

proliferative diabetic retinopathy (92 eyes), and 50 healthy persons (100 eyes) were examined. As a result of the studies, remodelling (namely thickening) of the scleral LC was established in patients with type 2 DM compared to healthy individuals. The revealed morphometric changes of GCC depend on state of scleral LC. So, changes in LC thickness can be considered as a risk factor for the development of retinal neurodegeneration in DM.

Our experience in assessing the severity stage of peripheral exudative-hemorrhagic chorioretinopathy

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Introduction: Peripheral exudative hemorrhagic chorioretinopathy (PEHCR) is a rare retinal vasculopathic disease, similar to age-related macular degeneration, primarily affecting Caucasians. This degenerative process is characterized by hemorrhage and/or exudation under the retina, leading to potential vision deterioration. Risk factors include age (66-83 years), hypertension, and use of anticoagulants. Despite its prevalence and impact, there is no established management or classification for PEHCR, highlighting the need for research.

Objectives: Our study aimed to formalize the forms and features of PEHCR and study its morphological structure to develop a treatment strategy.

Methods: We examined 13 patients with PEHCR (16 eyes) using standard ophthalmological methods. All patients had hypertension. Diagnostic tools included OCT, FA, ultrasound, and long-wave infrared fundusography. Lesions were typically found temporally, with visual acuity ranging from 0.005 to 0.7. The main causes of visual impairment were hemorrhage and exudative detachment.

Results: We developed a formalization based on lesion forms and course features, considering form, activity level, macular condition, lesion length, hemorrhage severity, and treatment. The main morphological characteristics of PEHCR included subretinal hemorrhage, lipid exudation, RPE hyperplasia and peripheral RPE atrophy. Treatment involved intravitreal aflibercept injections, with or without triamcinolone acetonide, and vitrectomy.

Formalization of PEHCR: Shape: dome-shaped, plateau-shaped; Activity level: active form, spontaneous regression with signs of chorioretinal atrophy or fibrosis; Regarding the macula: without involvement, with involvement; Extent: 1 quadrant, 2 or more quadrants; Mono- and bilateral lesion;

Presence and severity of hemorrhages: in the PEHCR zone, in the vitreous body;

Stage of the process: initial single lesions, developed lesions of 2 or more quadrants with signs of varying activity, severe with spread to the macula or vitreous body;

Conducted management: after intravitreal anti-VEGF injection, after vitrectomy;

Presence of AMD: present, absent.

Conclusions: We established a formalization of PEHCR forms and features, providing a foundation for treatment strategy development. The morphological similarities between PEHCR and AMD suggest the potential effectiveness of anti-VEGF therapy. Further research is needed to validate the effectiveness and safety of the proposed treatments.

Периферична ексудативно-геморагічна хоріоретинопатія: формалізація форм і особливості перебігу

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Периферична ексудативно-геморагічна хоріоретинопатія (ПЕГХР) – рідкісне захворювання сітківки, схоже на вікову макулодистрофію, що вражає переважно європеоїдів. Основні фактори ризику – вік (66-83 роки), гіпертонія, прийом антикоагулянтів. У дослідженні 13 пацієнтів (16 очей) із ПЕГХР проведено офтальмологічне обстеження (ОКТ, ФАГ, УЗД, інфрачервона фундусографія). Основні причини зниження зору – крововилив і ексудативне відшарування.

Розроблено класифікацію ПЕГХР за формою, активністю, залученням макули, розповсюдженням, тяжкістю крововиливів та лікуванням. Морфологічно ПЕГХР подібна до ВМД, що вказує на потенційну ефективність анти-VEGF терапії. Необхідні подальші дослідження для підтвердження безпечності й ефективності лікування.
