Relentless placoid chorioretinitis : Case series and review of therapeutic strategies

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Introduction

- Relentless placoid chorioretinitis (RPC), also known as ampiginous choroiditis, is a rare condition that belongs to the same spectrum of diseases as acute posterior multifocal placoid pigment epitheliopathy and serpiginous choroiditis, with a more aggressive and treatment-resistant course.
- Cause remains unknown.
- Defined as yellowish-white, small, recurrent, placoid lesions with geographic borders in mid-periphery and far periphery of fundus with variable posterior pole involvement, with continuous development of new lesions without appropriate immunomodulatory therapy
- Various immunomodulatory therapies were used for disease control; lack of consensus on treatment strategies and efficacy of these treatments is not known

Objectives

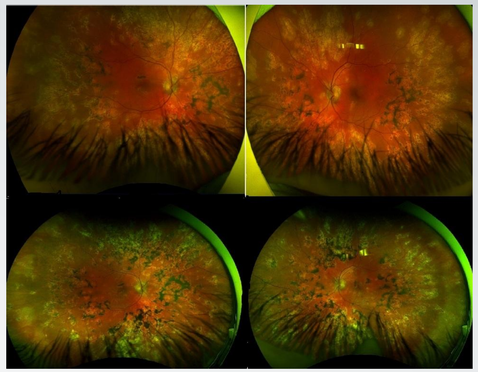
- To report a case series of management of patients with RPC using immunomodulatory therapies
- Literature review of treatment strategies

Methods

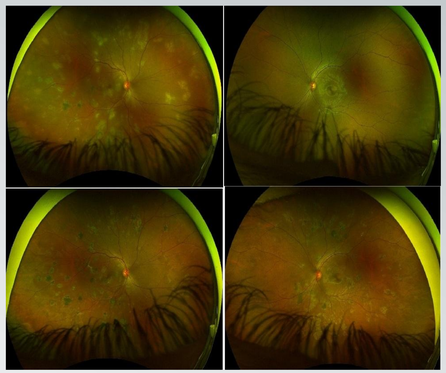
- Descriptive retrospective observational case series
- All patients were screened for other possible infectious and non-infectious causes of uveitis

Case series

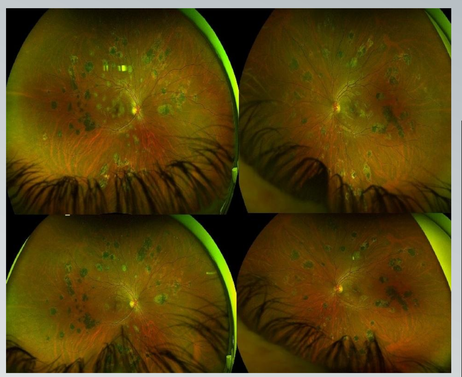
No.	Age	Gender	Ethnicity	Laterality	Symptoms	Viral prodrome	Vaccination	TB treatment	Presenting BCVA		Foveal involved		Final BCVA		Follow-up duration	Steroid sparing immunosuppression	Side effects
									Right	Left	Right	Left	Right	Left			
1	22	M	White Caucasian	Both eyes	Blurred vision and eye redness	No	No	No	0.42	0.3	Yes	Yes	0	0	8 months	Mycophenolate Mofetil 1g twice a day	Nil
2	28	M	Asian Indian	Initially right then both eyes	Painful red eye and photophobia	No	No	Yes-latent TB	0.2	0.1	Yes	Yes	-0.1	-0.1	13 nonths	Azathioprine	Nil, non-compliance to TB treatment
3	22	M	White Caucasian	Both eyes	Blurred vision, headache, photophobia	Yes	Yes-COVID 19	No	-0.06	1.16	No	Yes	-0.2	0.2	47 months	Mycophenolate Mofetil 2.5g per day and Adalimumab	Side effects of steroid



Case 1 Top two figures show fundus photographs on presentation, and bottom two at final follow-up



Case 2 Top two figures show fundus photographs on presentation, and bottom two at final follow-up



Case 3 Top two figures show fundus photographs on presentation, and bottom two at final follow-up

Discussion & Conclusion

- RPC should be diagnosed early so that effective treatment can be initiated, as RPC can still have a good visual prognosis when immunosuppression is commenced early.
- Most RPC cases are refractory to oral steroid monotherapy and require steroid-sparing immunosuppression to control disease.
- We demonstrated effective control of disease using Mycophenolate Mofetil and Azathioprine, as also previously reported in few case reports/series.
- Effectiveness of the biologic drugs such as Adalimumab is usually effective and well-tolerated. One of our patients demonstrated long-term disease control of up to 47 months with Adalimumab.
- Further studies with larger patient cohorts and standardised treatment regime are necessary to determine the efficacy of specific steroid-sparing immunosuppression.

References

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