

Suffolk LOC, Summary management guidance for Central Serous Chorioretinopathy (CSC)

Aetiology and risk factors:

- Possibly idiopathic,
- most often affects ages between 20 and 50, more common in men,
- 'Type A' personality and/or stress,
- Steroid medication,
- Pregnancy,
- Cushing Syndrome,
- Sleep apnoea and/or Floppy Eye Lid Syndrome,
- High alcohol intake or liver disease, Helicobacter pylori stomach infection, Tuberculosis, depression, psychotropic medication, hypertension, gastro-oesophageal reflux disease, sleep apnoea.

Signs:

- Localised retinal lesion with swelling (may be located away from the fovea),
- OCT shows sub-retinal fluid without cysts, often with a 'volcano-like' configuration, often with pigment epithelial detachment.

Symptoms:

- Unilateral reduced vision, positive scotoma, distortion, metamorphopsia, micropsia and/or colour vision changes.

Differential diagnosis/associated ocular conditions:

- Choroidal melanoma, Retinal dystrophy, Coats disease, Wet ARMD, Retinal vasculitis, Retinal detachment, Optic disc pit.

Suffolk LOC Optometric Management/Referral Guidance

Based on available equipment (including OCT), experience and ability to offer follow-up:

Urgent referral to ophthalmology (via Evolutio – marked as soon) Recommended in cases of uncertain diagnosis, when unable to rule out possible associated ocular abnormality or if OCT unavailable.

Routine referral: to ophthalmology (via Evolutio – marked as routine) If the optometrist has specific CSC knowledge, experience and early follow-up criteria considered.

Optometric monitoring (with referral to GP only) may be appropriate in certain circumstances.

See suffolkloc.org.uk/referral-schemes for full CSC guidance, including supportive notes, limitations, acknowledgements, references, ophthalmological management and criteria necessary for these referral or management options.

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