

## Central serous chorioretinopathy

Central serous chorioretinopathy (CSCR) is defined as a serous detachment of the retinal neuroepithelium, with the appearance of a fluid between the retinal layers in the macular area. The central area of the retina, the macula, is responsible for the central vision, used in daily activities such as reading. Central serous chorioretinopathy is associated with a decrease in the visual acuity, accompanied by alteration of the shape of objects-metamorphoses, alterations in color perception.

The CSCR etiology is unknown by quoting a number of risk factors: intense physical or emotional stress, type A personality (choleric), male gender (males are 2-5 times more affected than women), age 20-50, caucasian population, high blood pressure, smoking and alcohol consumption, pregnancy, Cushing's syndrome, systemic lupus erythematosus, and solid organ transplantation.

The CSCR symptomatology consists of:

1. a sudden but moderate decrease in vision in one eye;
2. distortion of images-metamorphoses
3. alterations in identifying the normal dimensions of the objects (they are perceived by smaller dimensions than in reality);
4. disruption of chromatic sensation and stereoscopic vision;
5. decrease of the sensitivity to contrast.

Diagnosing CSCR requires a complete ophthalmological examination to identify the fluid in the macular area. The diagnosis of certainty is supported by ocular tomography in optical coherence that quantifies by microns, the height of the intraretinal fluid, its morphology, the state of the superficial and underlying retinal layers.

Modern treatment requires a 4-6 month waiting period until the fluid is resorbed without any treatment. In severe cases with marked impairment of visual acuity, systemic anti-inflammatory, anti-allergic, vasculotropic and diuretic systemic medication is recommended. In some cases refractory to medical treatment, in cases of multiple recurrences and alterations in vision quality, laser treatment is recommended.

The indications of laser treatment are: persistence of subretinal fluid over 4 months, frequent relapse and the need for optimal visual acuity in a short time.

Evolution is generally favorable with full recovery of visual acuity. A small percentage of patients remain with low visual acuity. CSCR is a disease with good visual prognosis if diagnosed and treated effectively.