

**STEROID-INDUCED CENTRAL SEROUS  
CHORIORETINOPATHY IN THE FELLOW EYE DURING THE  
THERAPEUTIC COURSE OF ACUTE RETINAL NECROSIS  
-- A CASE REPORT**

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**Purpose:** To report a case of steroid-induced central serous chorioretinopathy (CSCR) in the fellow eye during the course of acute retinal necrosis (ARN).

**Method:** Interventional case report

**Results:** A 38-year-old male came to our clinics for blurred vision and visual floaters of the left eye for 2 weeks. The best corrected visual acuity (BCVA) was 6/20 in the left eye. Slit lamp biomicroscope finding showed anterior uveitis with mutton-fat keratic precipitates. Fundoscopy disclosed vitritis, retinal whitening with necrosis in the periphery and vascular occlusion. After systemic acyclovir and corticosteroid treatments, necrotic retina resolved as well as ocular inflammation. The BCVA improved to 6/5. However, CSCR was noted in the right eye 5 weeks after steroid treatment. The patient received further focal photocoagulation in his fellow eye.

**Conclusion:** CSCR could occur in the fellow eye during the therapeutic course of ARN due to steroid administration. The fellow eye should be carefully examined not only for subsequent involvement of ARN, but also for the possibility of other types of retinopathy, such as CSCR.

**Keywords:** acute retinal necrosis (ARN), central serous chorioretinopathy (CSCR), corticosteroid

## INTRODUCTION

Acute retinal necrosis may cause serious visual disturbance such as blurred or reduced vision, floaters,

photophobia, pain and red eye. Clinical presentations include anterior uveitis, vitritis, patchy or confluent areas of white or cream-colored retinal necrosis affecting initially the peripheral retina and extending posteriorly, optic neuritis, and occlusive retinal vasculitis. Large

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Received: December, 22, 2009. Revised: February, 1, 2010. Accepted: August, 11, 2010.

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