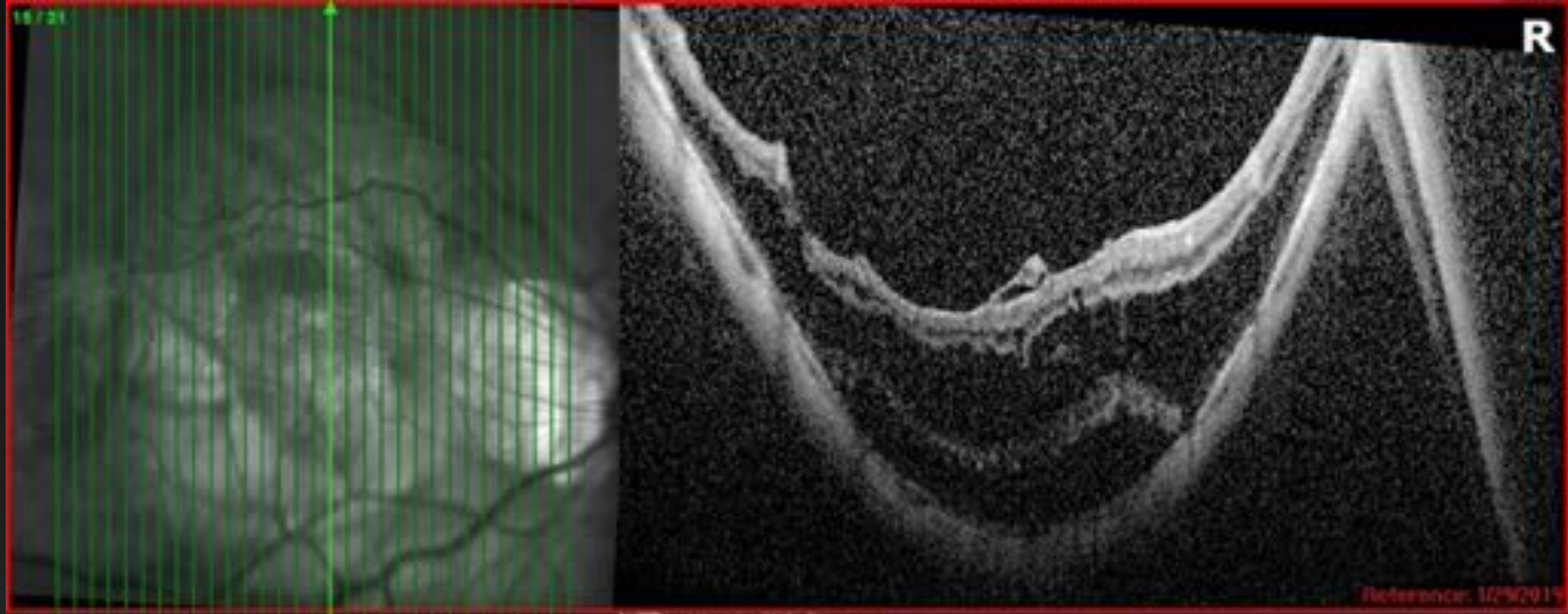


20/40

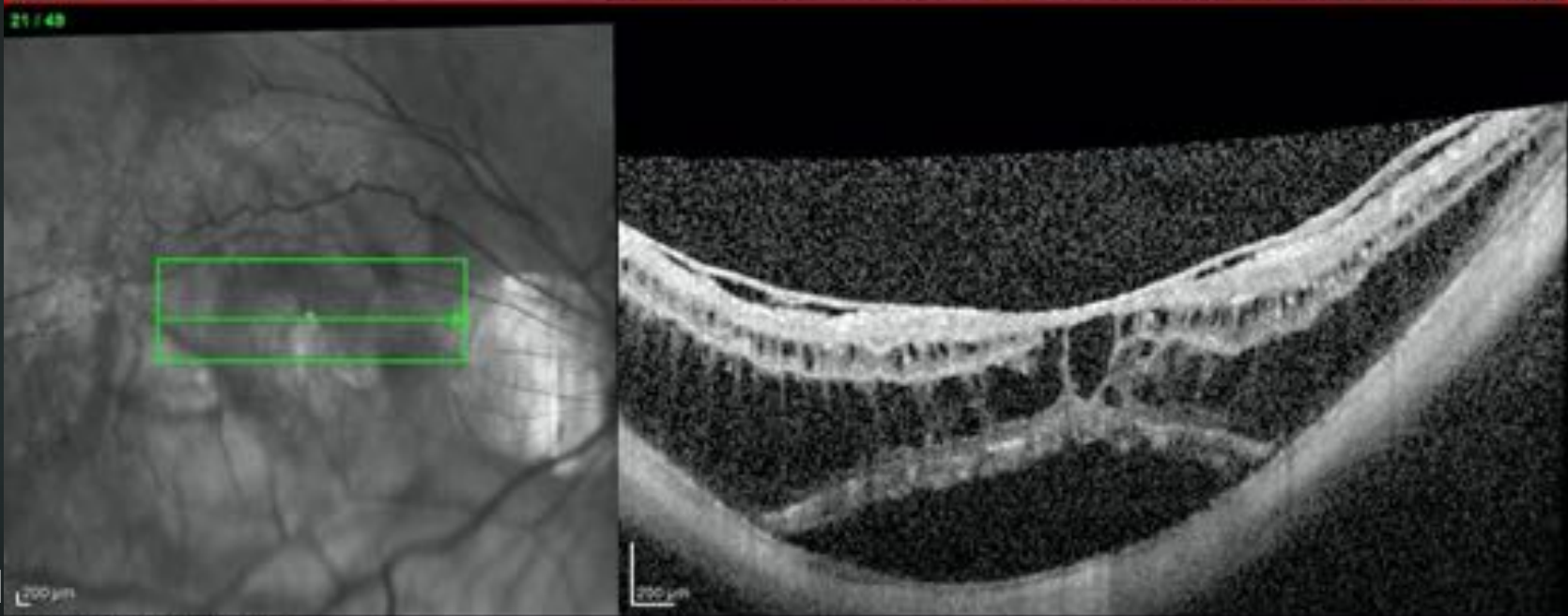
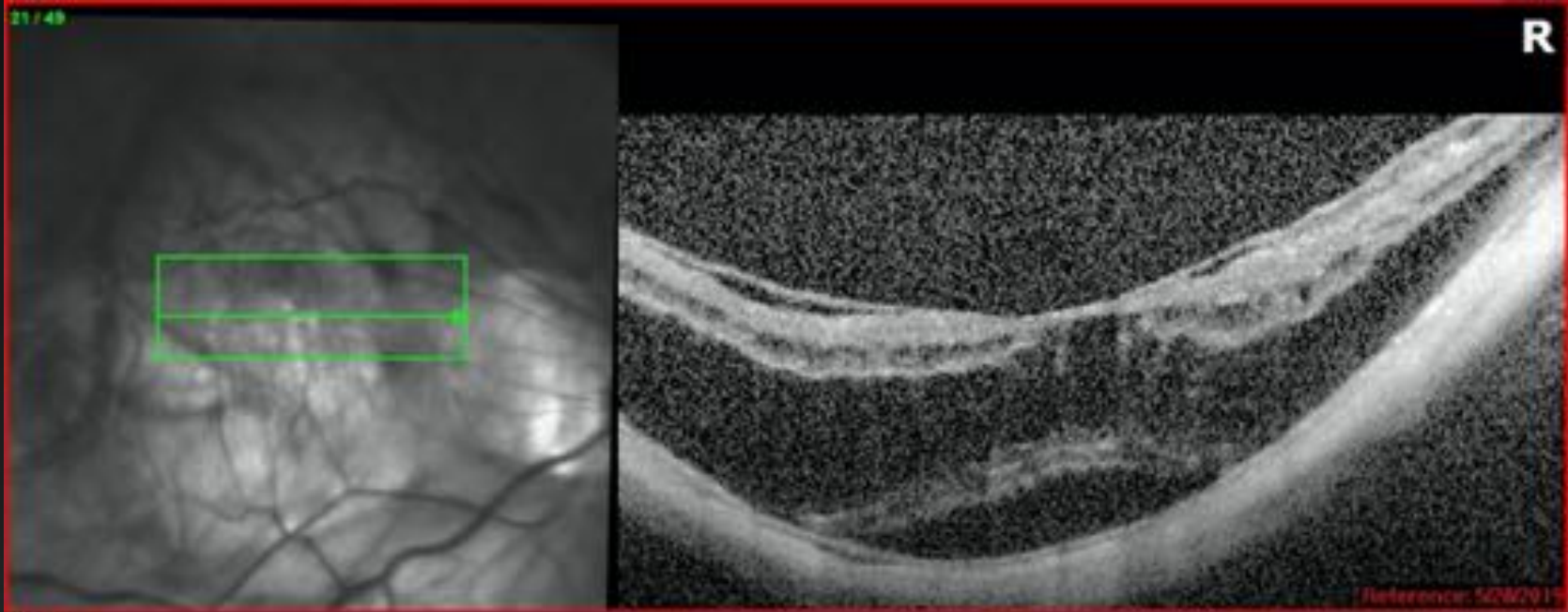
W906020  
1/29/2019, OD  
#33 IR&OCT 30° [HS] ART(7) Q: 22

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engineering

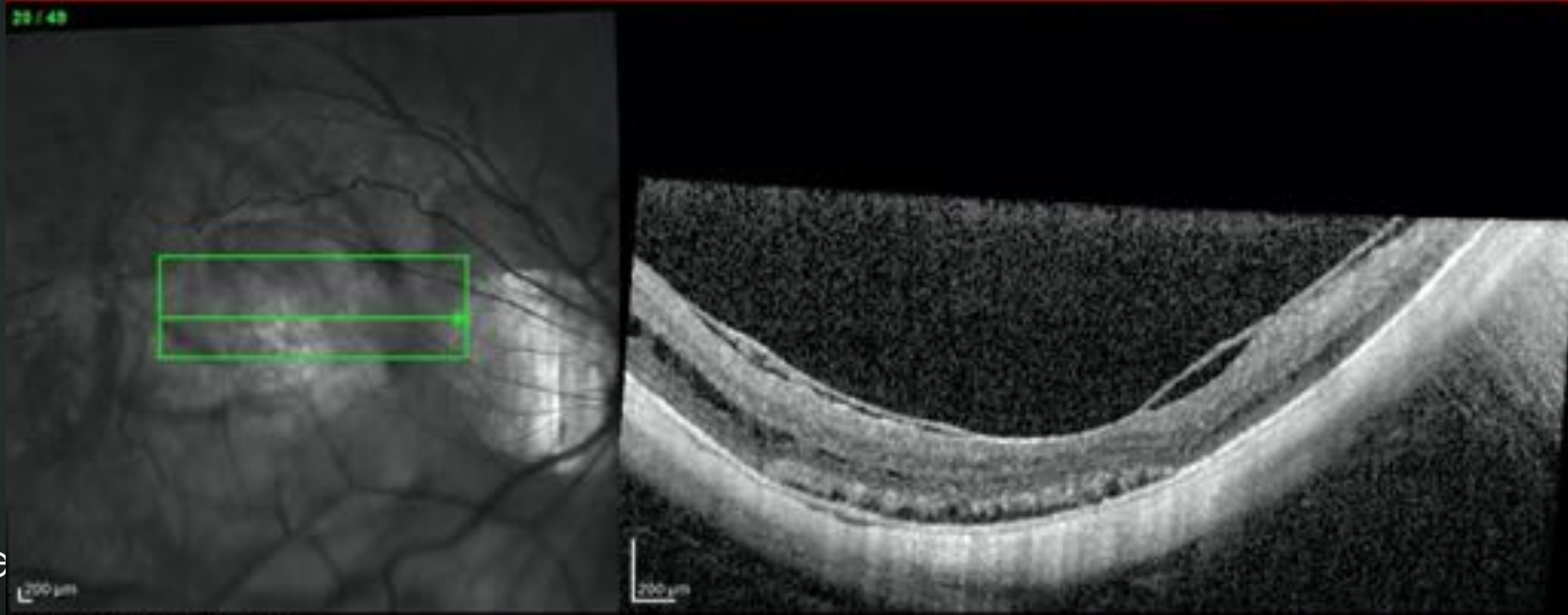
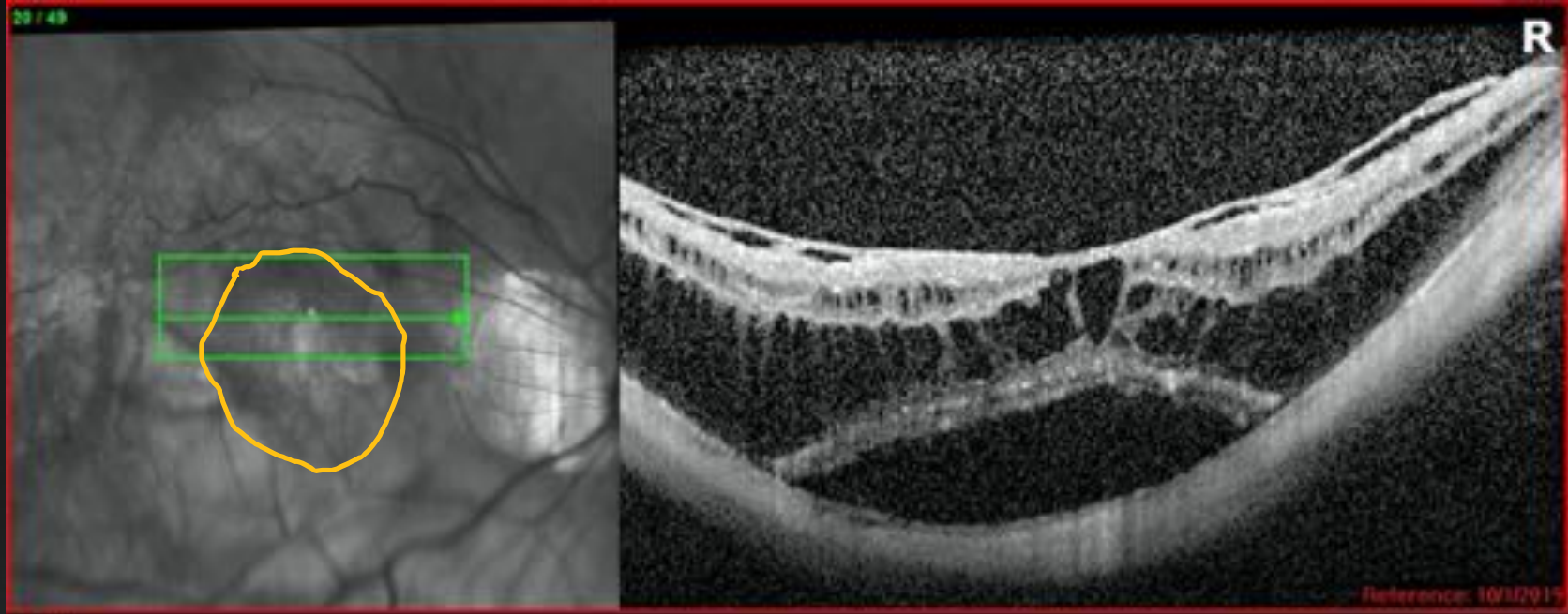




5/28/19  
20/50+



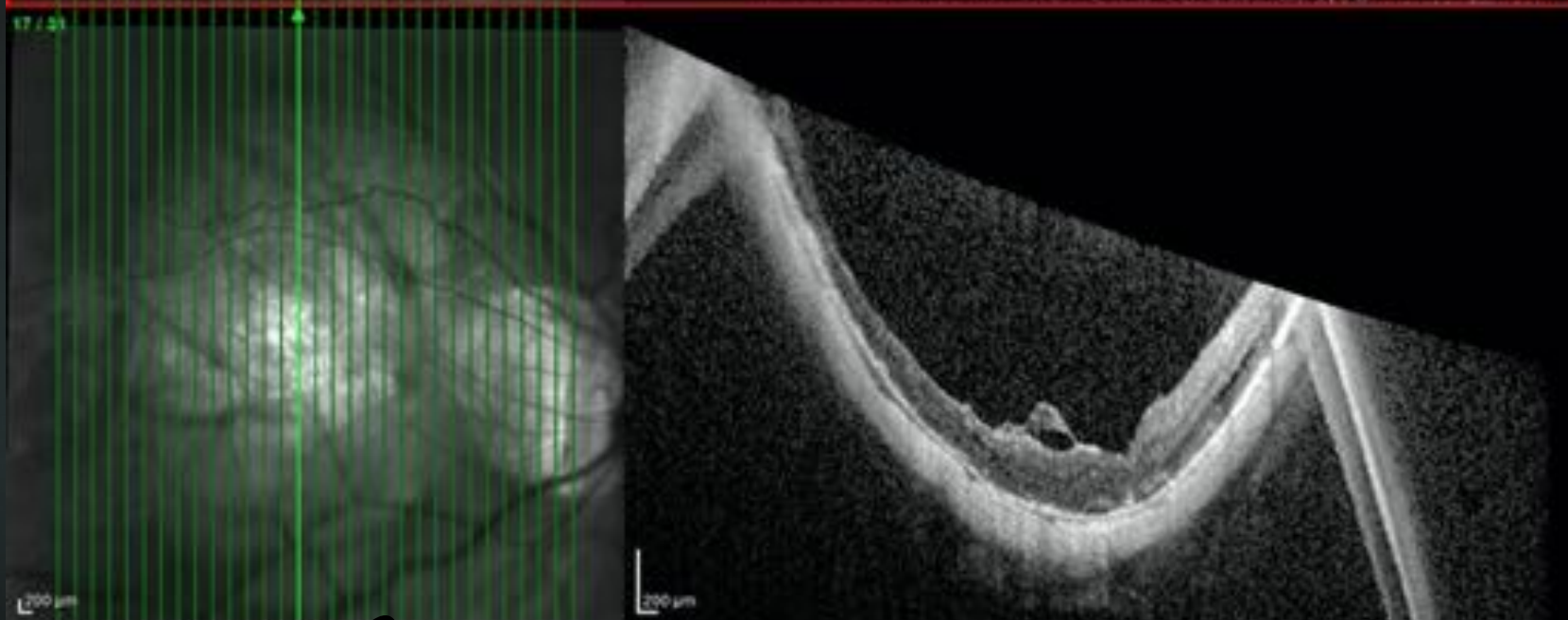
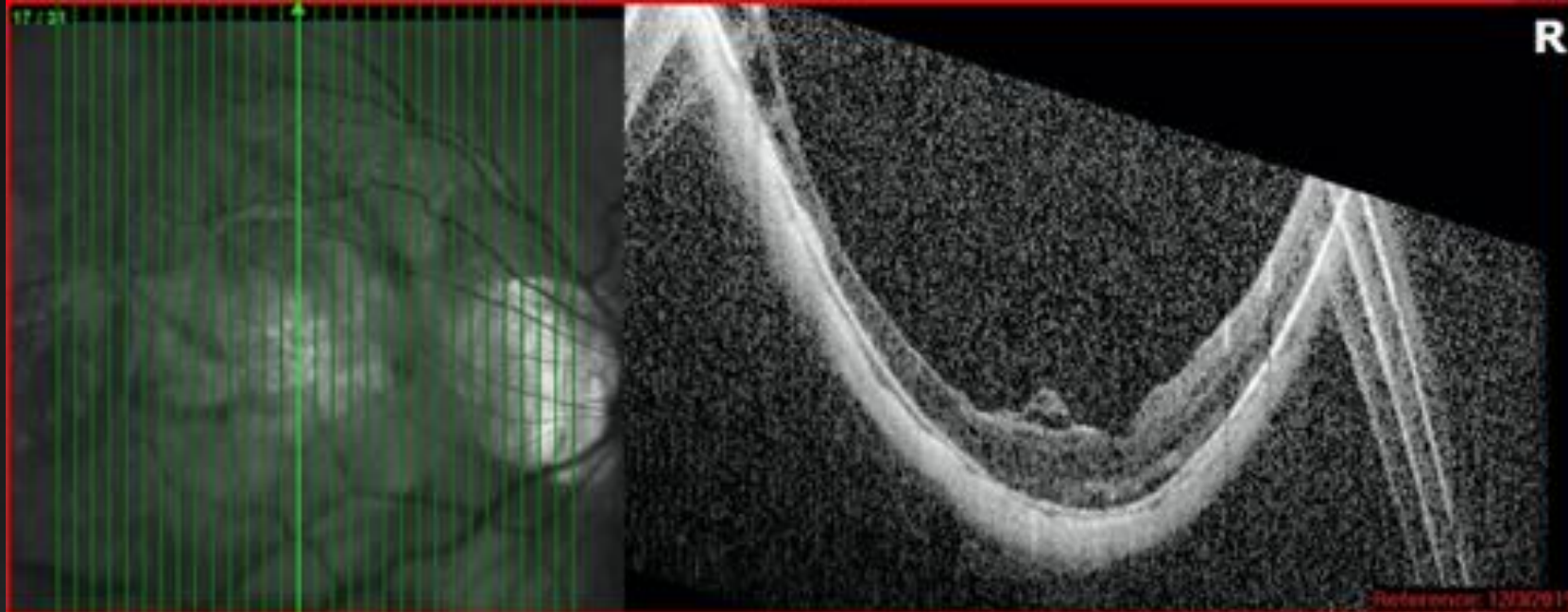
10/1/19 20/60+  
Notes decreased



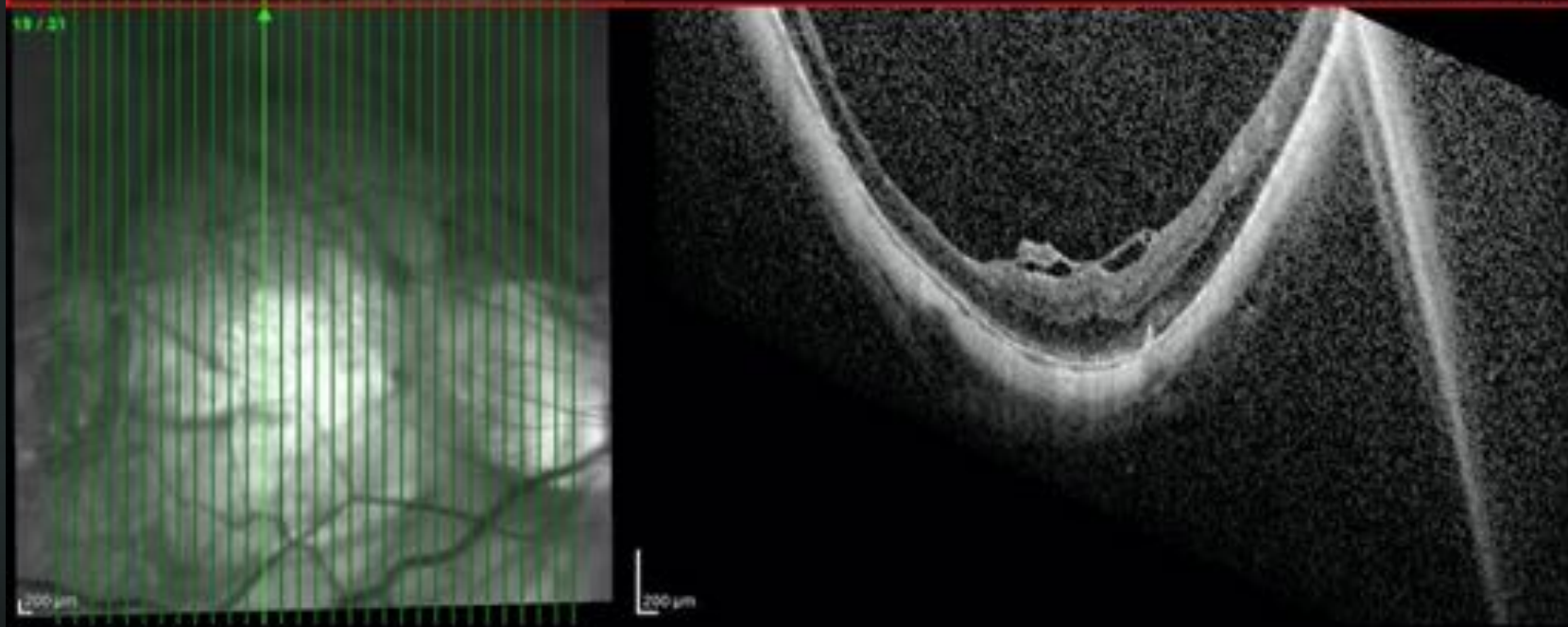
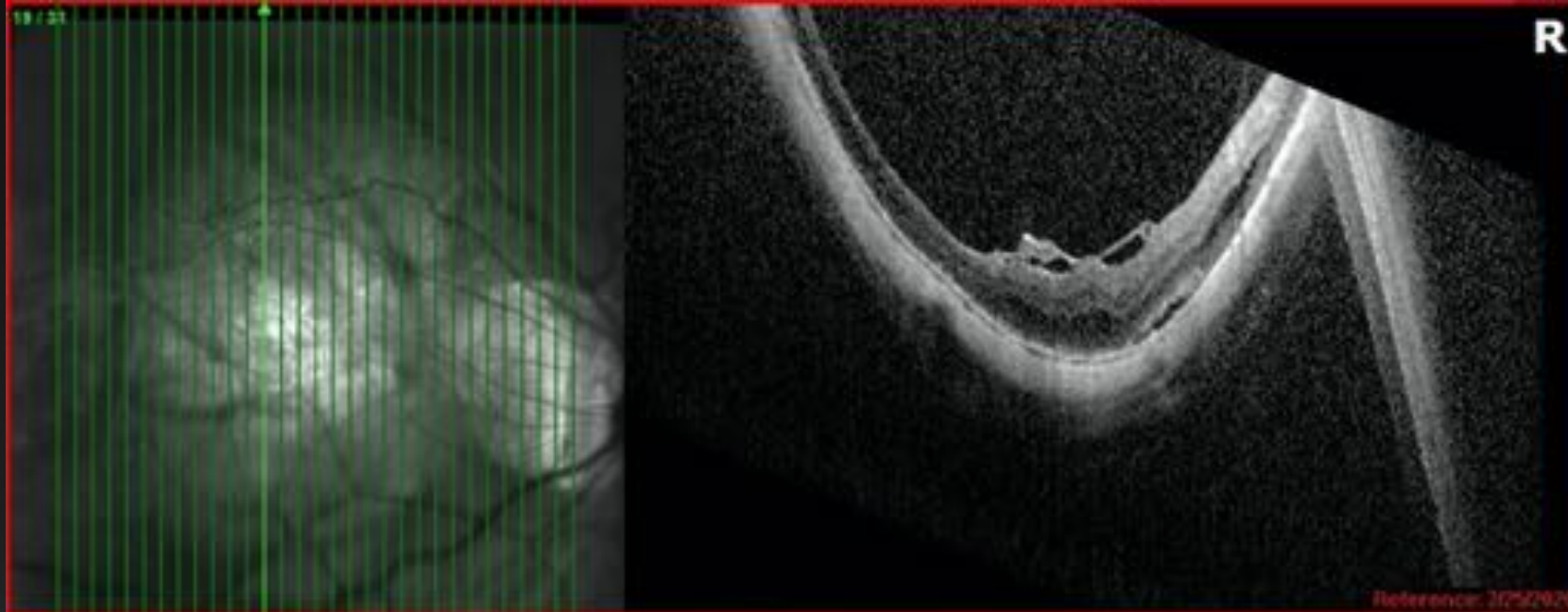
12/3/2019, OD  
#101 IR&OCT 30° ART [HR] ART(16) Q: 22  
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12/3/19  
Huge improvement  
20/40-





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