

Imagerie Multimodale de la DMLA Exsudative Cas Cliniques

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The Macula
Foundation, Inc.



NYU Medical Center / School of Medicine

Department of Ophthalmology



VITREOUS-RETINA-MACULA CONSULTANTS OF NEW YORK, P.C.



INSTITUT DE
LA VISION
PARIS

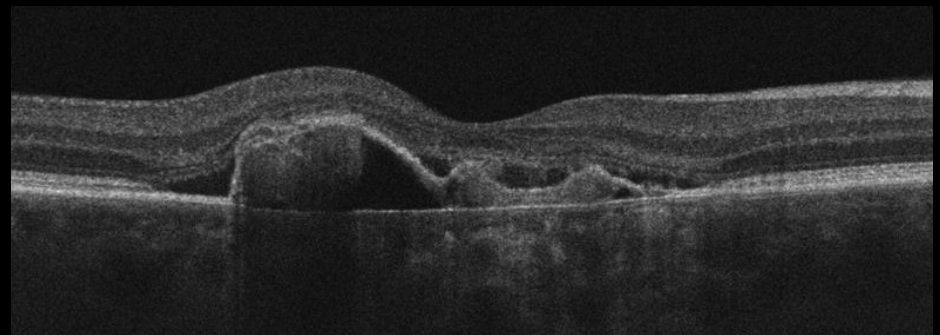
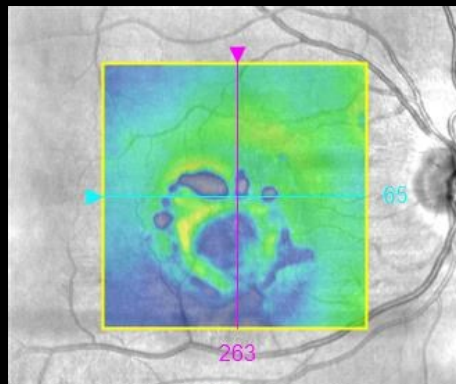
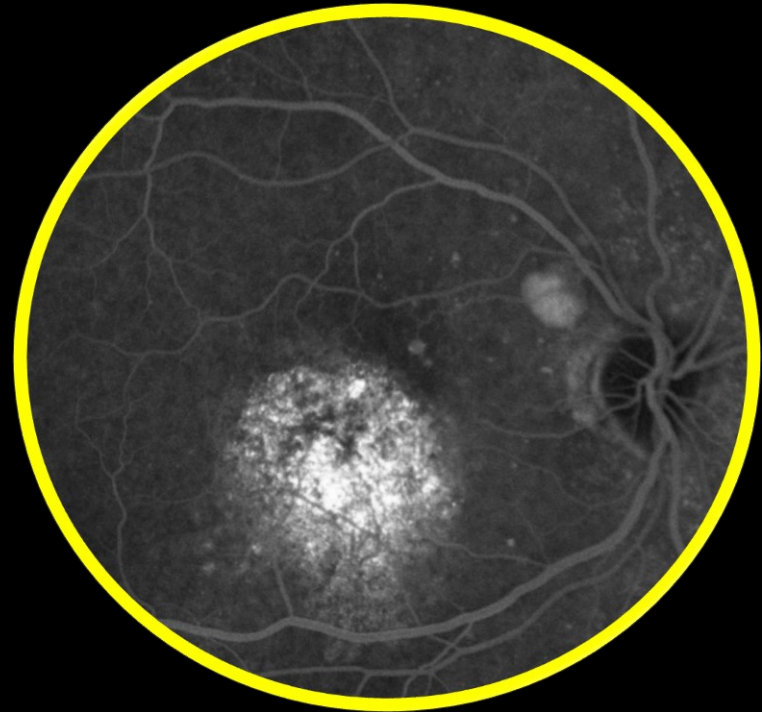
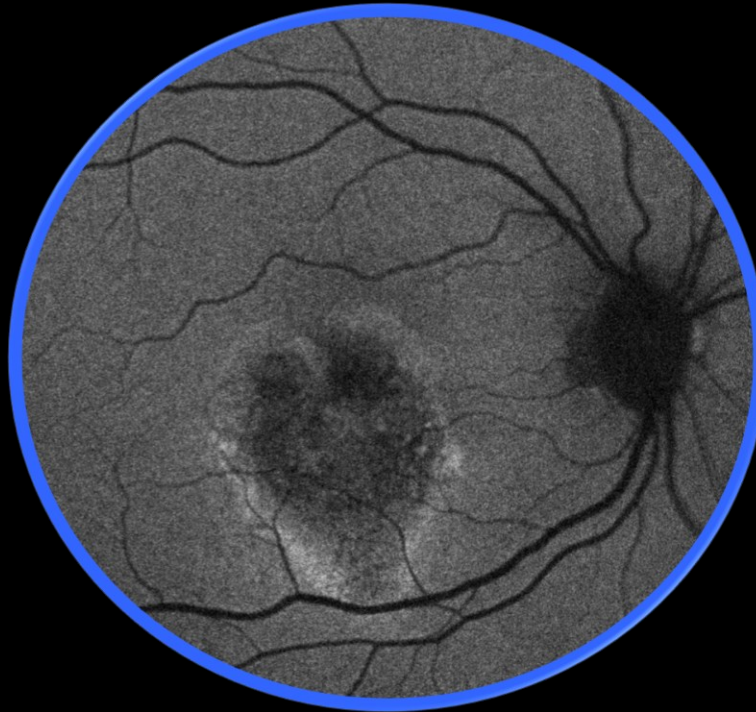


QUINZE-VINGTS

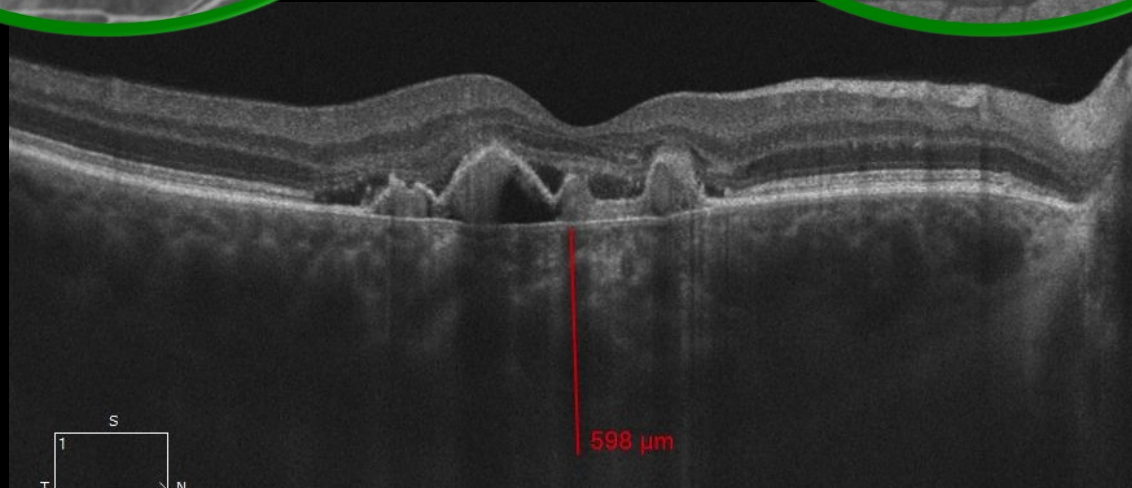
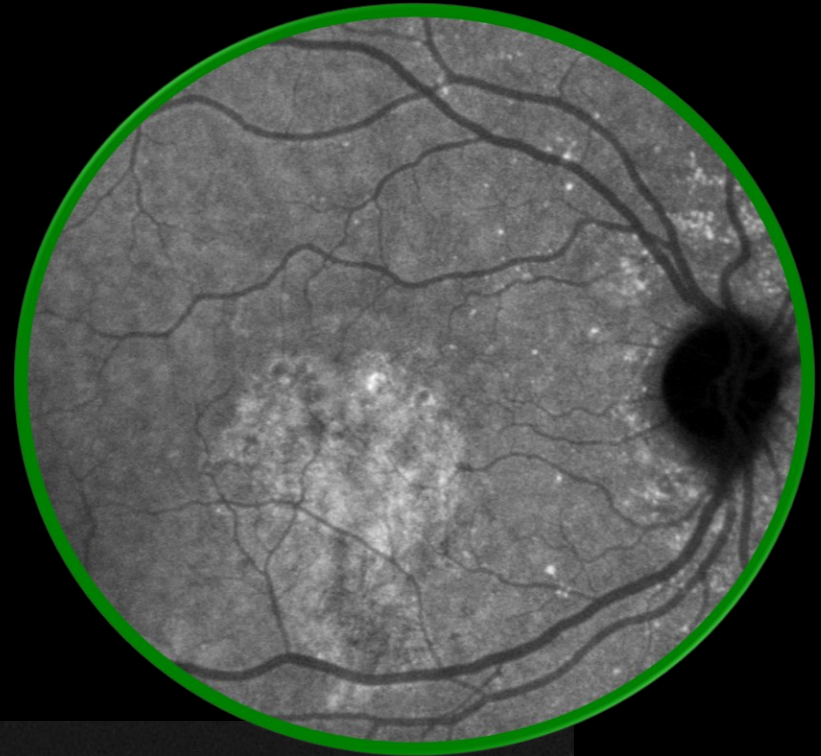
CENTRE HOSPITALIER NATIONAL D'OPHTALMOLOGIE
CENTRE D'INVESTIGATION CLINIQUE

Cas Clinique N°1

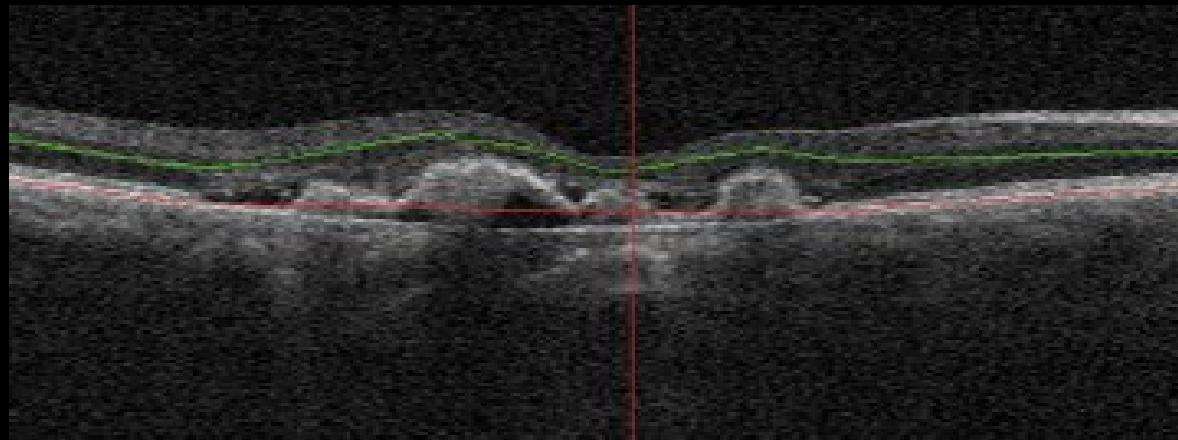
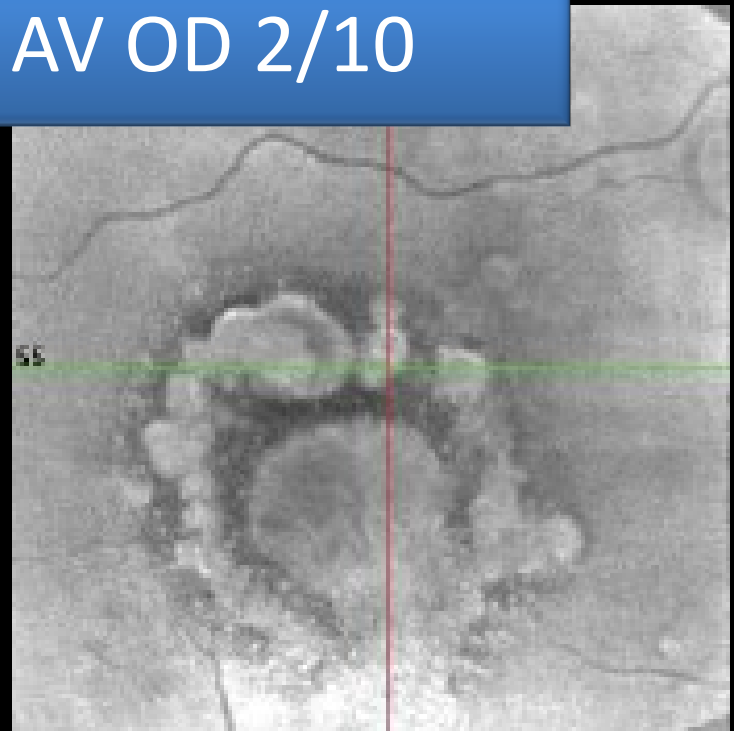
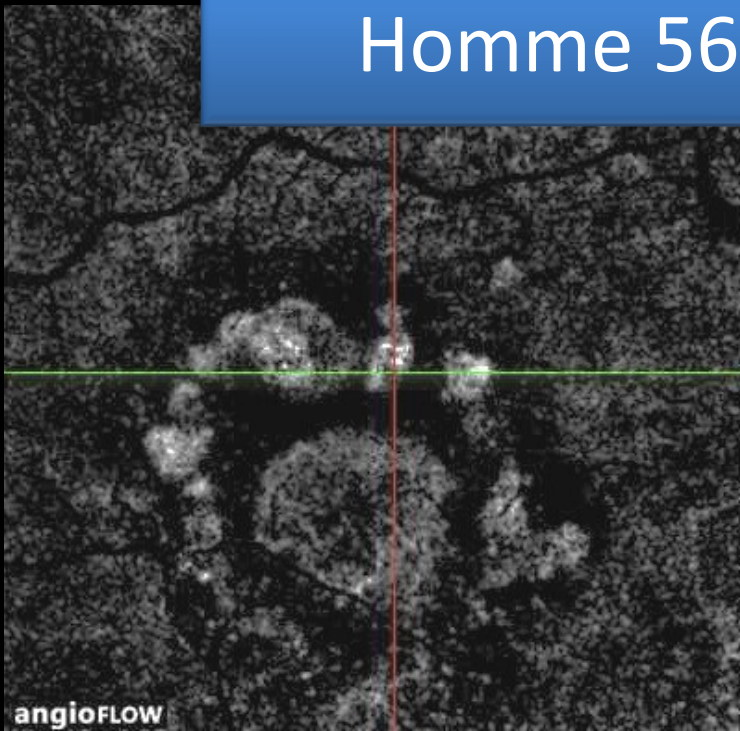
Homme 56 ans, AV OD 2/10



Homme 56 ans, AV OD 2/10



Homme 56 ans, AV OD 2/10



Vasculopathie polypoïdale idiopathique

28 août 2015
2/10



1 ANTI-VEGF

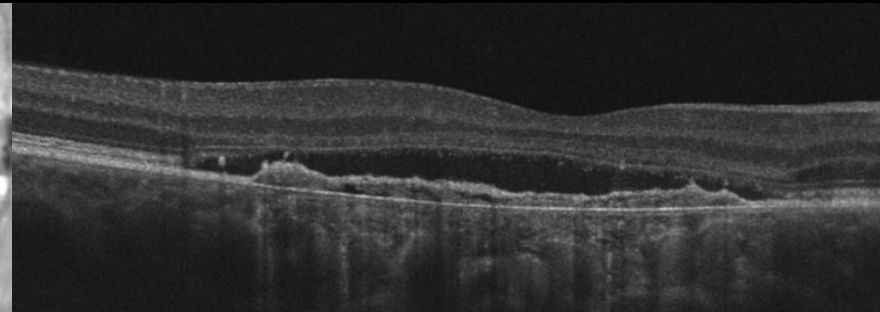
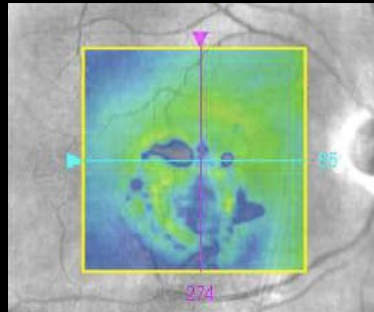
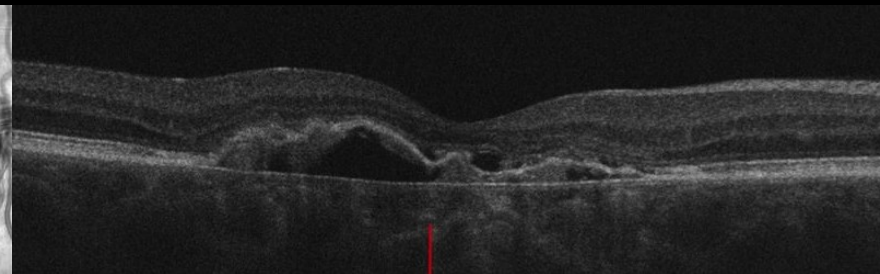
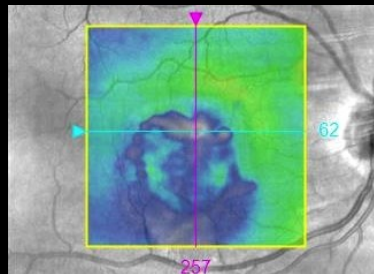
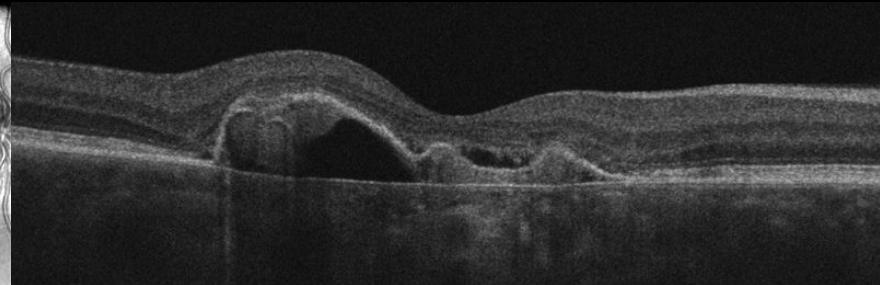
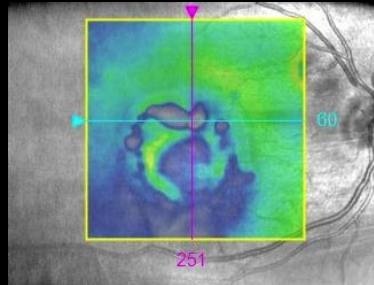
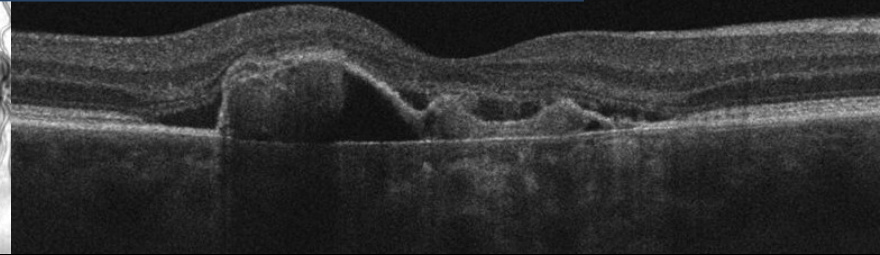
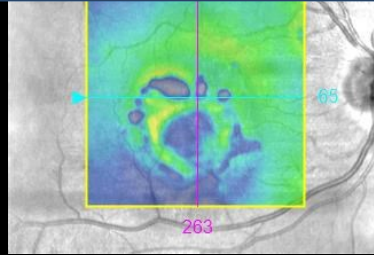
21 oct 2015
3/10



2 ANTI-VEGF

23 déc 2015
2/10

03 févr 2016
2/10



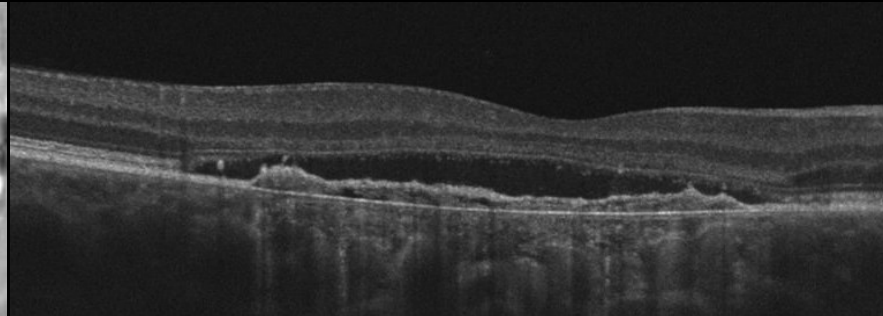
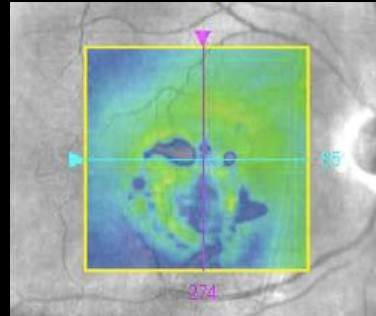
Vasculopathie polypoïdale idiopathique

03 févr 2016

2/10

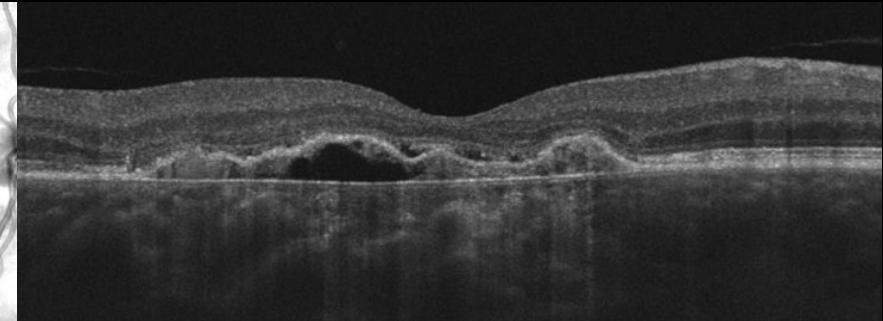
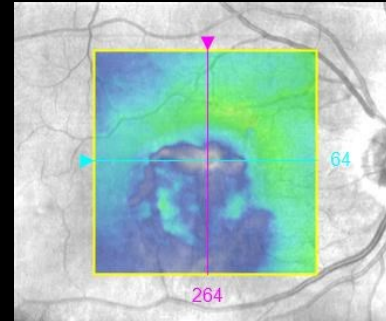


2 ANTI-VEGF



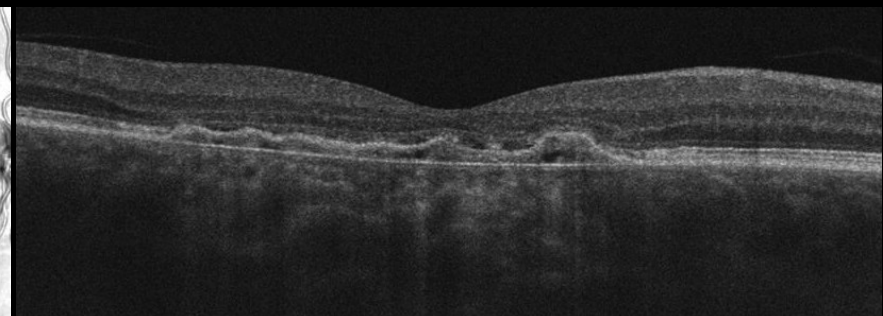
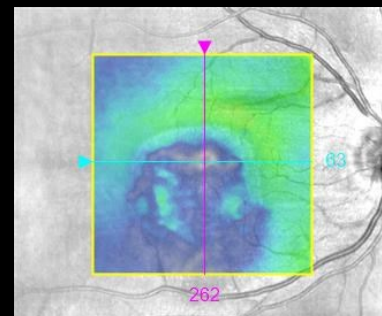
6 avril 2016

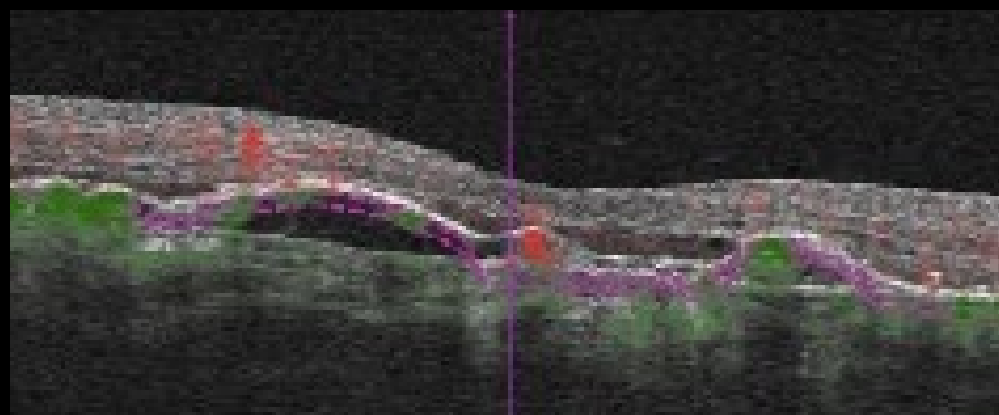
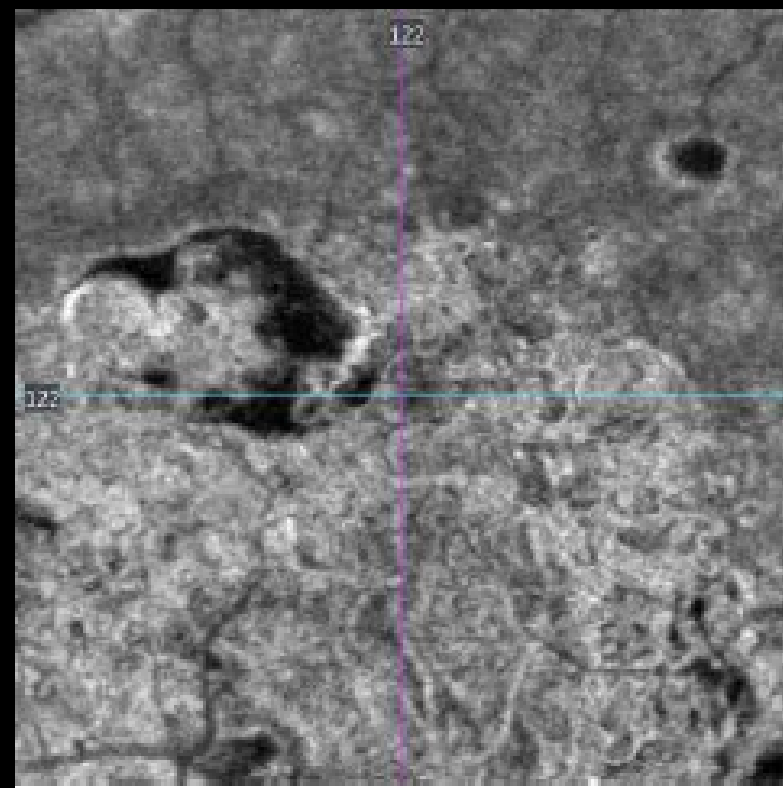
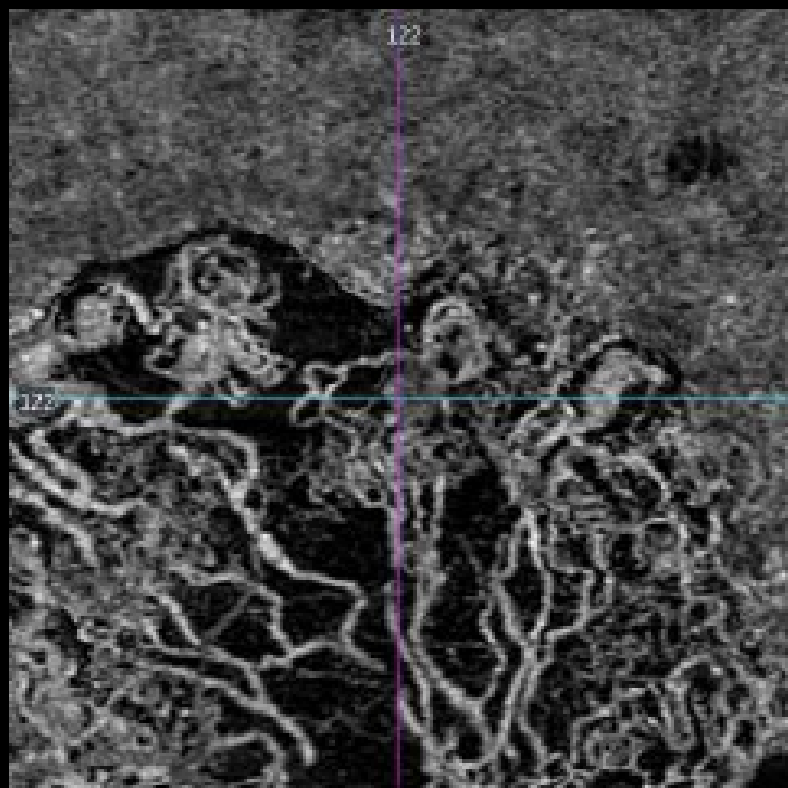
3/10



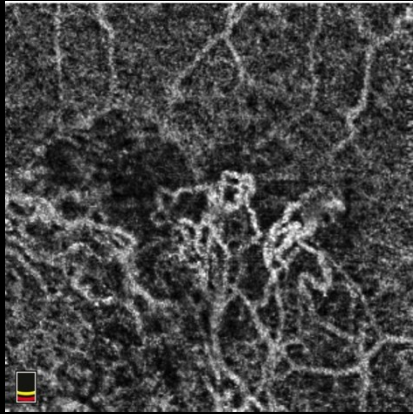
25 mai 2016

3/10

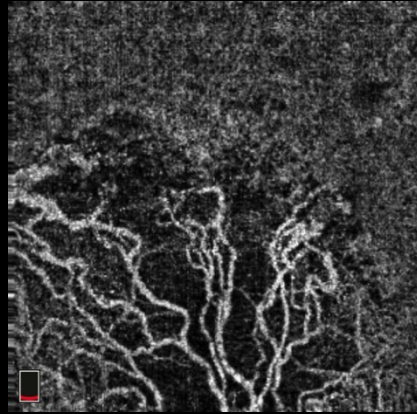




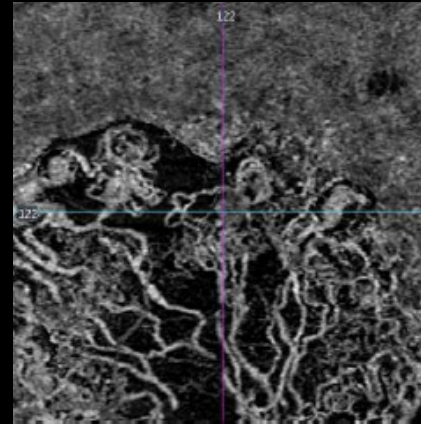
Vasculopathie polypoïdale idiopathique suivi en OCTA



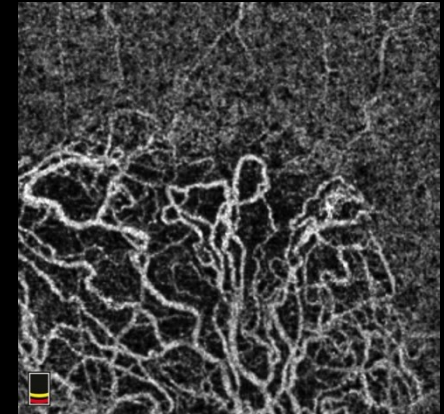
21 octobre 2015
3/10



23 décembre 2015
2/10

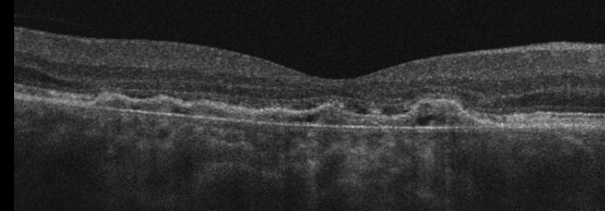
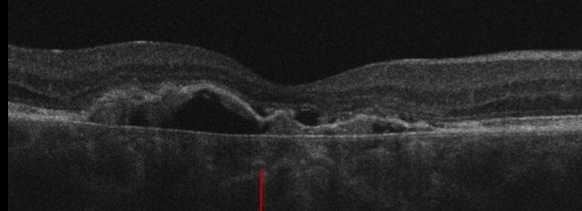
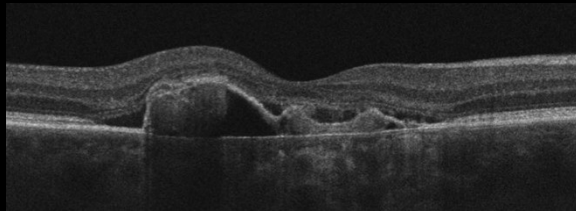
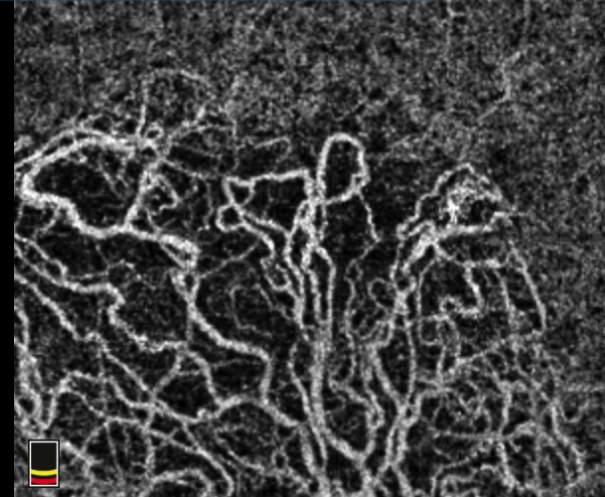
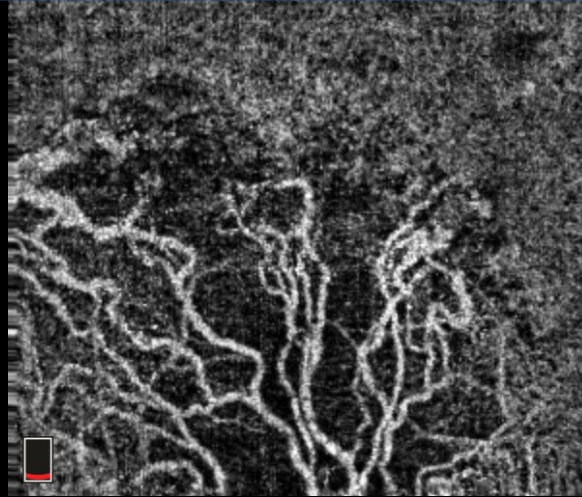
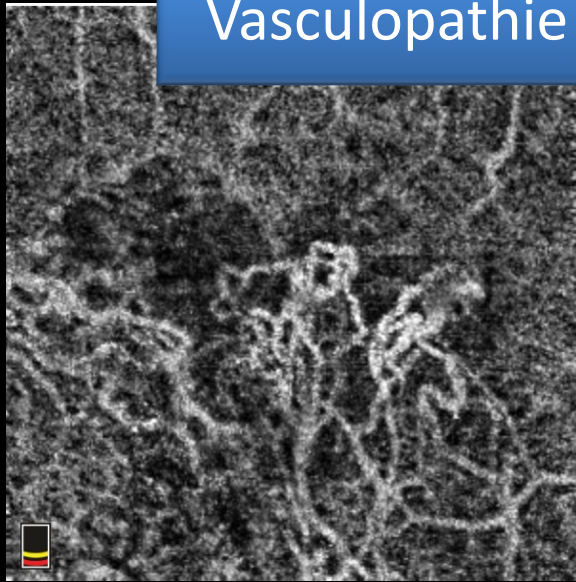


03 févr 2016
2/10



25 mai 2016
3/10

Vasculopathie polypoïdale idiopathique suivie en OCTA



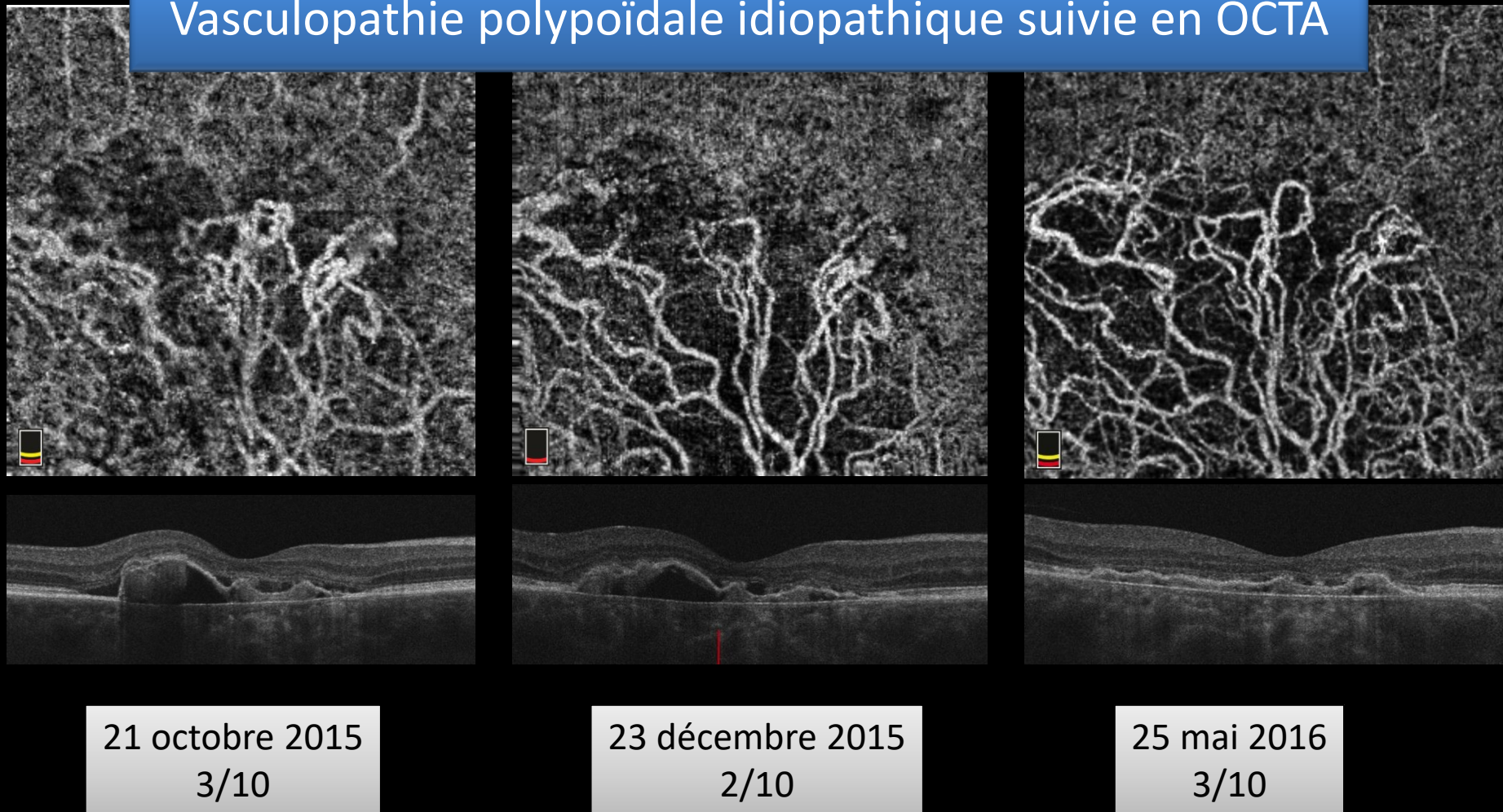
21 octobre 2015
3/10

23 décembre 2015
2/10

25 mai 2016
3/10

Signes exsudatifs diminuent
Visualisation du lacis néovasculaire augmente
Visualisation d'un réseau néovasculaire plus ramifié

Vasculopathie polypoïdale idiopathique suivie en OCTA



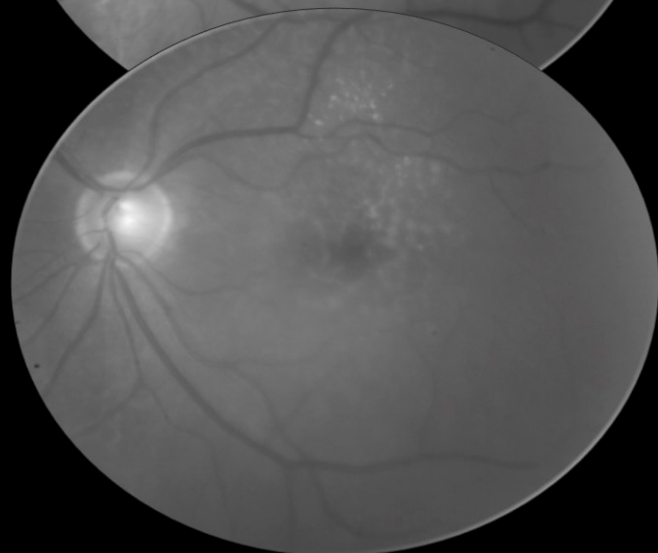
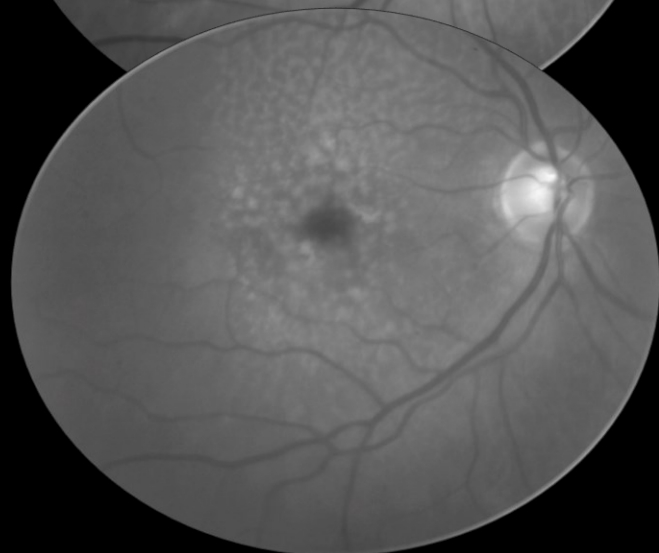
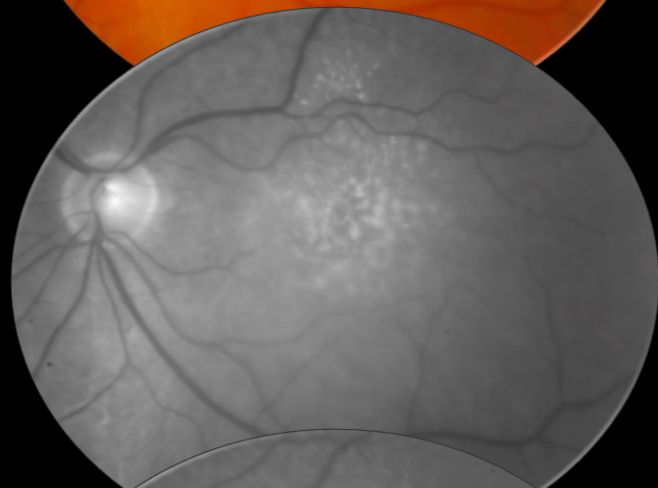
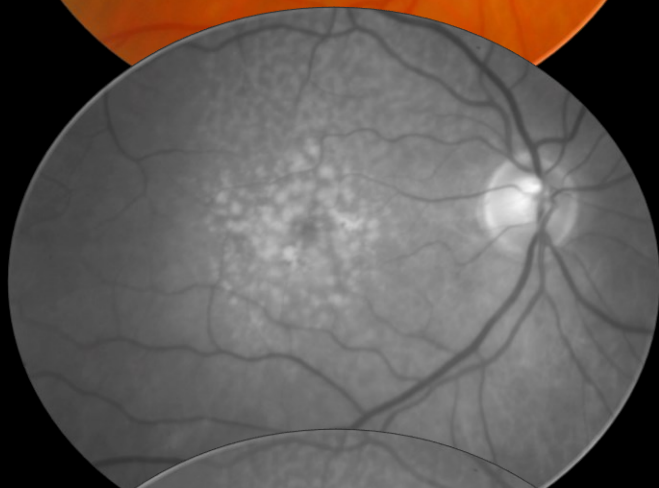
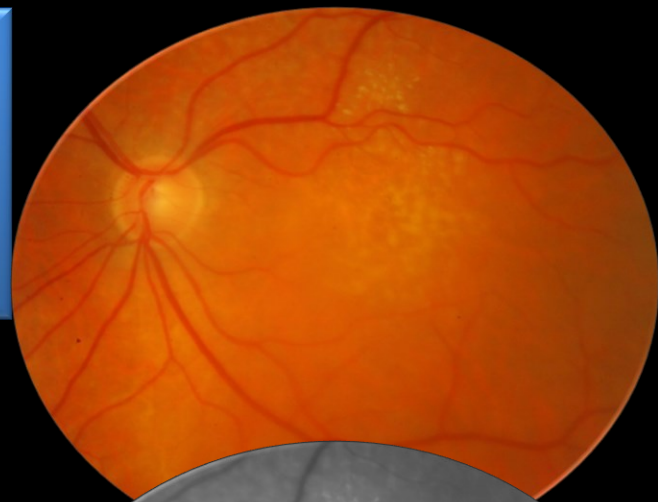
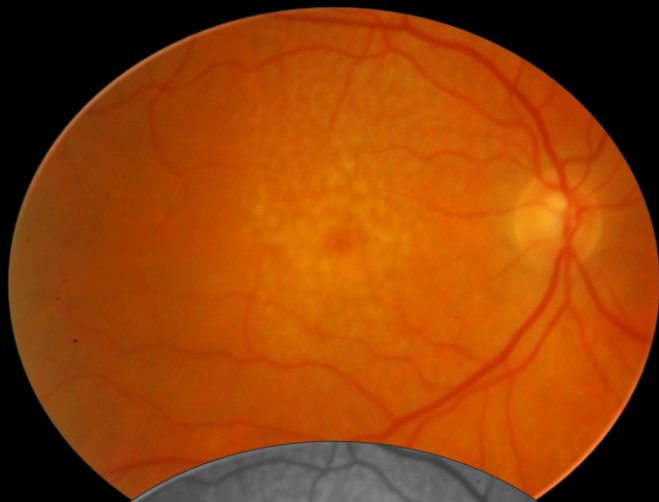
Signes exsudatifs diminuent

Visualisation du lacis néovasculaire augmente → IMAGE de FLUX

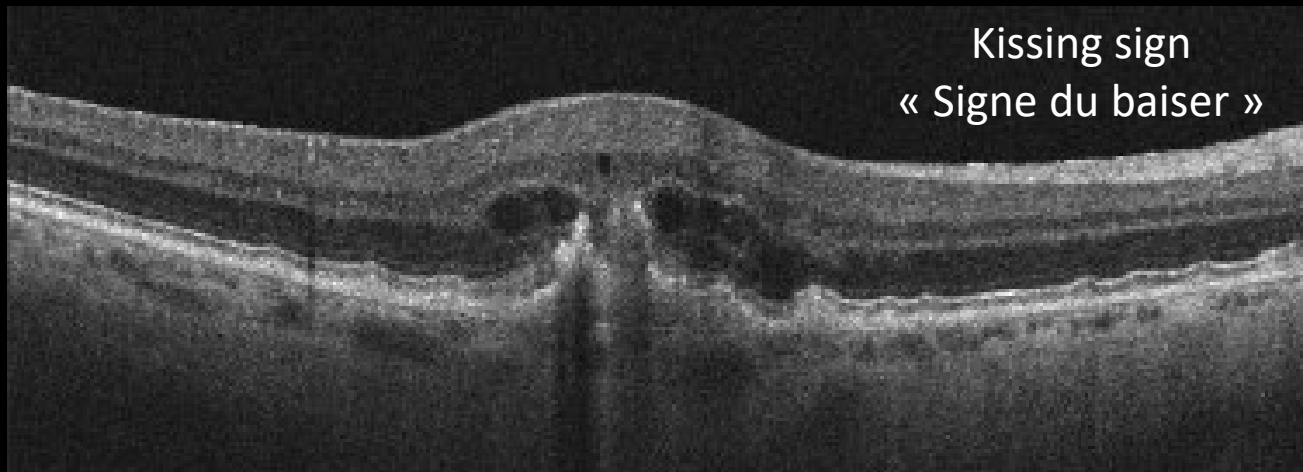
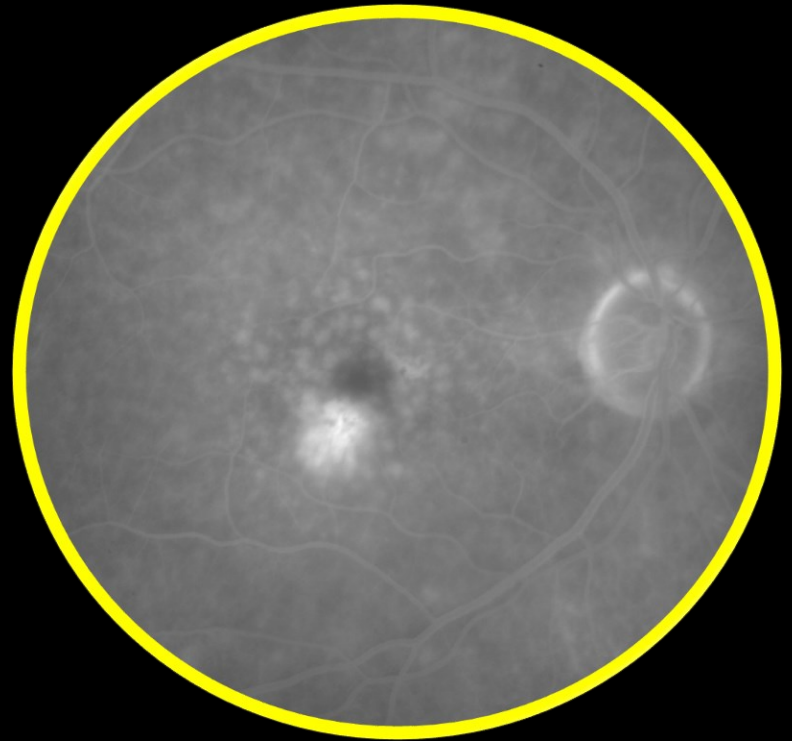
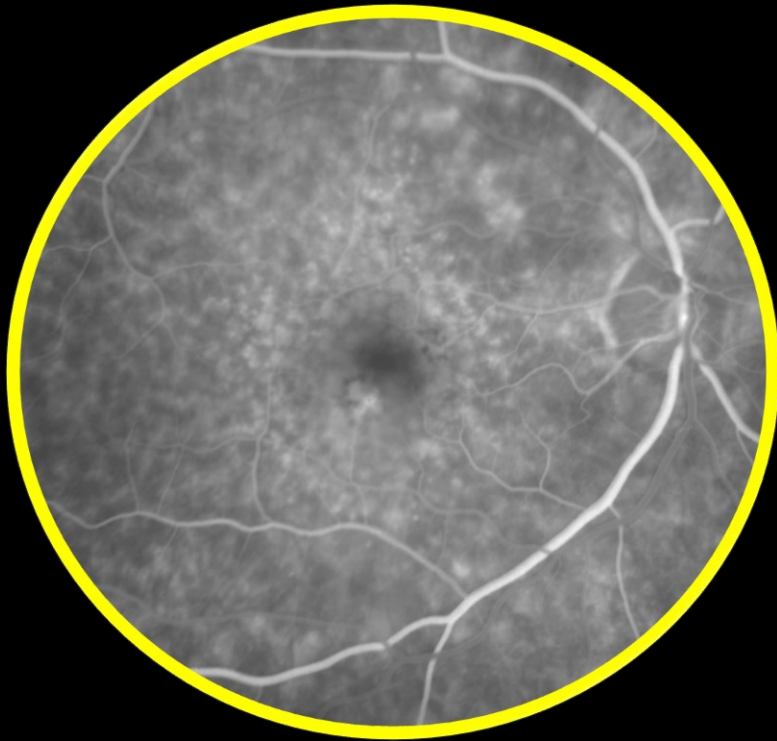
Visualisation d'un réseau néovasculaire plus ramifié → IMAGE de FLUX

Cas Clinique N°2

H, 65 ans BAV
OD
5/10



H 65 ans, BAV OD 5/10 lettres



Signe du baiser en OCT caractéristique des anastomoses rétinochoroïdiennes



30 avril 2015
5/10

3 ANTI-VEGF



06 août 2015
7/10

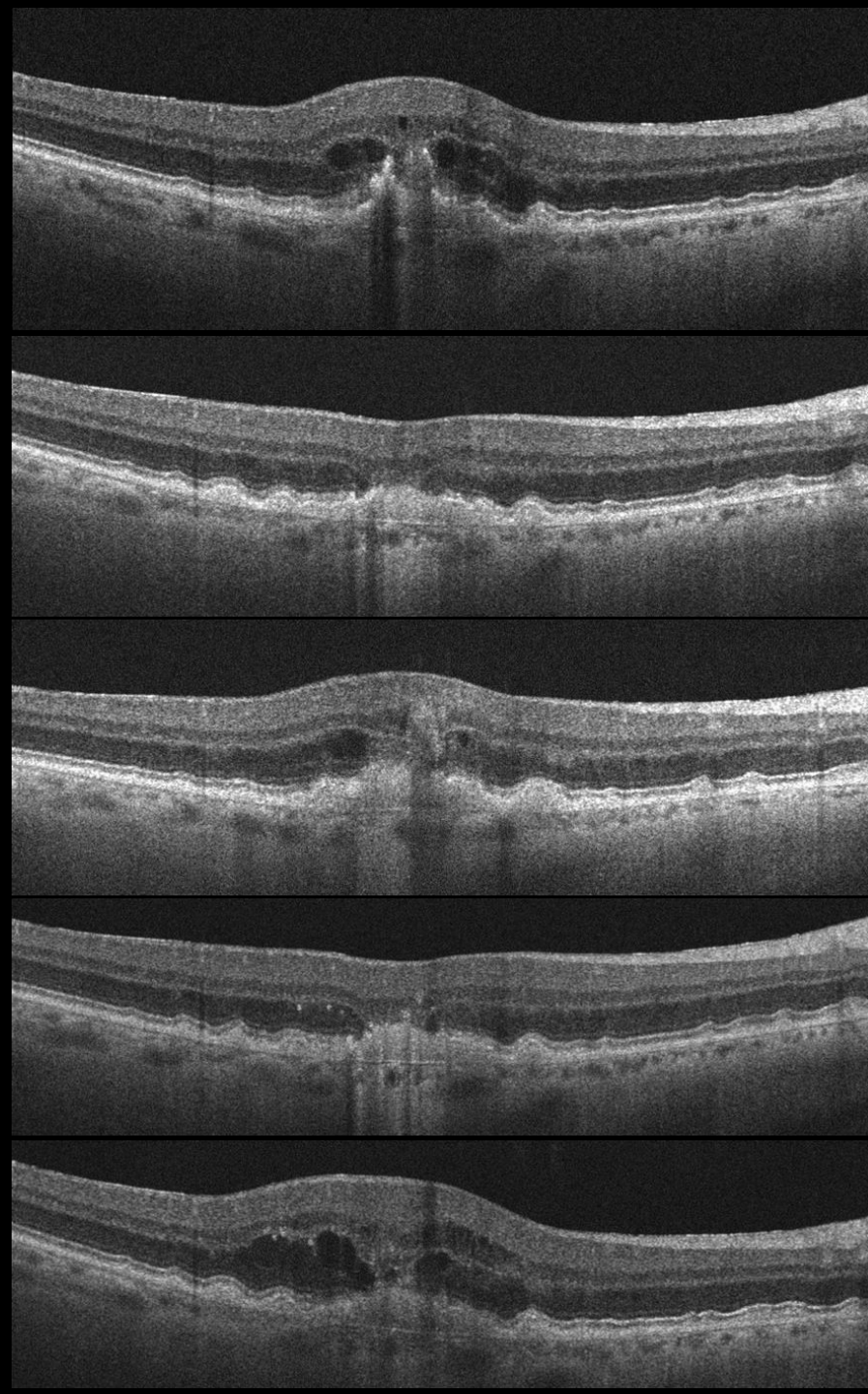
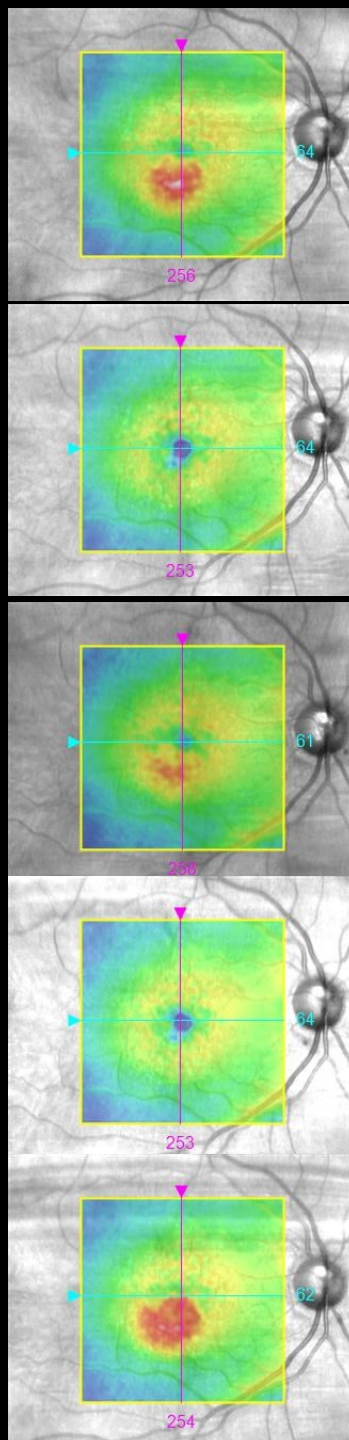
03 sept 2015
6/10

1 ANTI-VEGF



07 oct 2015
6/10

05 nov 2015
4/10



05 nov 2015
4/10



1 ANTI-VEGF

02 déc 2015
6/10

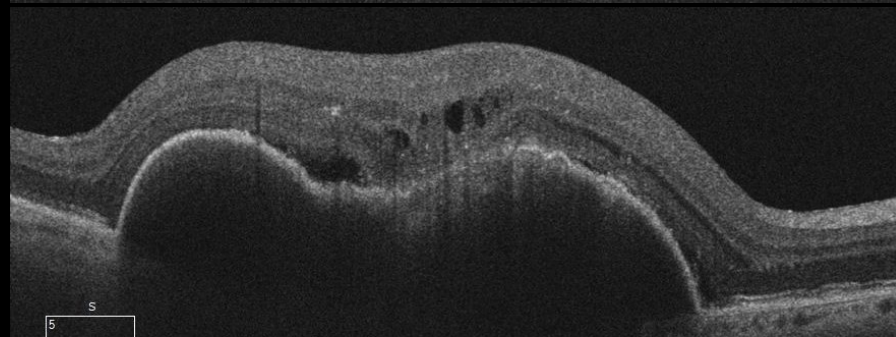
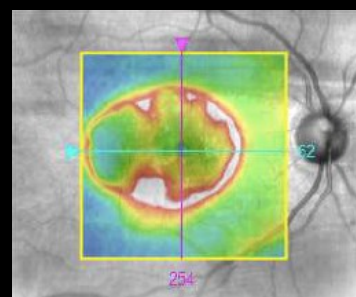
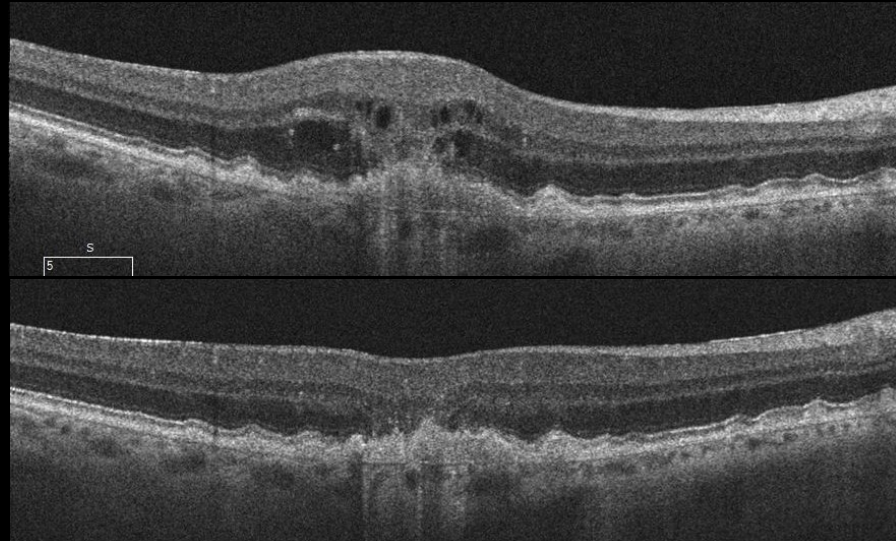
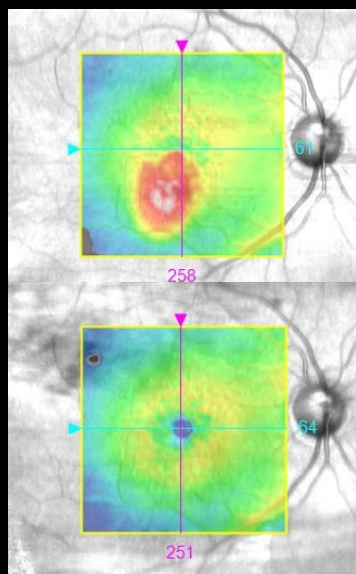
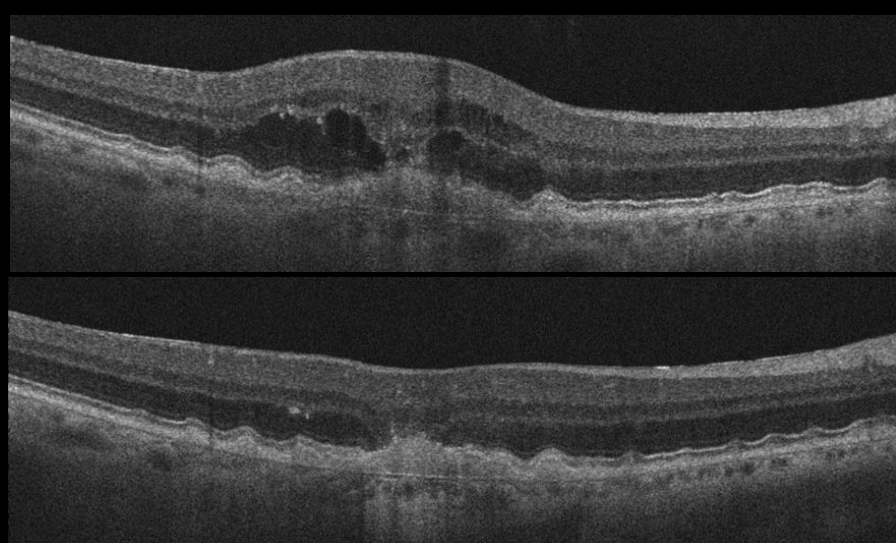
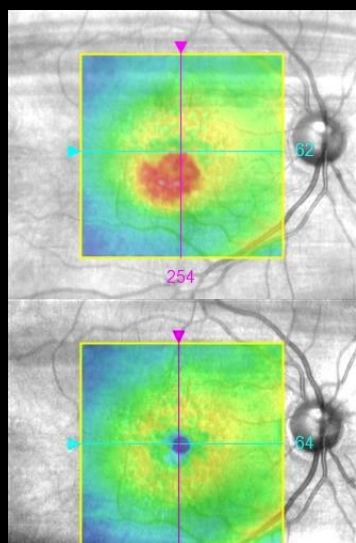
06 janv 2016
6/10



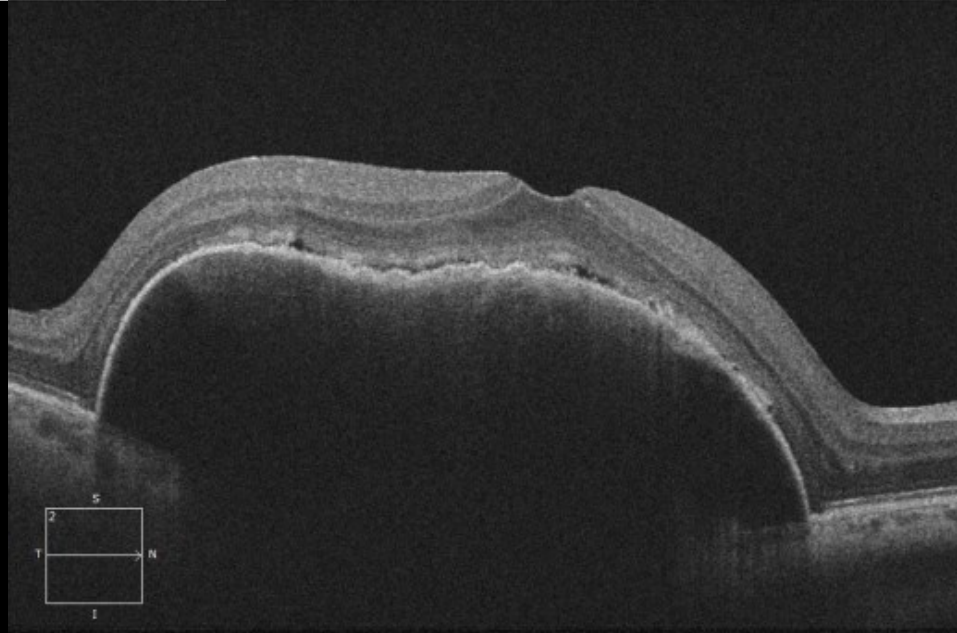
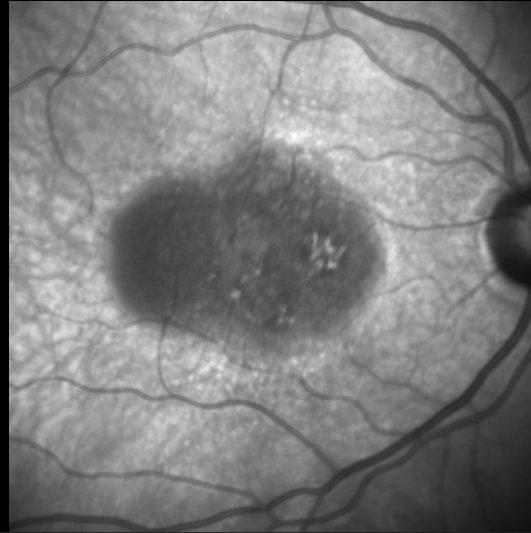
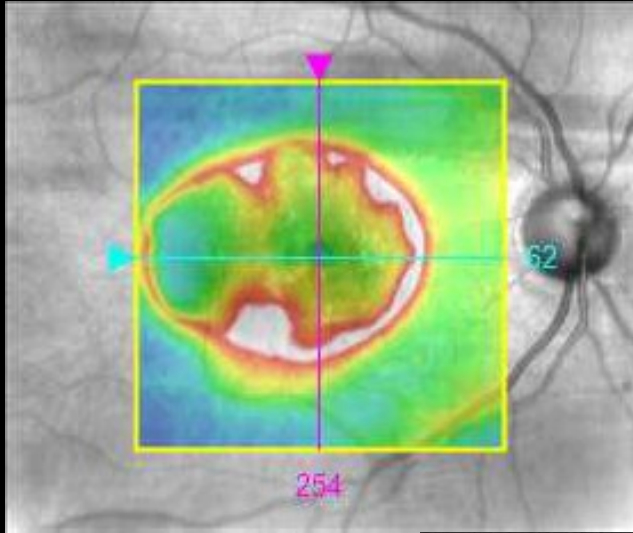
1 ANTI-VEGF

03 fév 2016
6/10

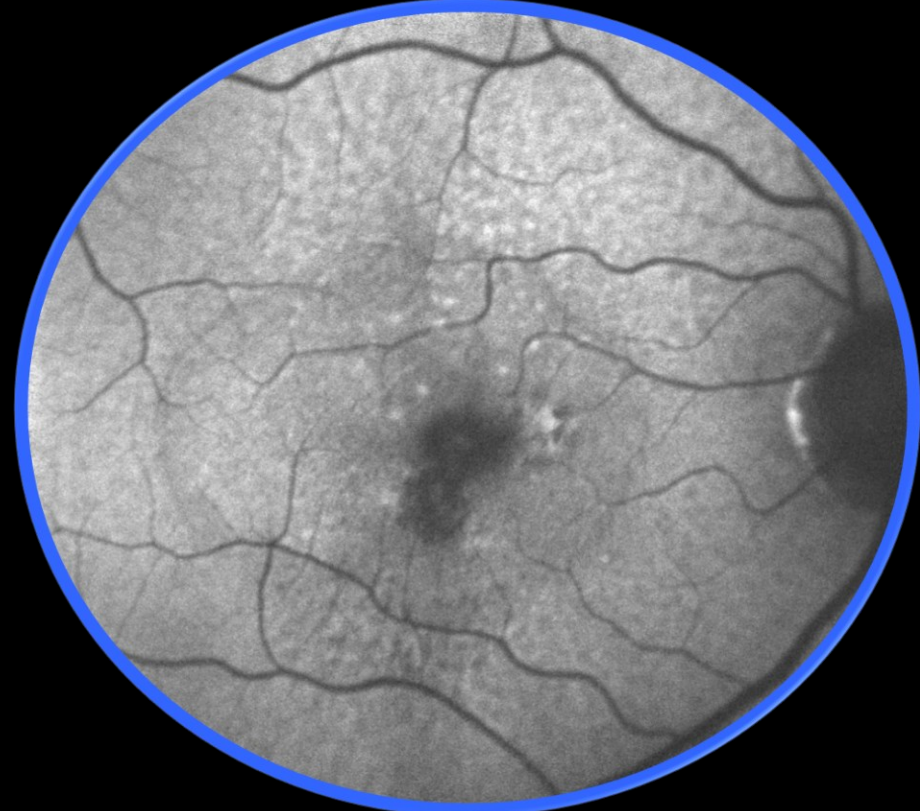
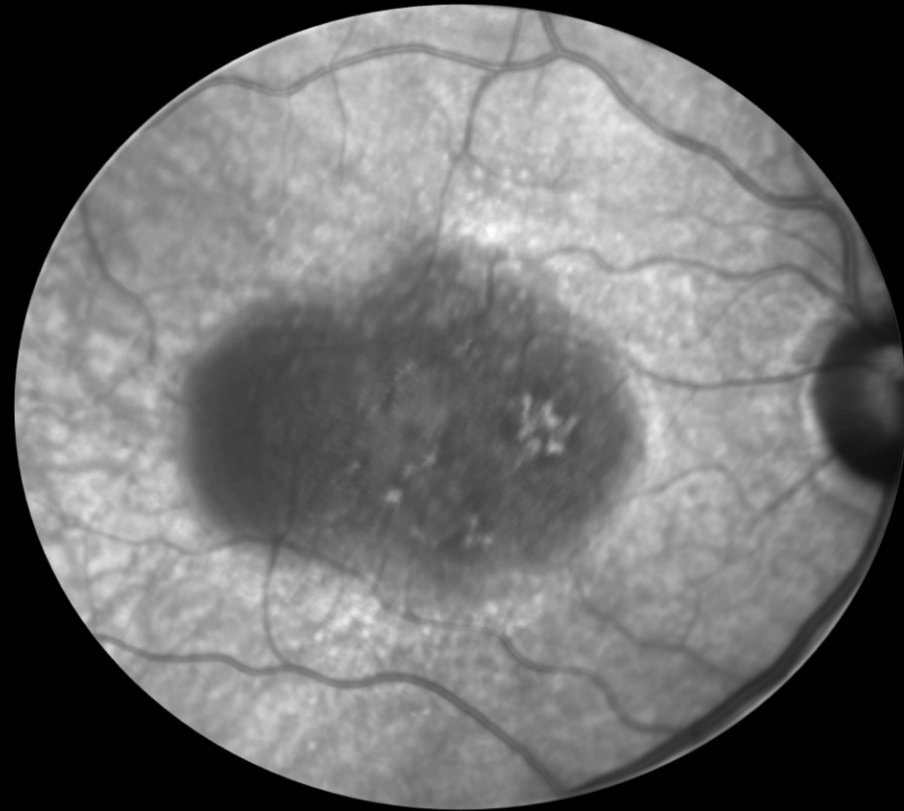
02 mars 2016
3/10



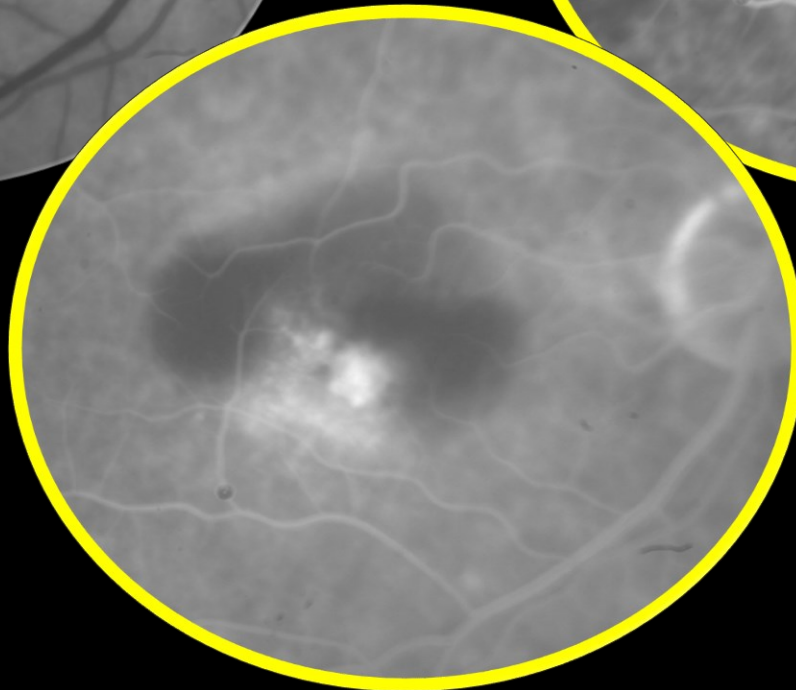
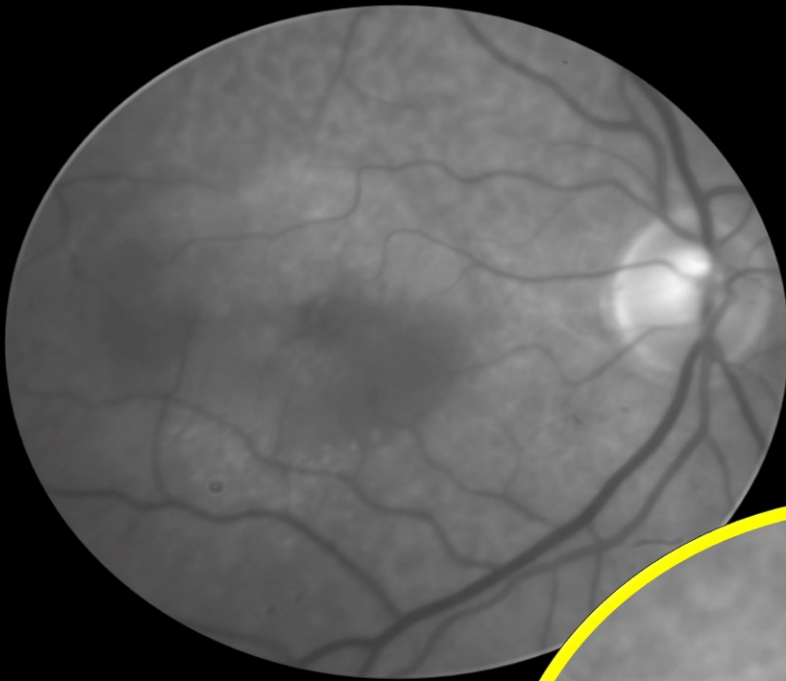
Homme 65 ans, BAV OD 61 lettres
Volumineux DEP OD apparaît au cours du traitement d'une ACR



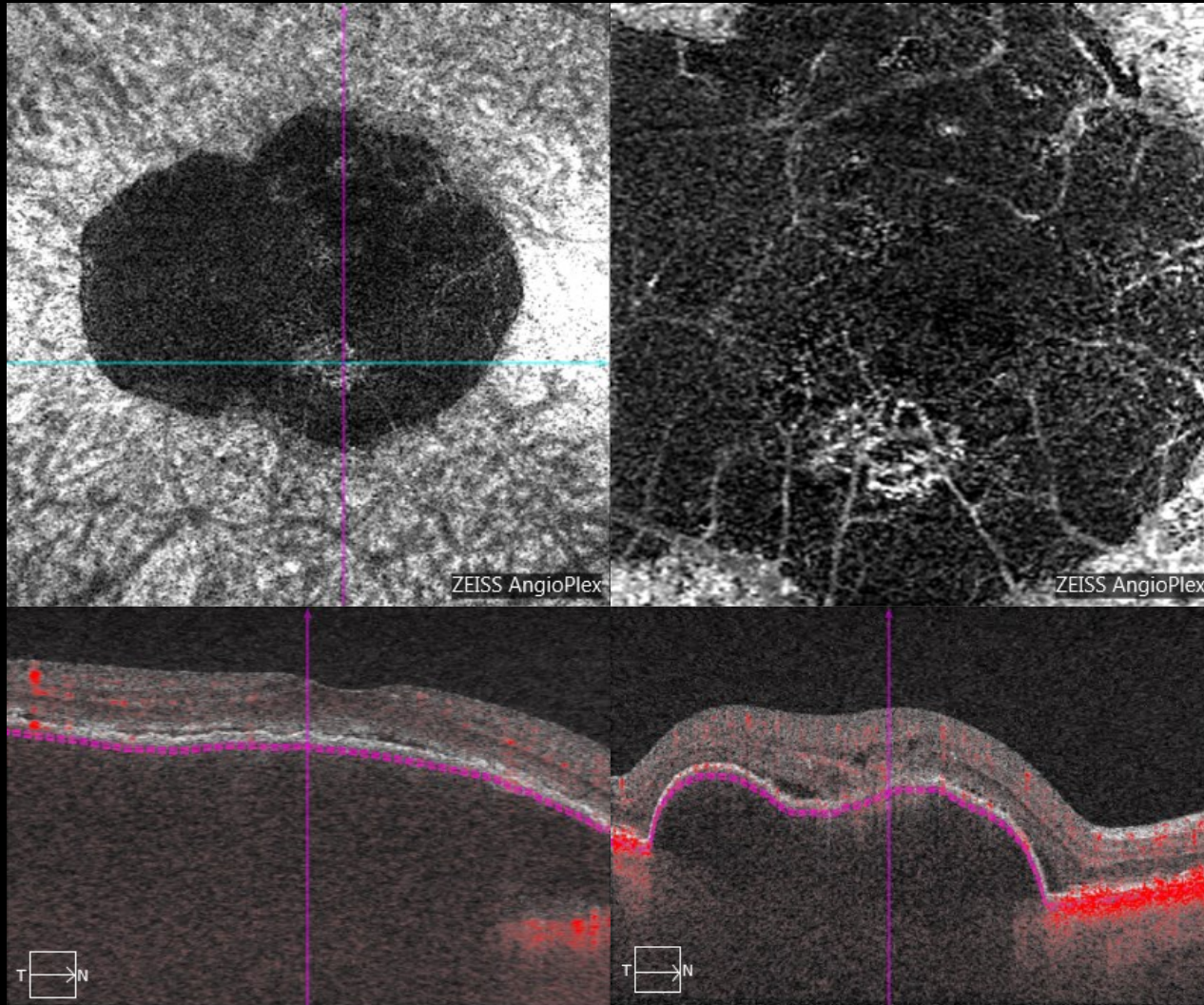
Homme 65 ans, BAV OD 61 lettres
Volumineux DEP OD apparaît au
cours du traitement d'une ACR



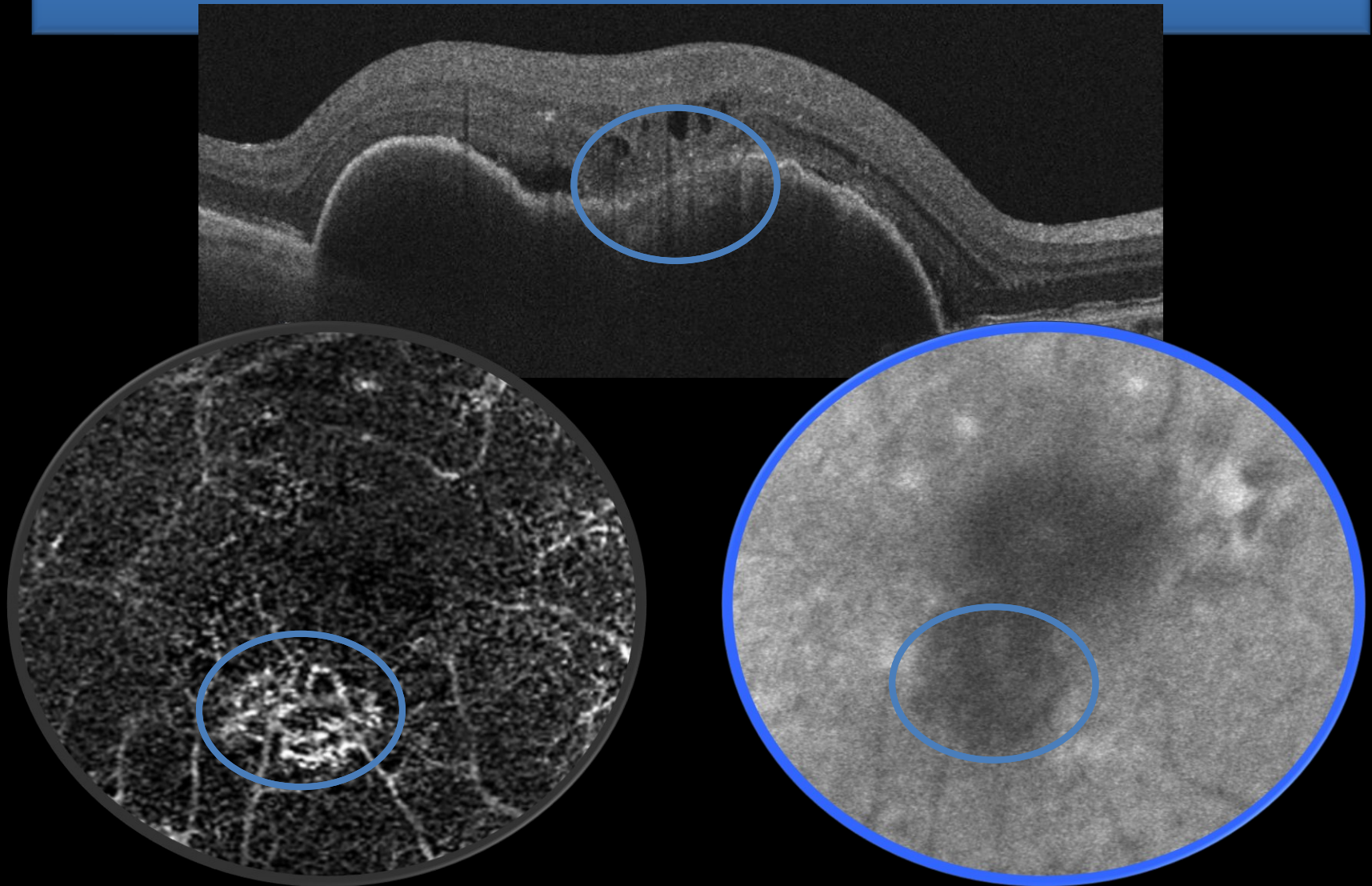
Homme 65 ans, BAV OD 61 lettres
Volumineux DEP OD apparaît au cours du traitement d'une ACR



DEP néovascularisé: OCT angiographie



DEP néovascularisé et OCT angiographie

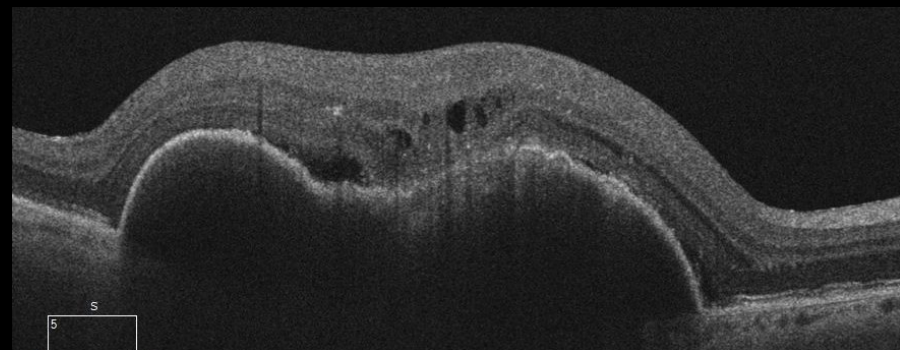
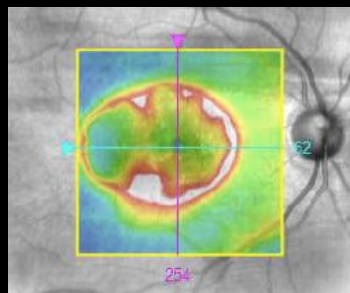


La zone de visualisation du néovaisseau correspond à la zone d'atrophie de l'EPR

02 mars 2016
3/10



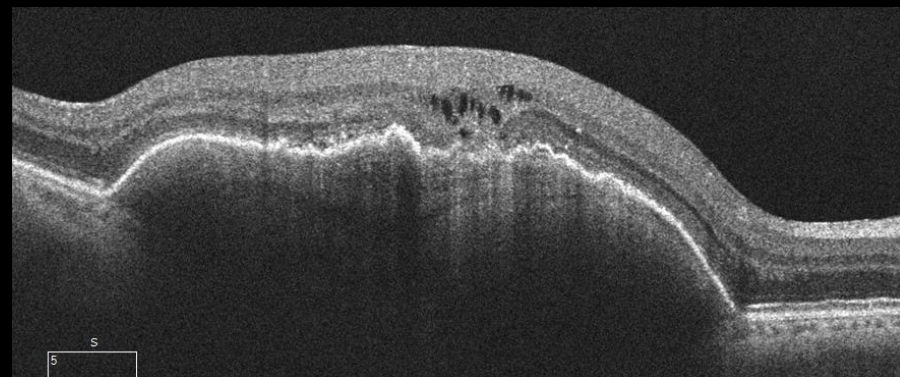
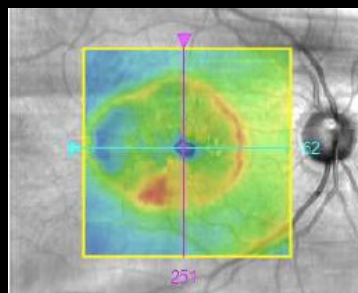
1 ANTI-VEGF



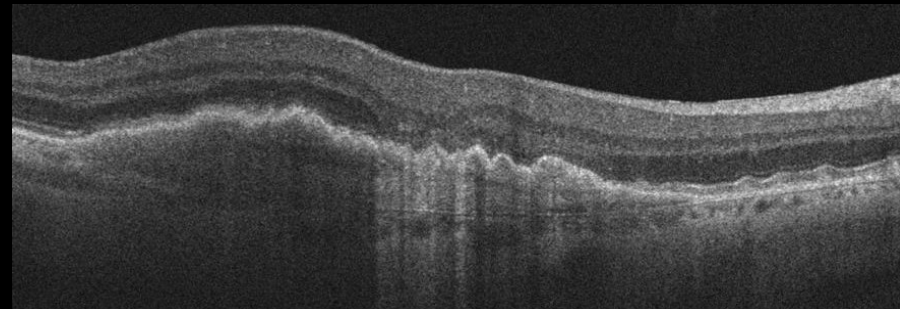
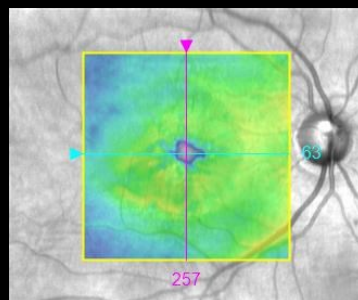
06 avril 2016
4/10



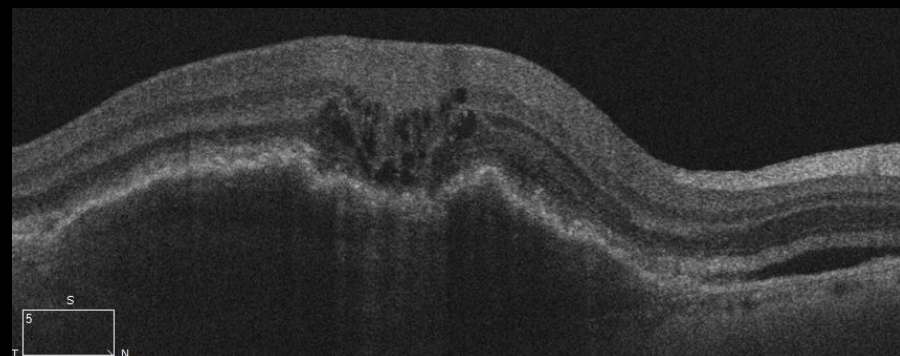
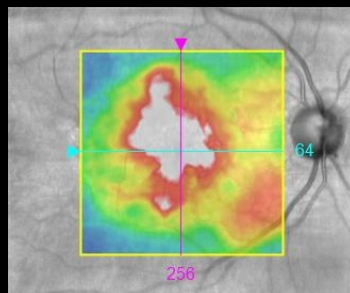
1 ANTI-VEGF



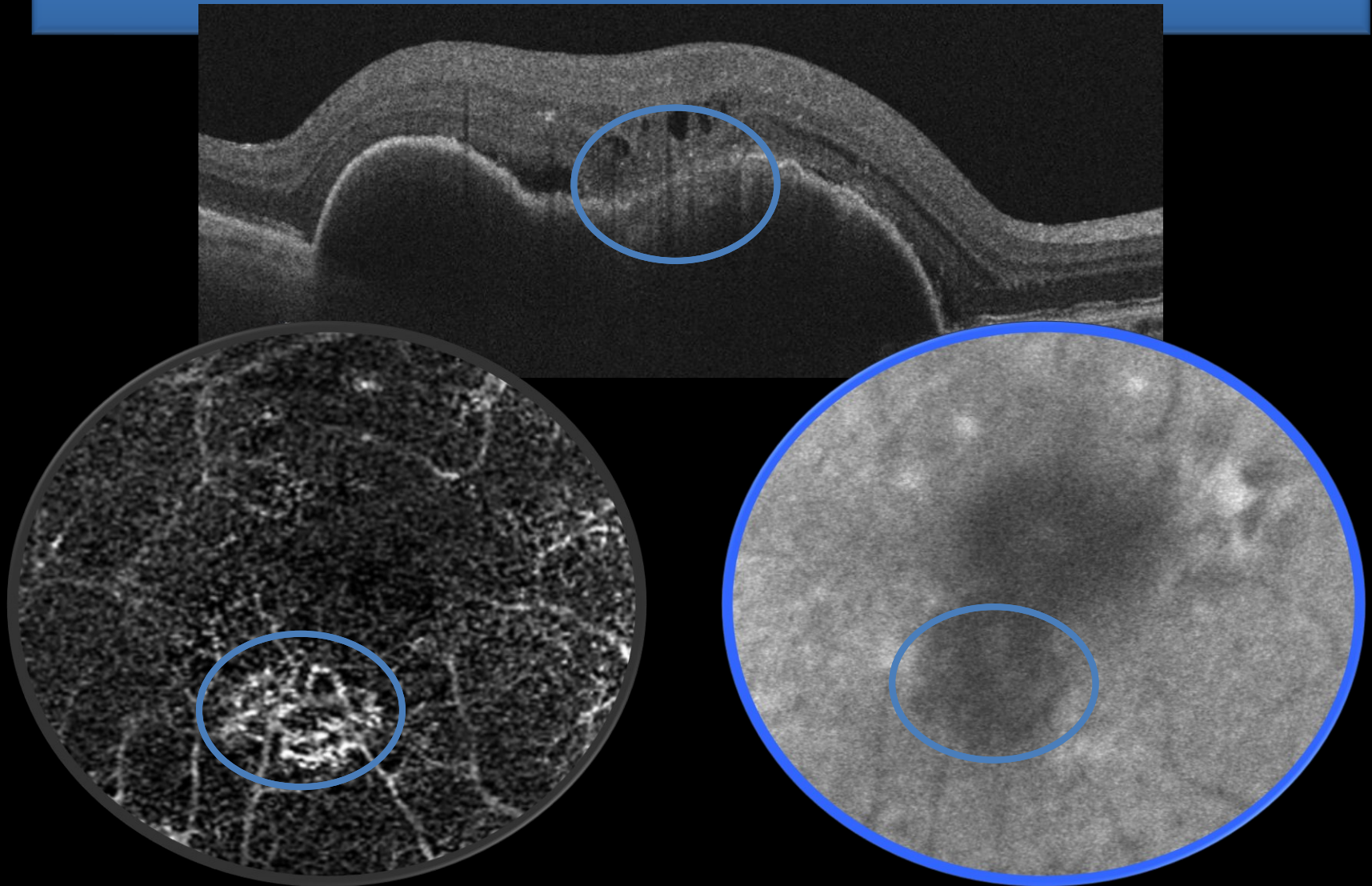
28 avril 2016
3/10



30 mai 2016
3/10

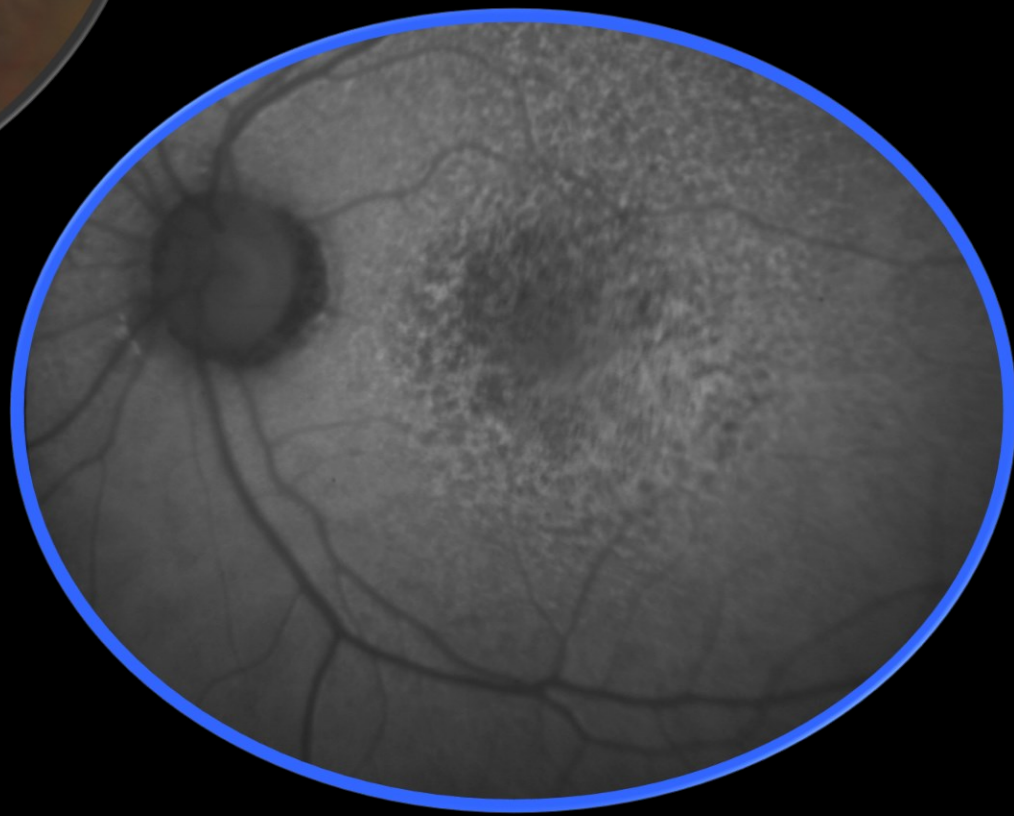
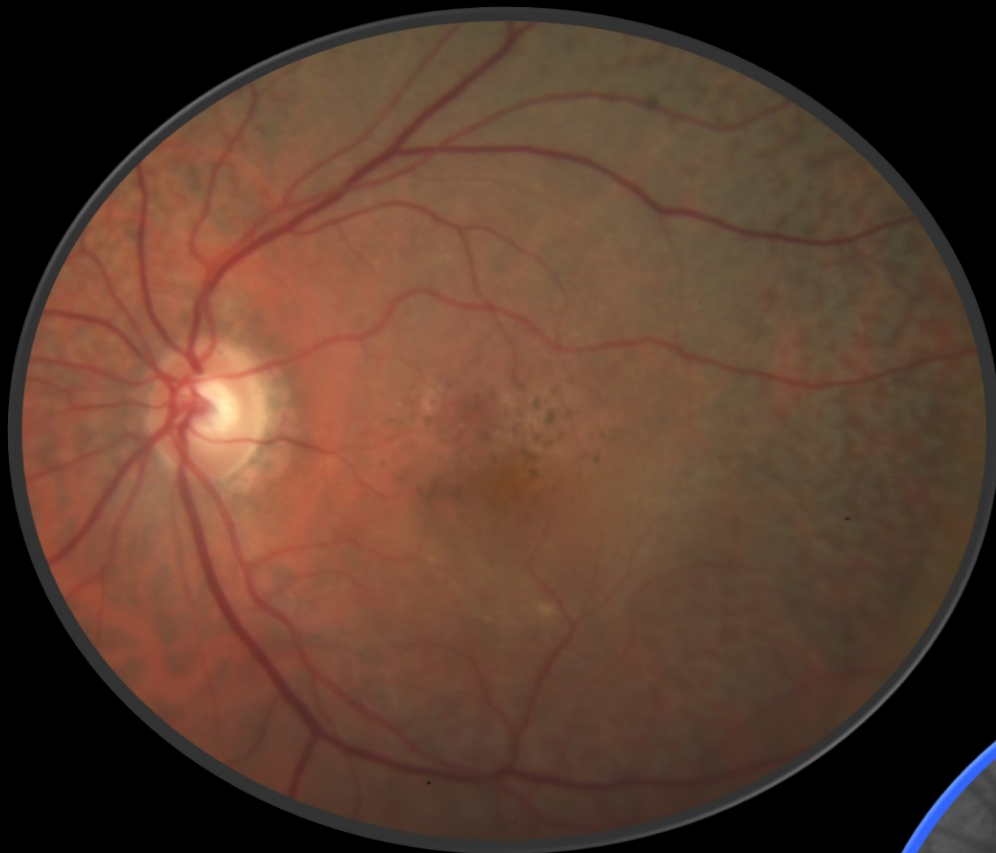


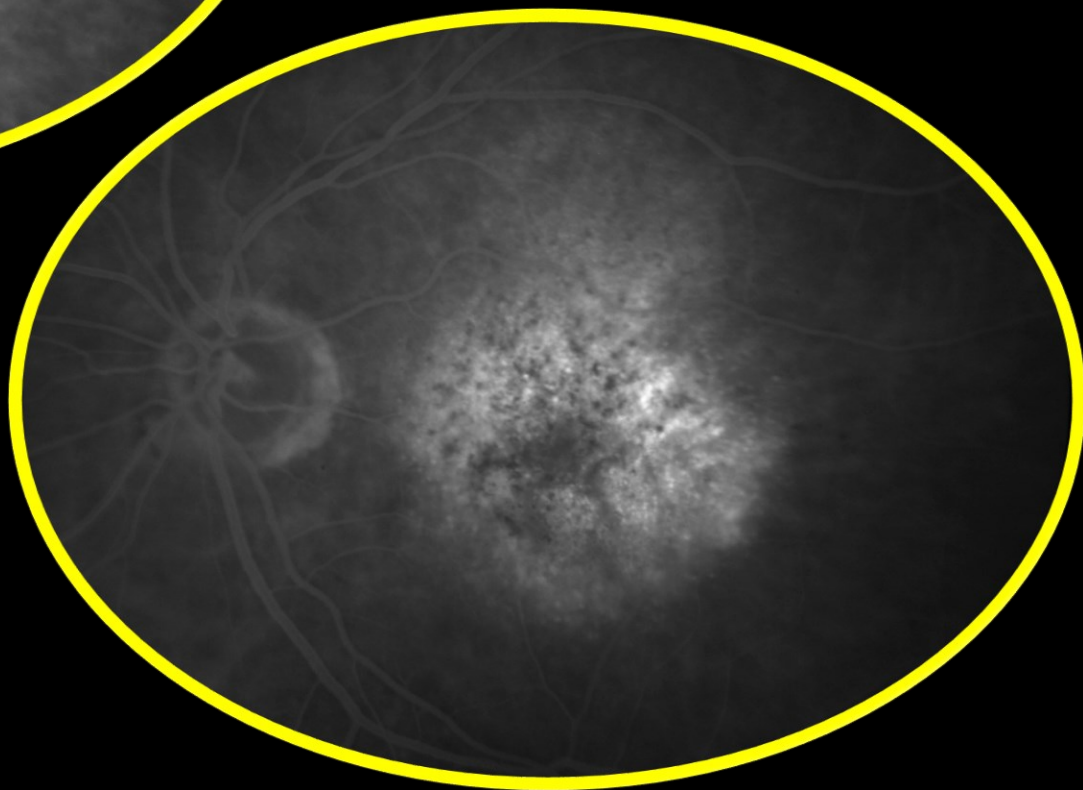
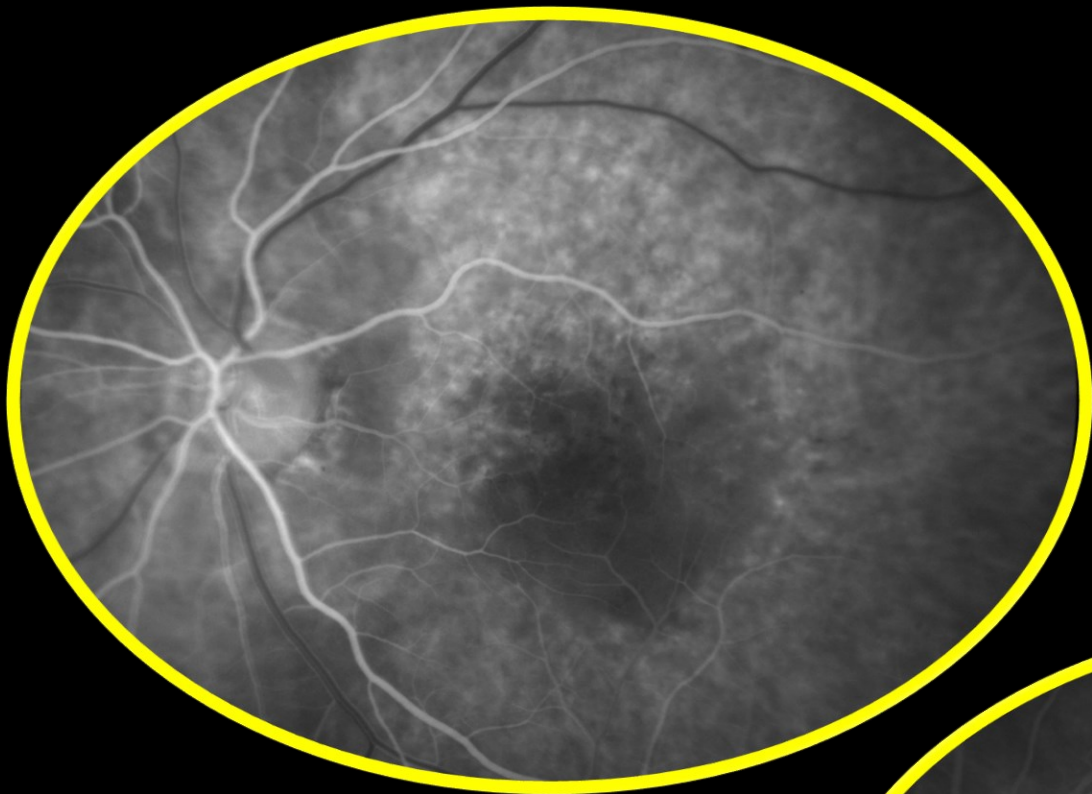
DEP néovascularisé et OCT angiographie



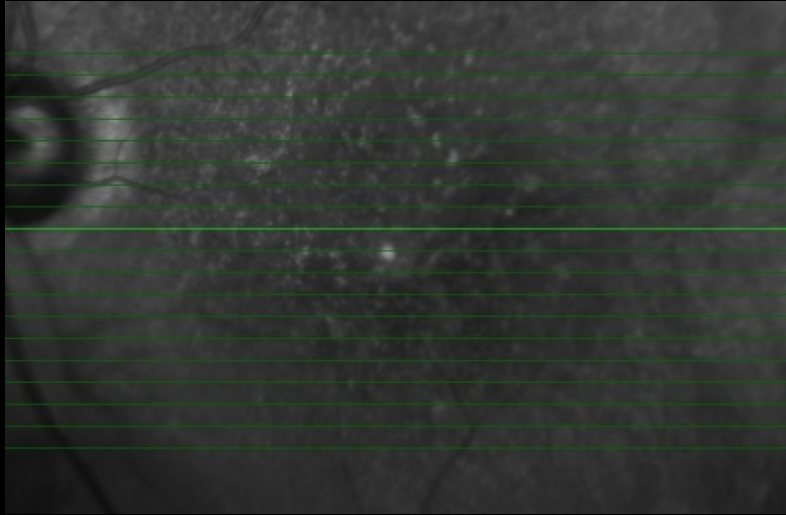
La zone de visualisation du néovaisseau correspond à la zone d'atrophie de l'EPR

Cas Clinique N°3

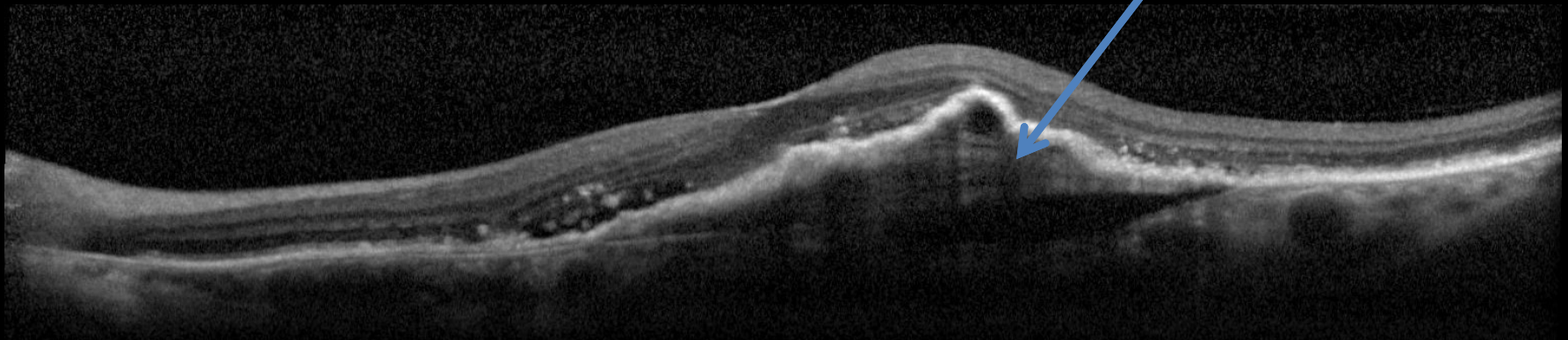




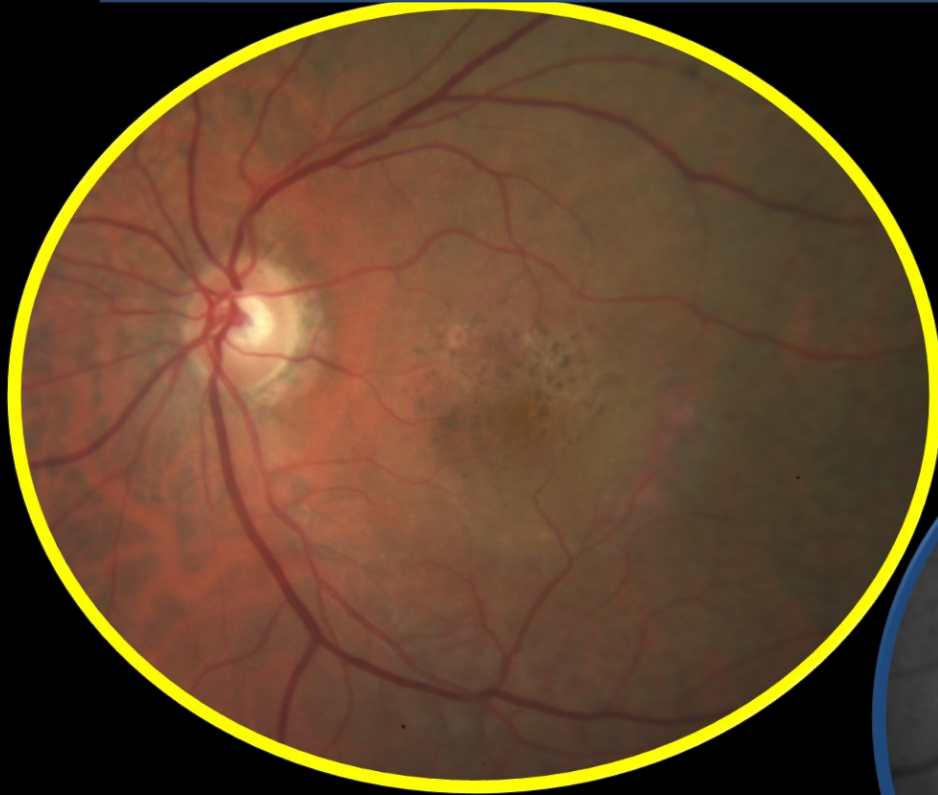
DEP néovascularisé



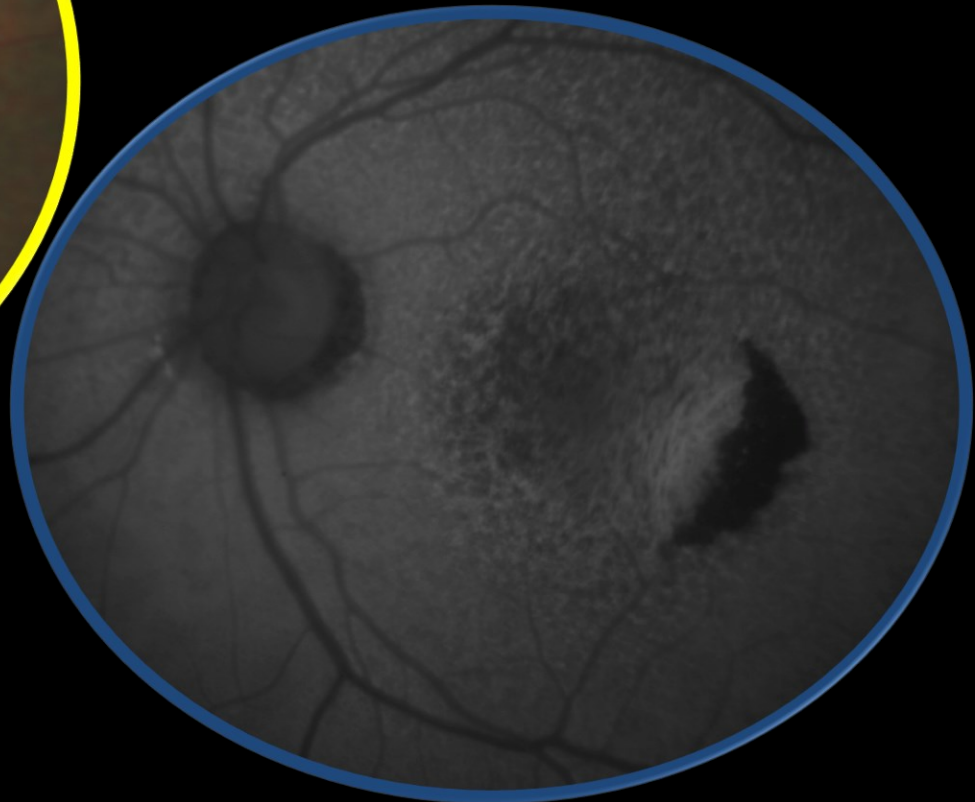
"Klingon sign"



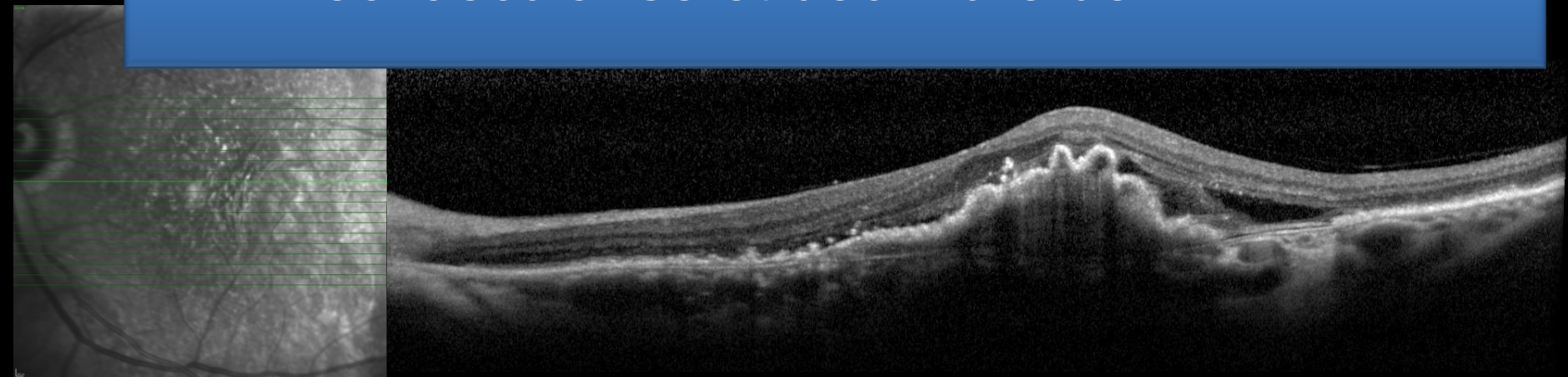
DEP néovascularisé et déchirure de l'EPR



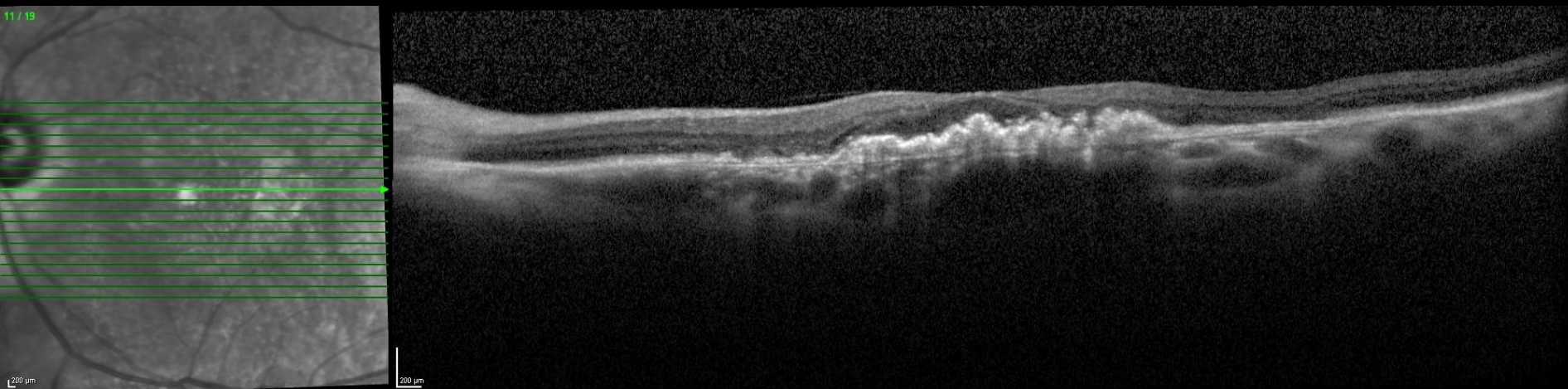
DEP vascularisé
Déchirure de l'EPR



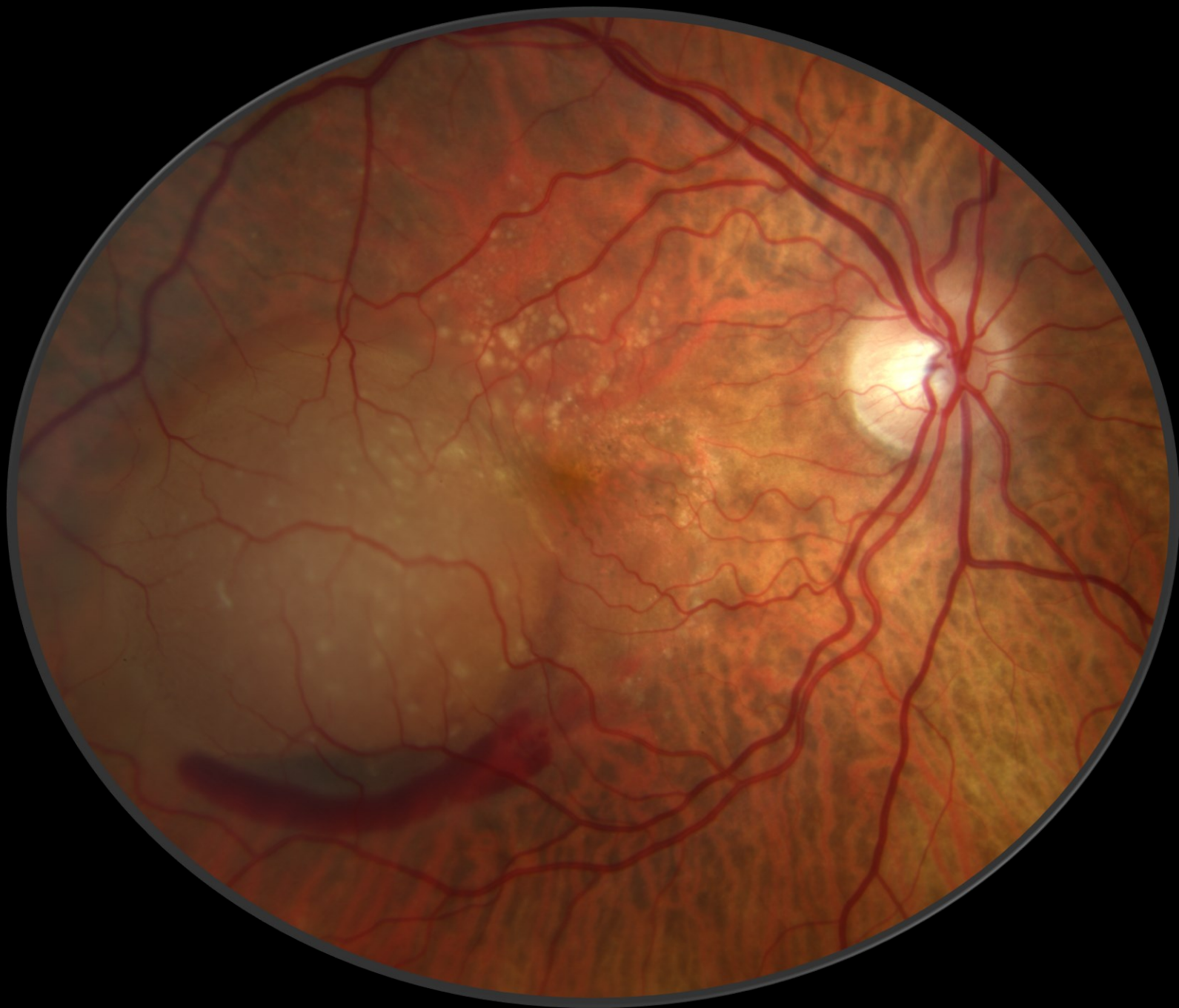
DEP néovascularisé et déchirure de l'EPR

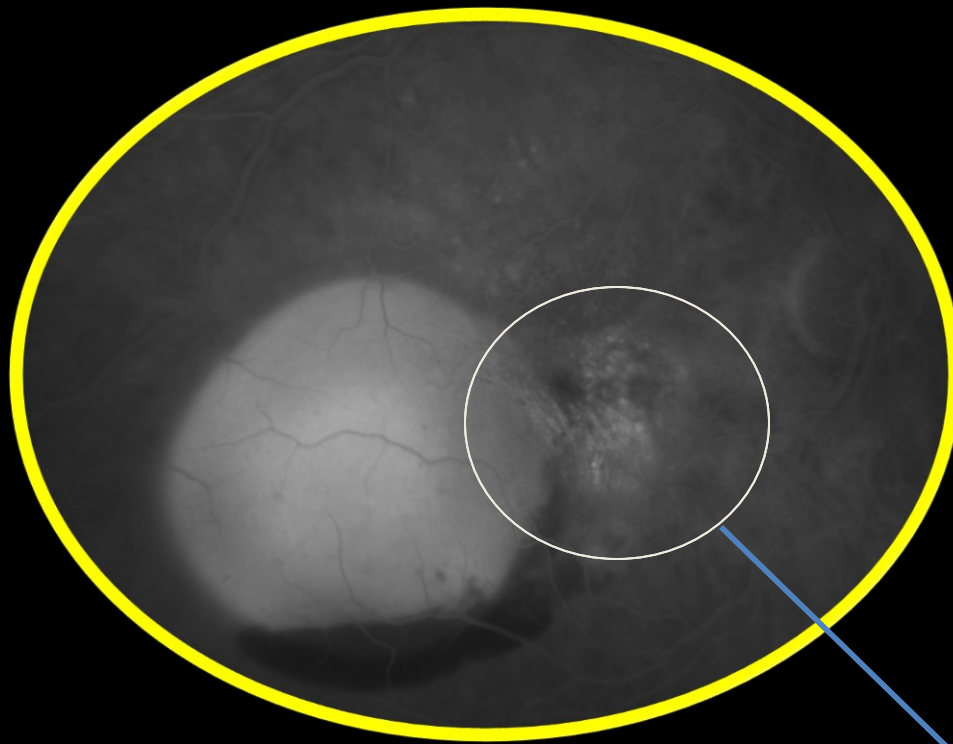


Continued anti-VEGF

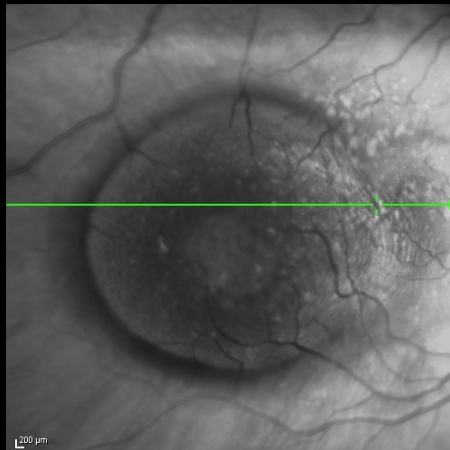


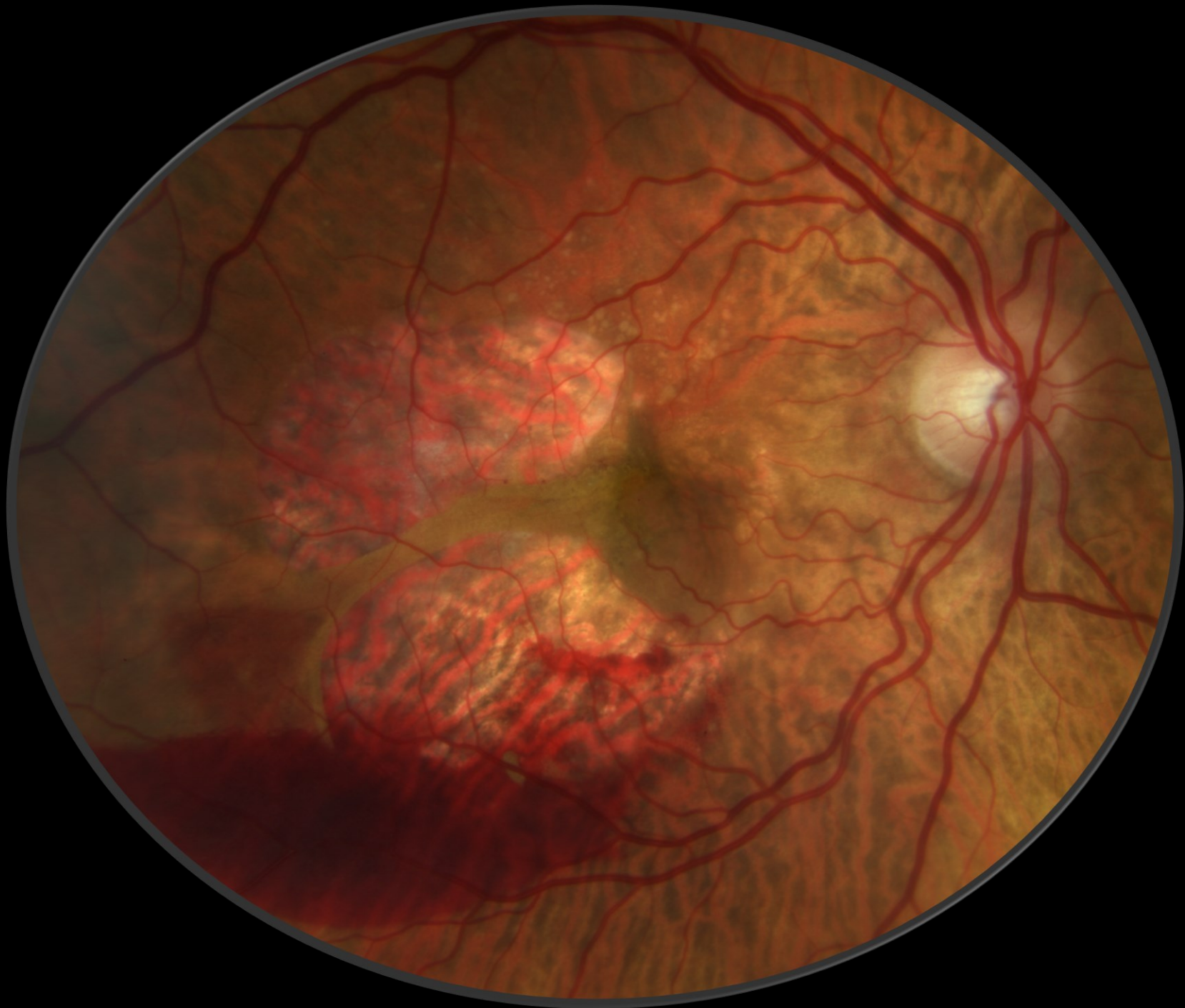
Cas Clinique N°4



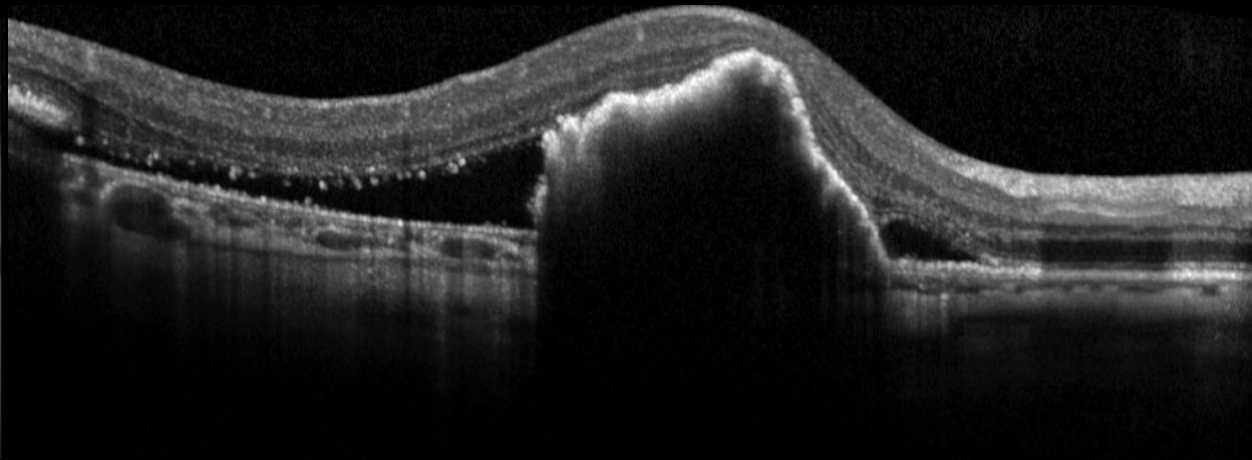
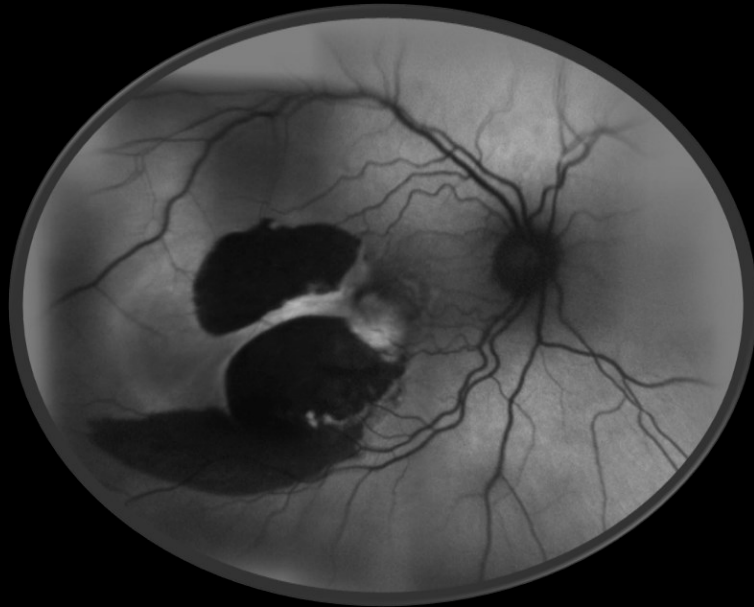


Mixed serous + vascularized





DEP néovascularisé et déchirure de l'EPR



DEP néovascularisé: risque de déchirure de l'EPR

RETINAL PIGMENT EPITHELIAL TEARS IN THE ERA OF INTRAVITREAL PHARMACOTHERAPY: RISK FACTORS, PATHOGENESIS, PROGNOSIS AND TREATMENT (AN AMERICAN OPHTHALMOLOGICAL SOCIETY THESIS)

By David Sarraf MD, Anthony Joseph MD, and Ehsan Rahimy MD

Trans Am Ophthalmol Soc. 2014 Jul;112:142-59

15 à 20% des DEPs vascularisés → déchirure de l'EPR

FdR DEP vascularisé et rétraction EPR

Hauteur > 600 microns

Diamètre > 5000 microns

Ondulations de l'EPR en OCT

Risque bilatéralisation

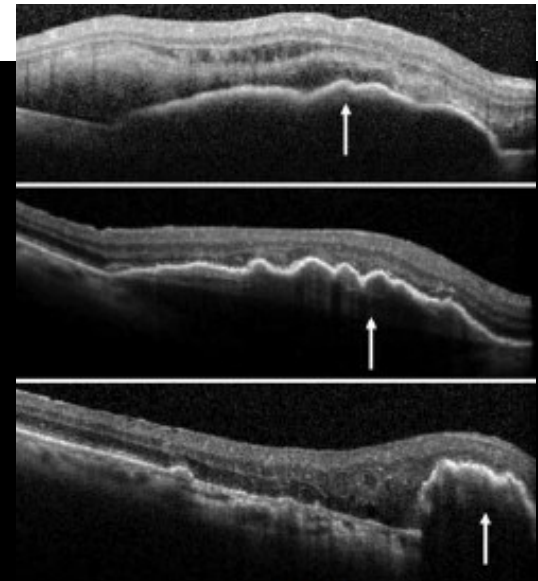
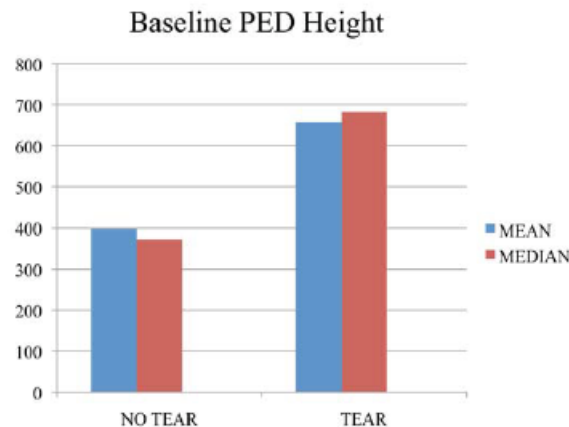


FIGURE 12

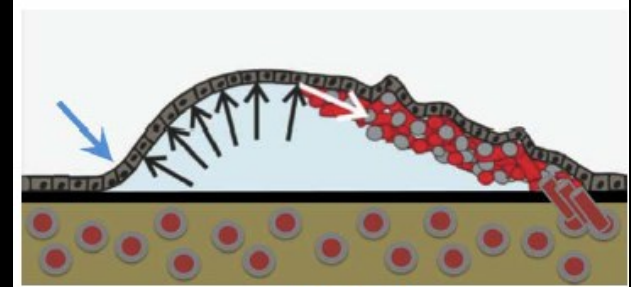


FIGURE 13

DEP néovascularisé: risque de déchirure de l'EPR

RETINAL PIGMENT EPITHELIAL TEARS IN THE ERA OF INTRAVITREAL PHARMACOTHERAPY: RISK FACTORS, PATHOGENESIS, PROGNOSIS AND TREATMENT (AN AMERICAN OPHTHALMOLOGICAL SOCIETY THESIS)

By David Sarraf MD, Anthony Joseph MD, and Ehsan Rahimy MD

Trans Am Ophthalmol Soc. 2014 Jul;112:142-59

Conclusions: Fifteen to 20% of vascularized pigment epithelial detachments (PEDs) may develop RPE tears after anti-VEGF therapy due to progressive contraction of the type 1 choroidal neovascular membrane in a PED at risk. Continued monitoring of RPE tears for exudative changes warranting anti-VEGF therapy may stabilize VA, improve anatomical outcomes, reduce fibrosis, and decrease the risk of developing a large blinding end-stage exudative disciform scar.

Etude sur 56 yeux avec déchirure de l'EPR
Suivi 8 ans

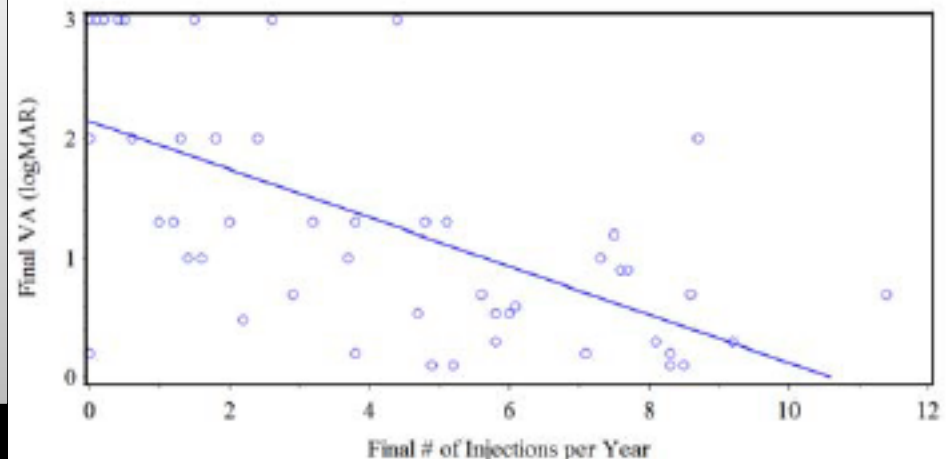
Continuer ttt anti-VEGF et suivi

Meilleur pronostic visuel

Moins de fibrose

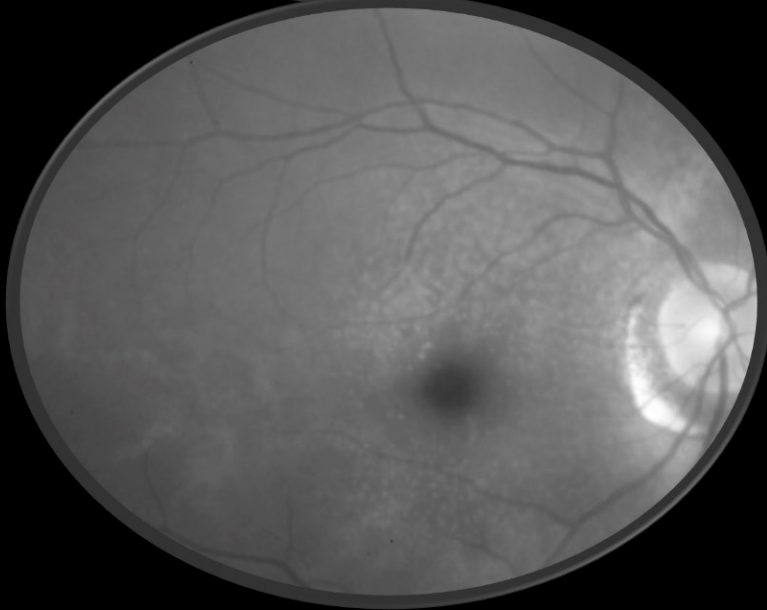
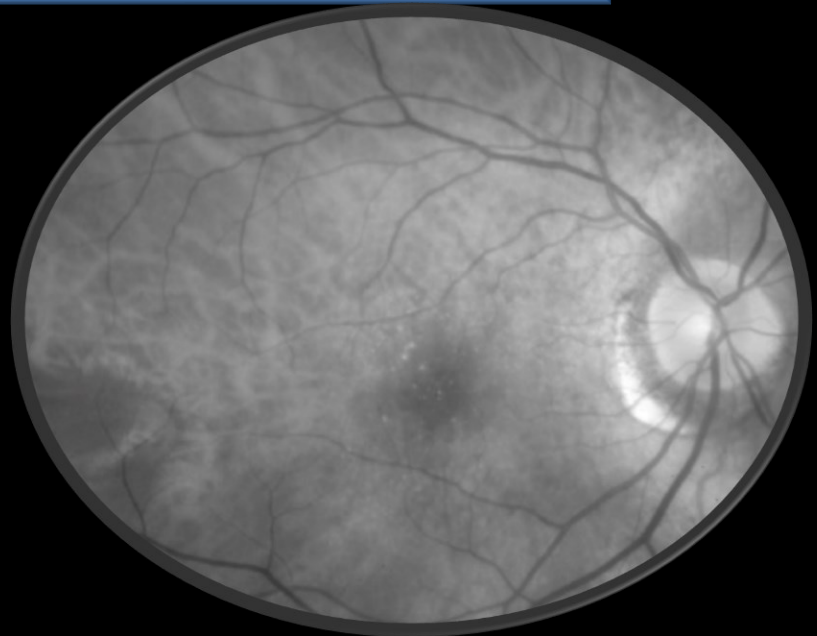
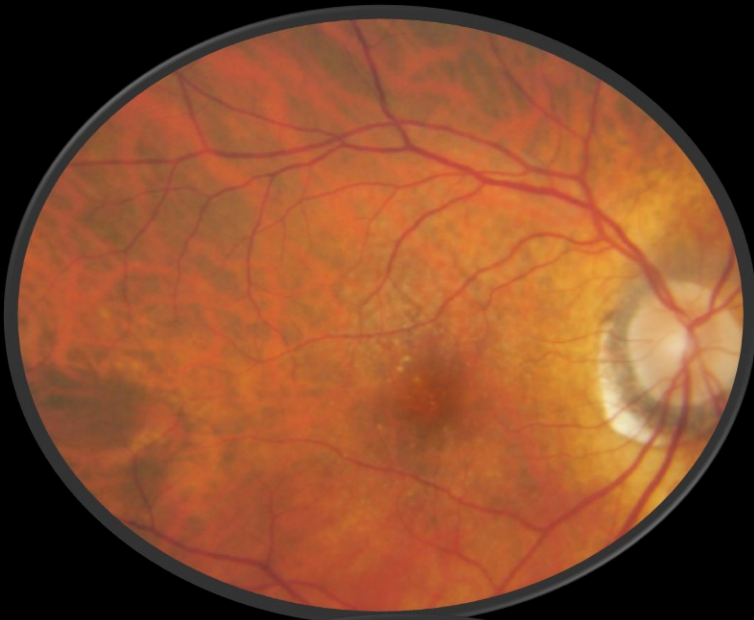
Moins de cicatrice disciforme

Meilleur pronostic visuel

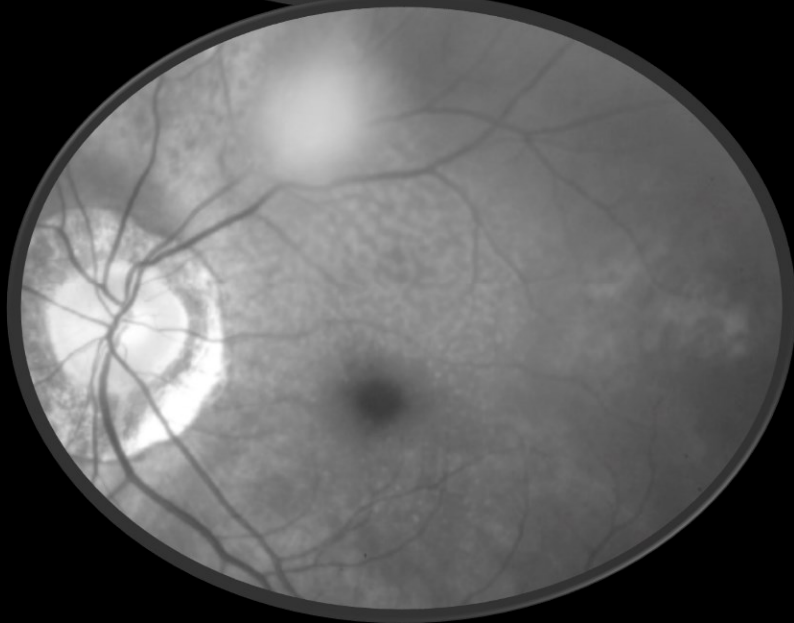
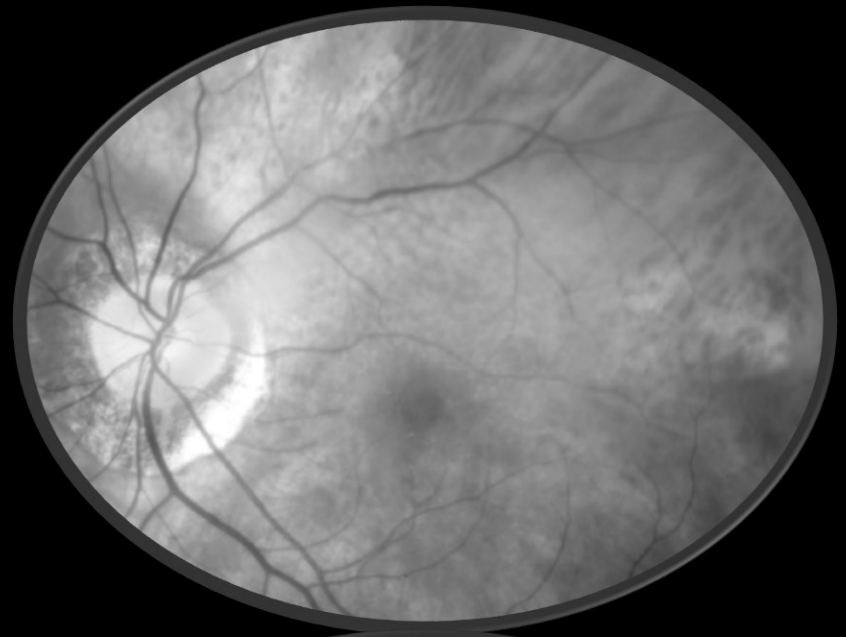
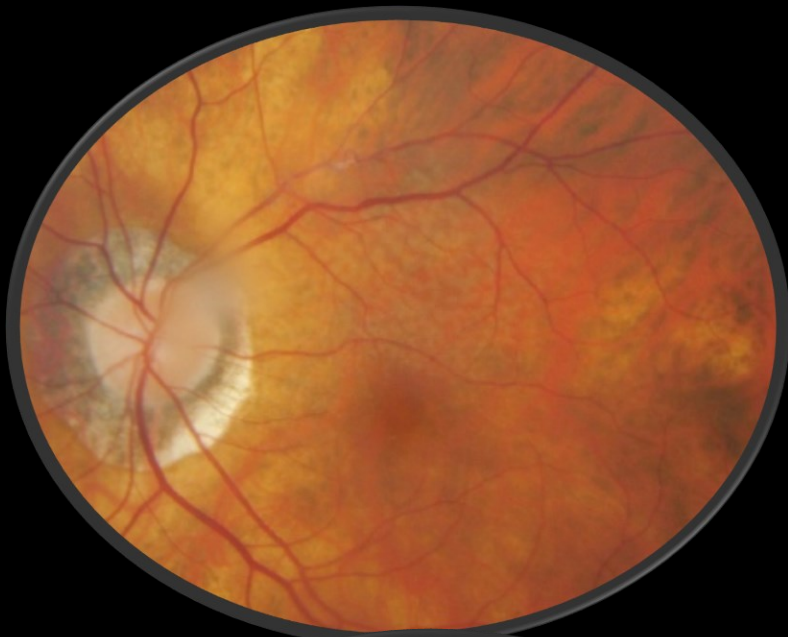


Cas Clinique N°5

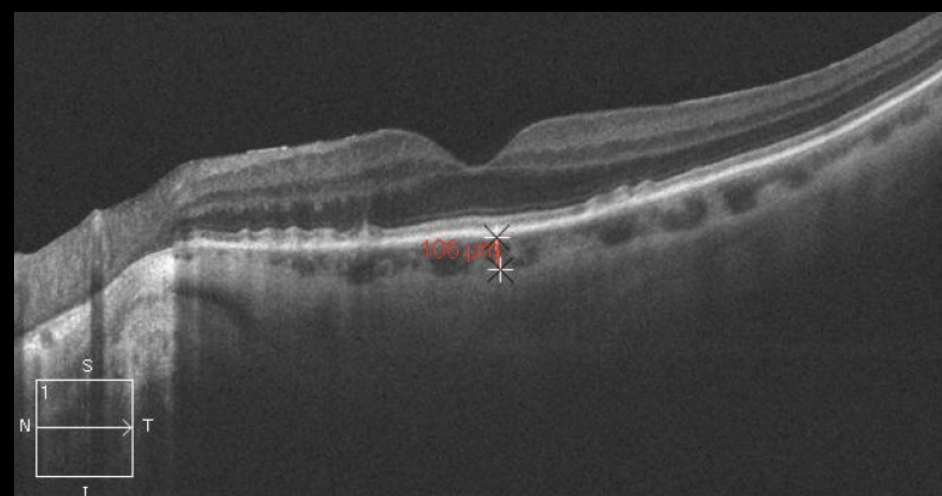
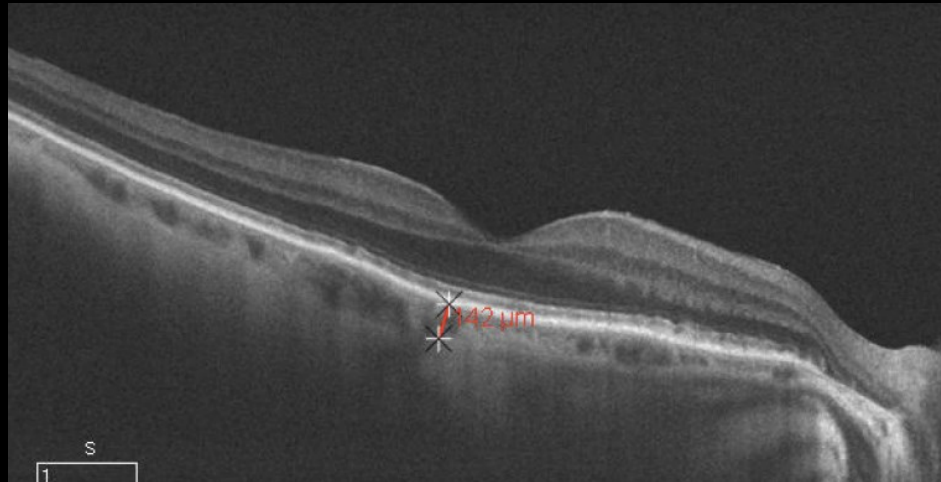
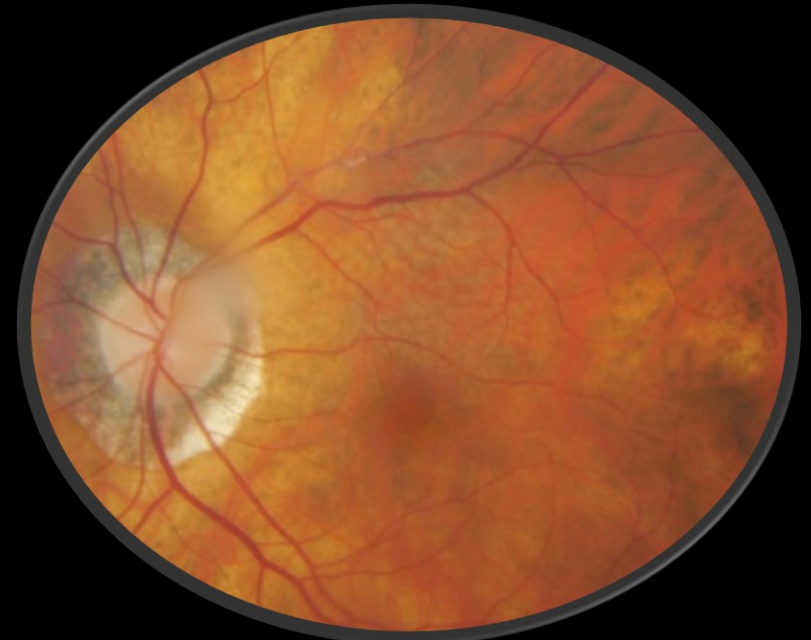
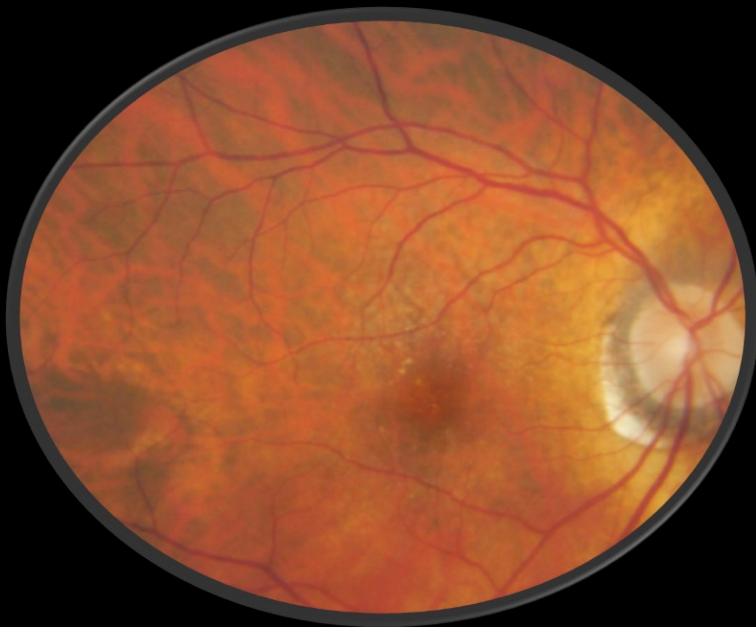
H, 79 ans, gène lecture et pénombre ODG



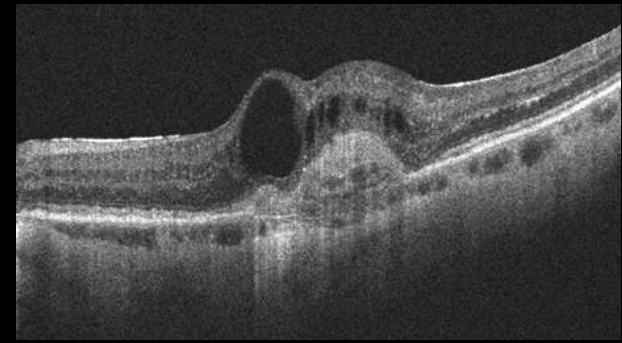
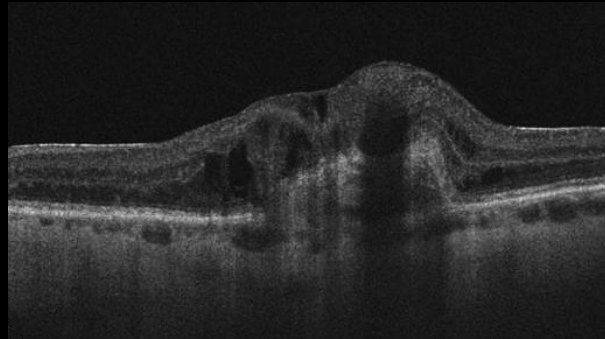
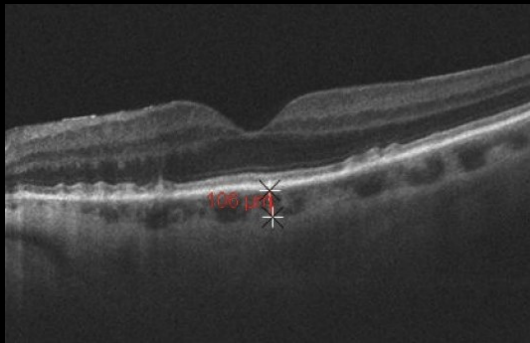
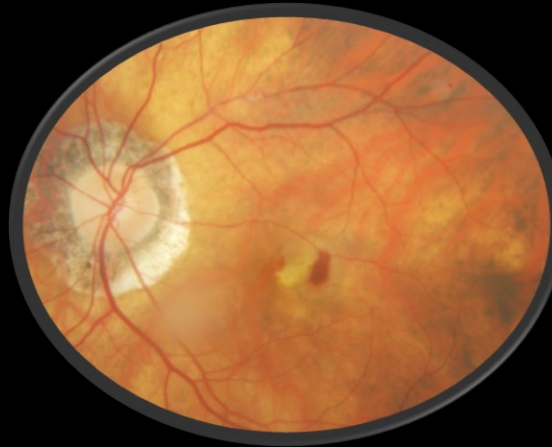
H, 79 ans, gène lecture ODG



H, 79 ans, gène lecture ODG



H, 79 ans, NVX OG

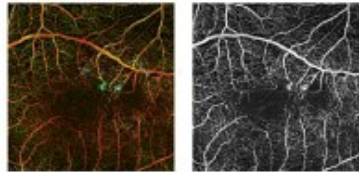


2013

2017

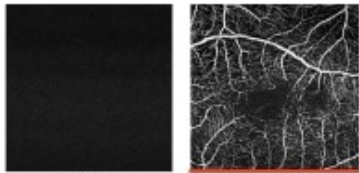
2019

H, 79 ans, NVX OG Type 2



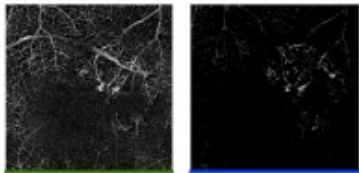
PRE

Retine



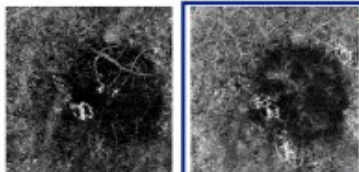
VRI

Superficiel



Profond

Avasculaire

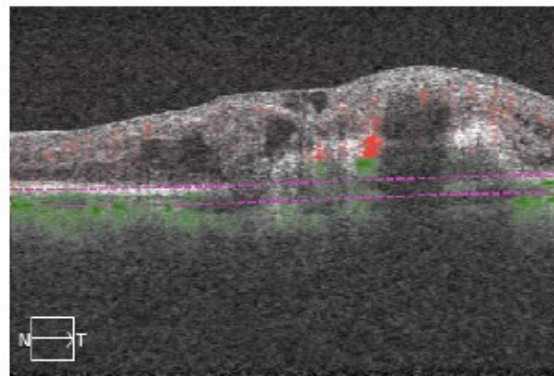
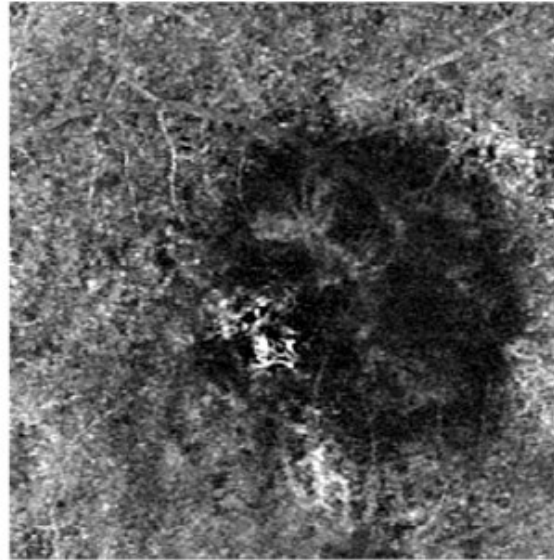


Choriocapillaire

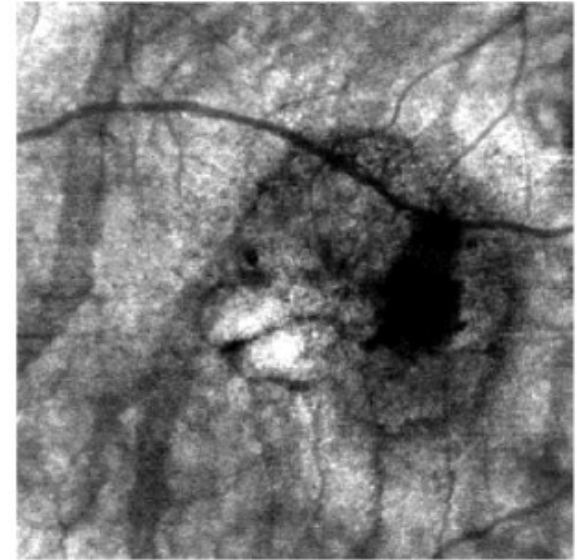
Choroïde*



AngioPlex - Choroïde



Structure - Choroïde

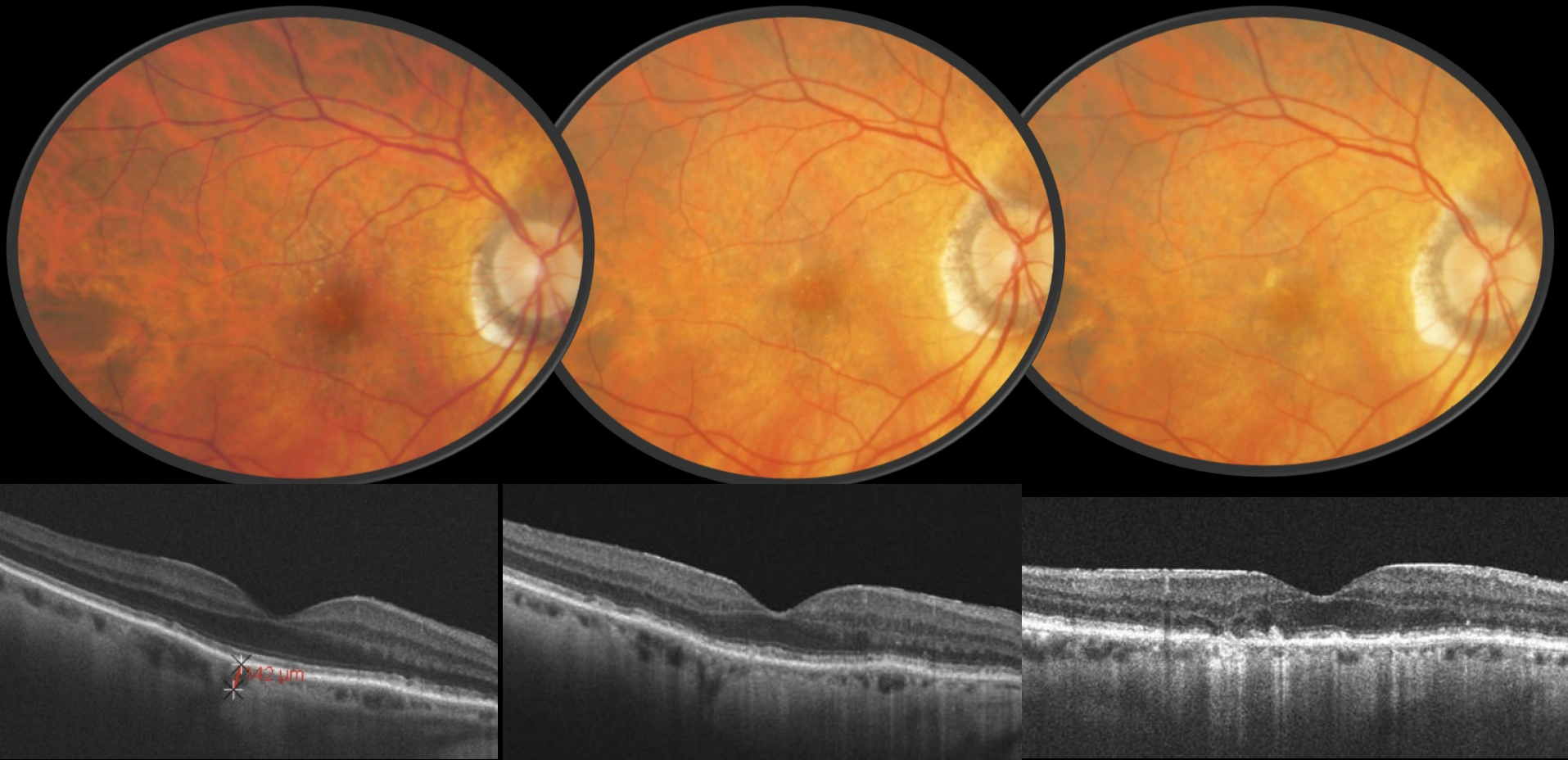


Calques

Structure - Aucun(e)

AngioPlex - Aucun(e)

H, 79 ans, gène lecture et pénombre OD



2013

2017

2019

Une Nouvelle Entité: Atrophie Choroïdienne liée à l'Âge

Age-Related Choroidal Atrophy

RICHARD F. SPAIDE

MAY 2009

Amincissement choroïdien lié à l'âge ≠ DMLA

Patients âgés de plus de 55 ans

Etiquetés DMLA

Épaisseur choroïdienne fovéolaire < 125 μm

28 yeux de 17 patients; âge moyen 80 ans

Épaisseur choroïdienne moyenne: 70 μm

Symptômes visuels - difficultés lecture

Acuité visuelle moyenne : 5/10

sans atrophie de l'EPR ni NVC

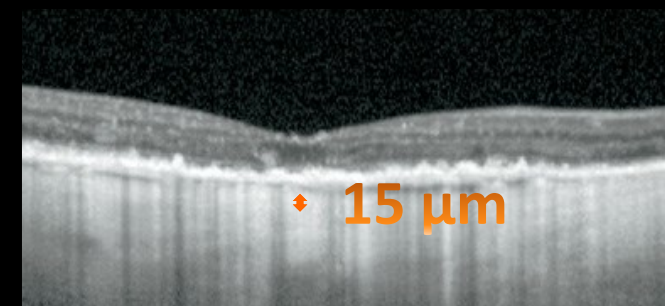
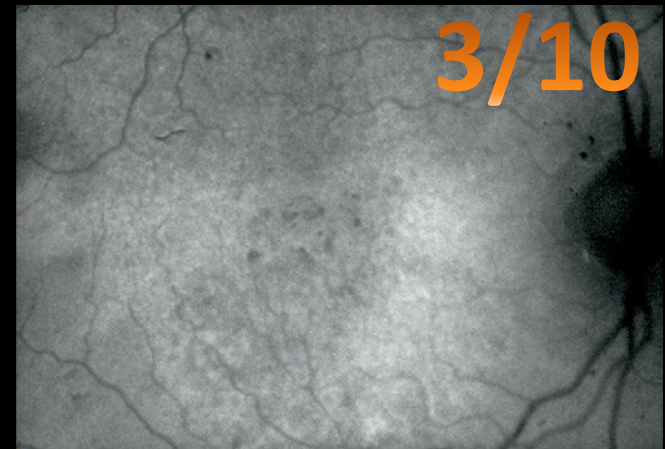
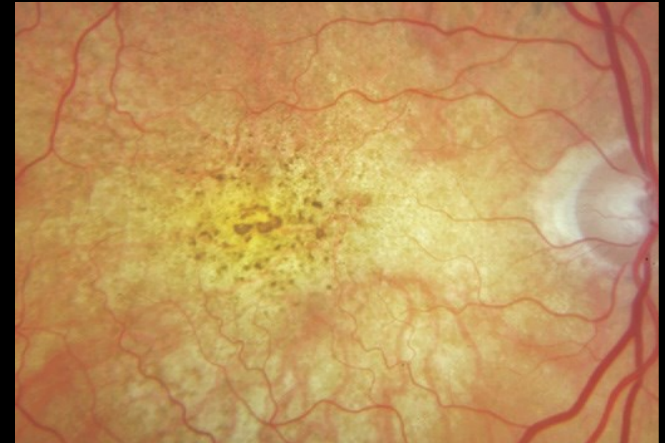
Aspect tigroïde du FO

dépigmentation diffuse du FO

vaisseaux choroïdiens raréfiés

Migrations de pigments

↘ vx choroïdiens de petit et moyen calibre



Atrophie Choroïdienne liée à l'Âge

Symptômes visuels d'origine choroïdienne, sans atrophie de l'EPR ni NVC



6/10

glaucome à pression normale (GPN)

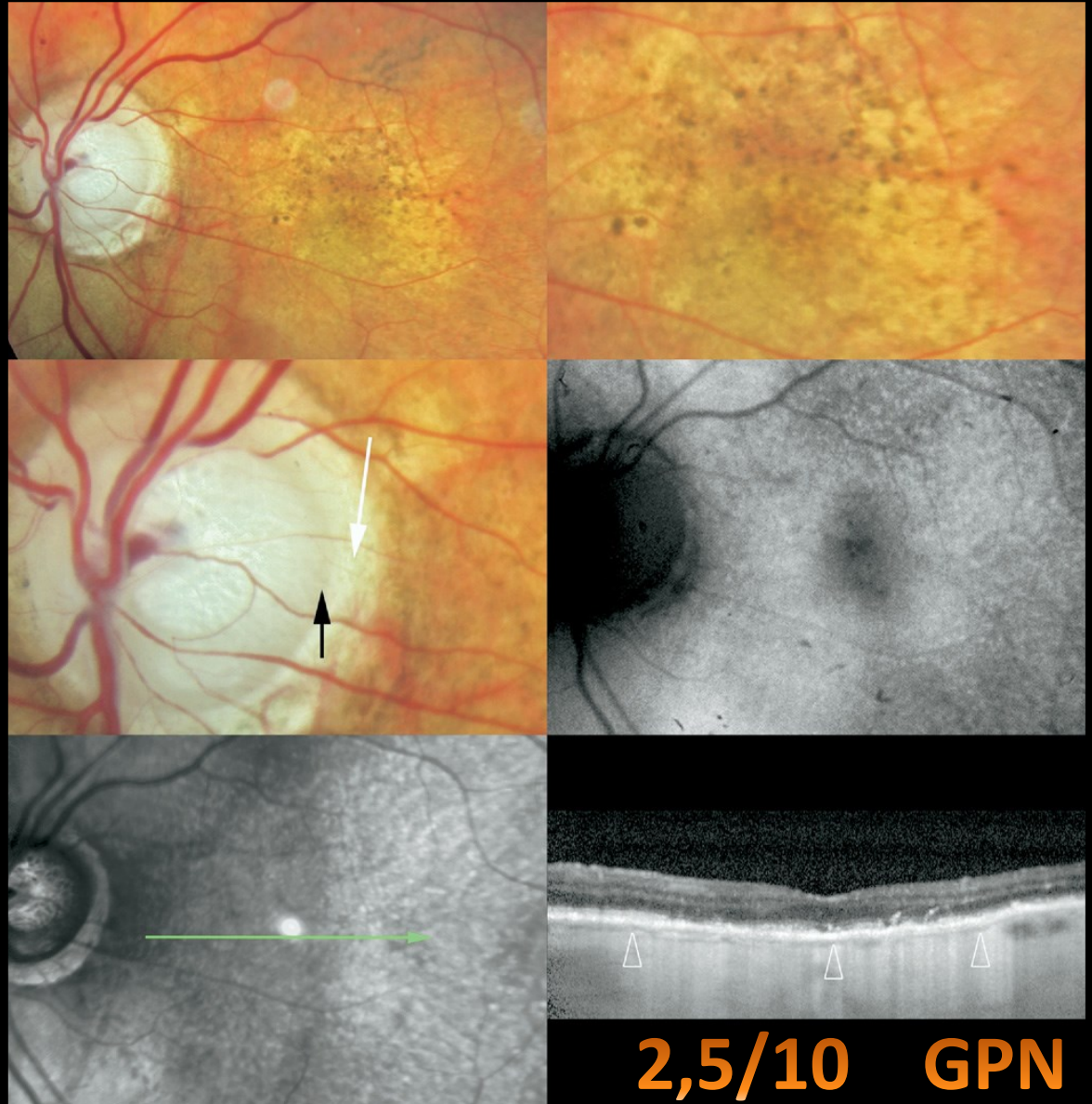
♦ 74 μm

FO similaire au myope fort chez un patient emmétrope

Atrophie Choroidienne liée à l'Âge

Pseudodrusen: 67%
Atrophie péripapillaire: 72%
Glaucome: 35%

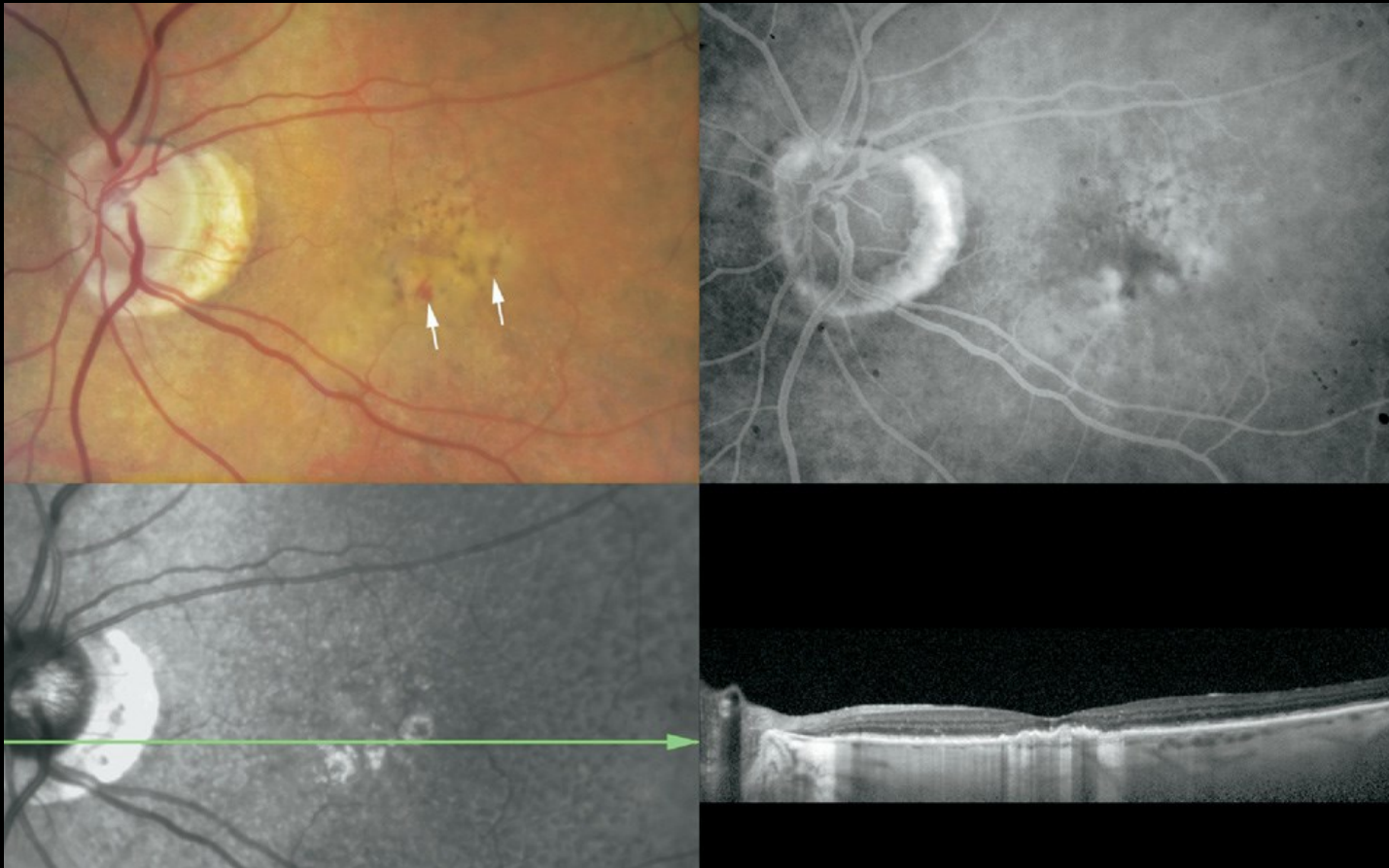
18 yeux symptômes visuels
sans DMLA tardive
Pas d'atrophie de l'EPR
Pas de NVC



Atrophie Choroïdienne liée à l'Âge

Diagnostic différentiel de la DMLA ++

DMLA peut aussi être associée: NVC et/ou atrophie géographique



Femme de 90 ans, NVC occultes, pseudodrusen et atrophie choroïdienne

Cas Clinique N°6

F, 82 ans, BAV OG 5/10

0/11/2014



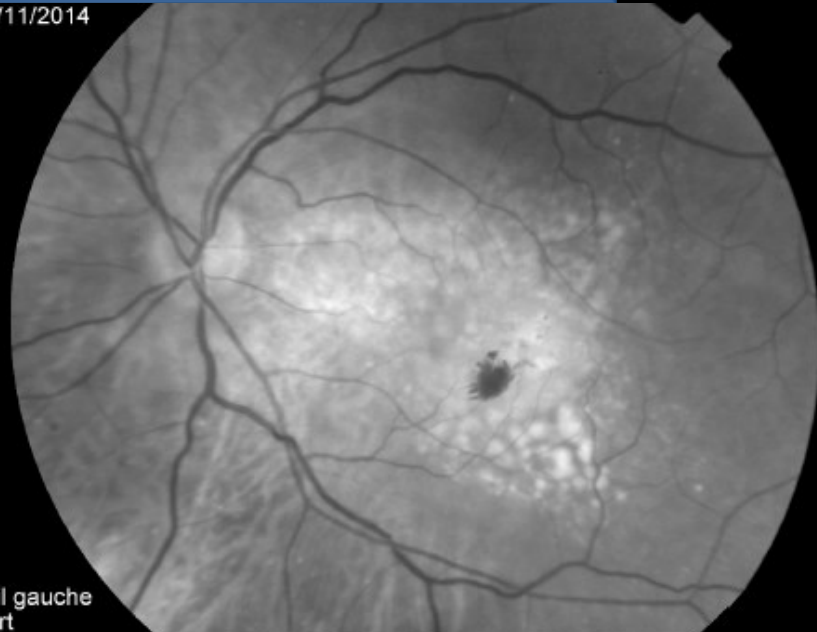
oeil droit
couleur

0/11/2014



oeil gauche
auto Fluo Vis

20/11/2014



oeil gauche
Vert

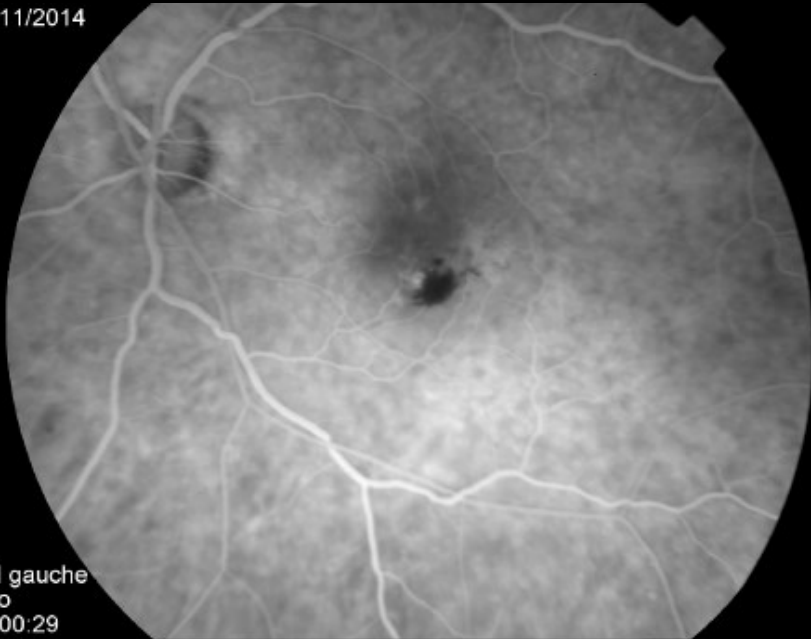
20/11/2014



oeil gauche
Fluo
00:00:15

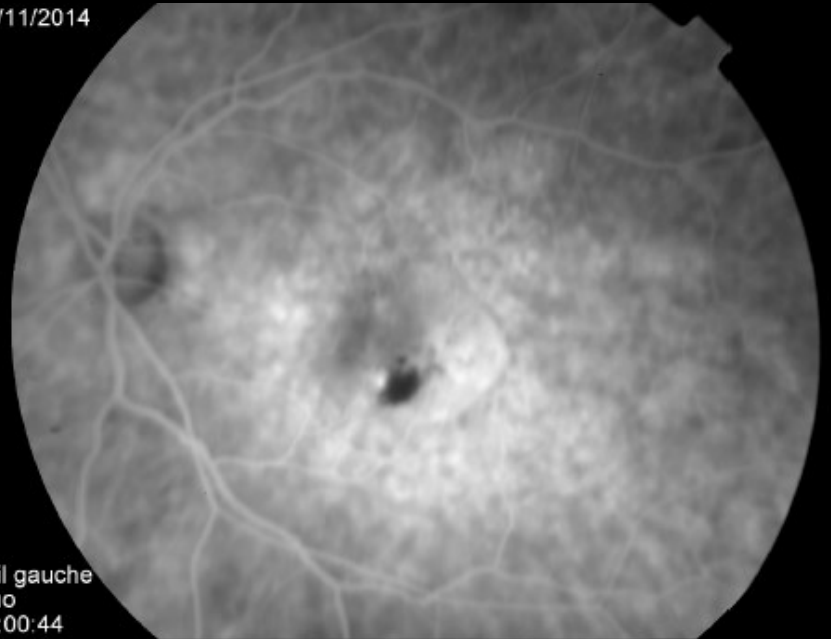
F, 82 ans, BAV OG 5/10

11/11/2014

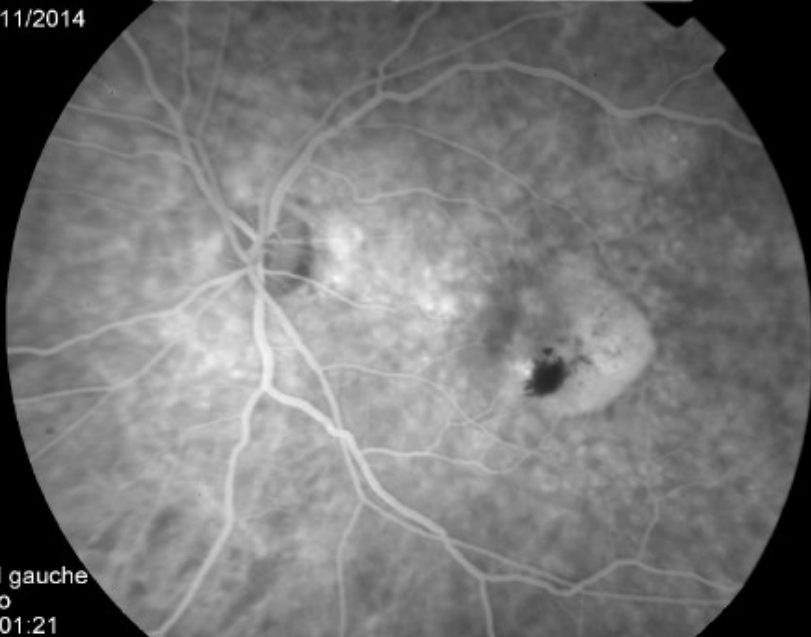


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uo
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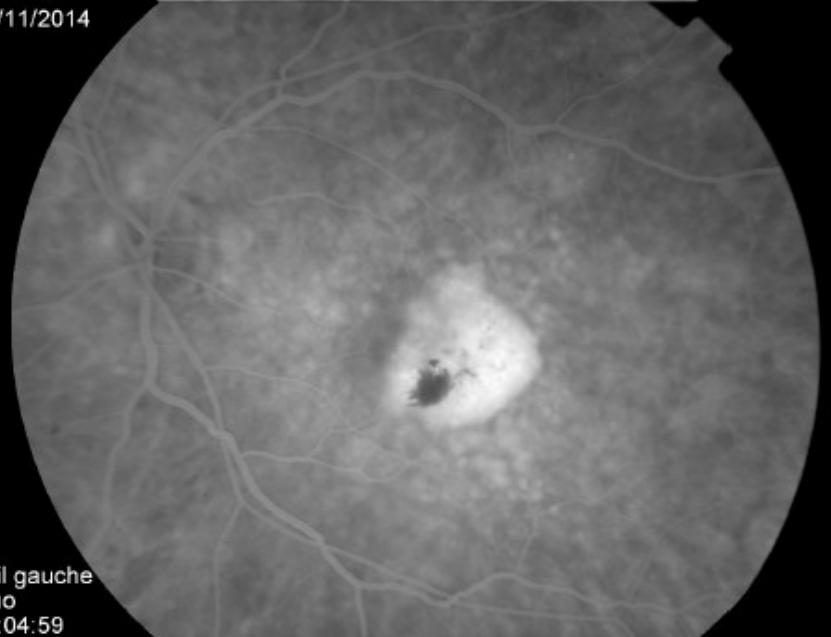
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Fluo
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20/11/2014

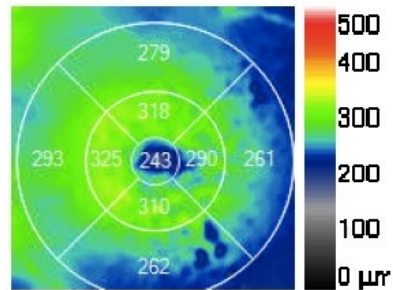


oeil gauche
uo
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11/11/2014

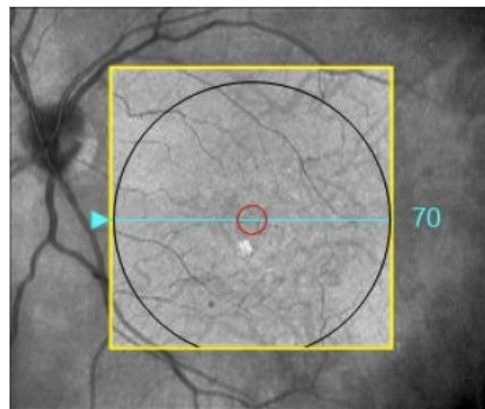
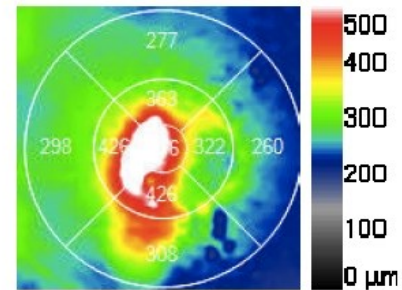


oeil gauche
Fluo
00:04:59
20/11/2014

Fovea: 261, 70

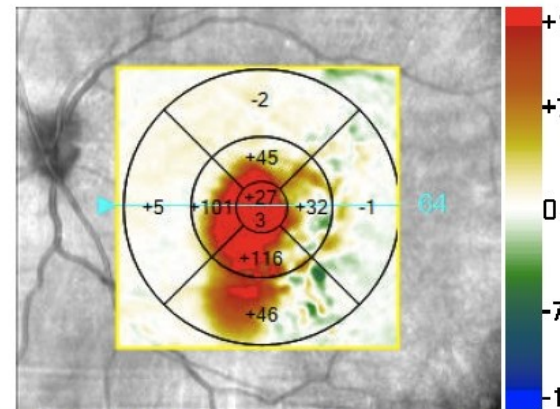


Fovea: 264, 64



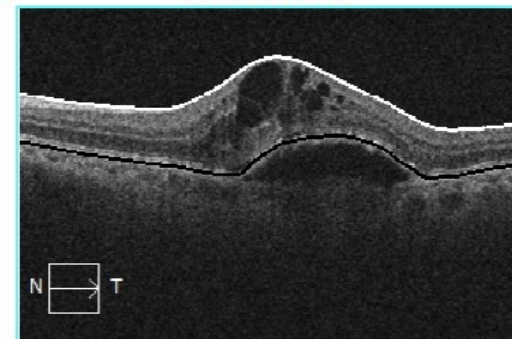
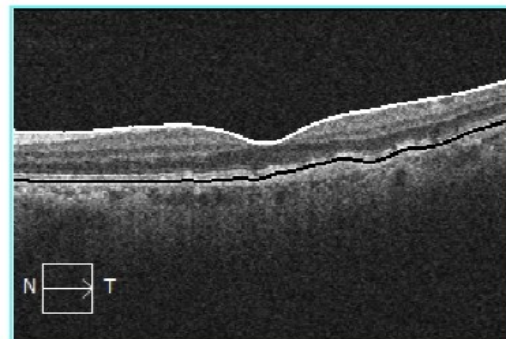
Overlay: OCT Fundus

Transparency: 0 %



Overlay: ILM-RPE Difference

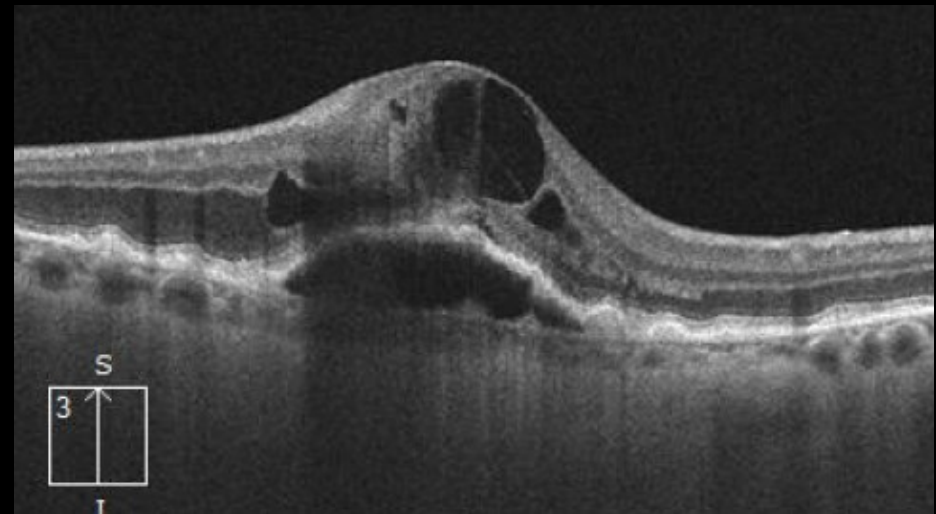
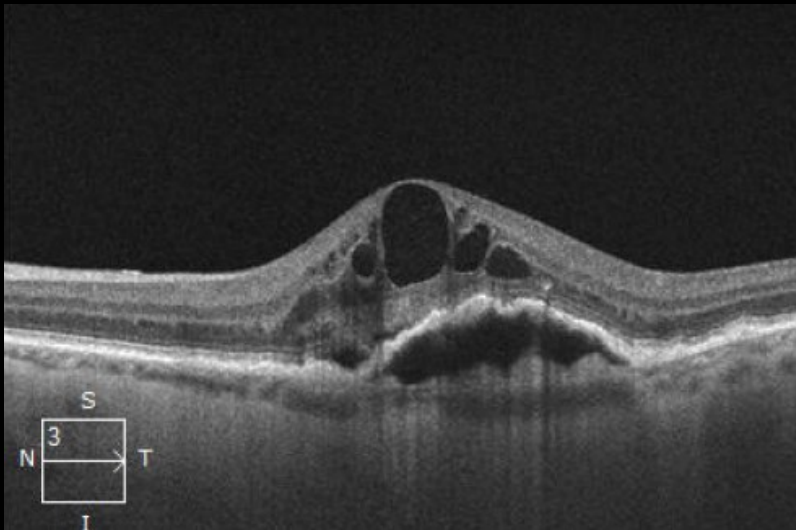
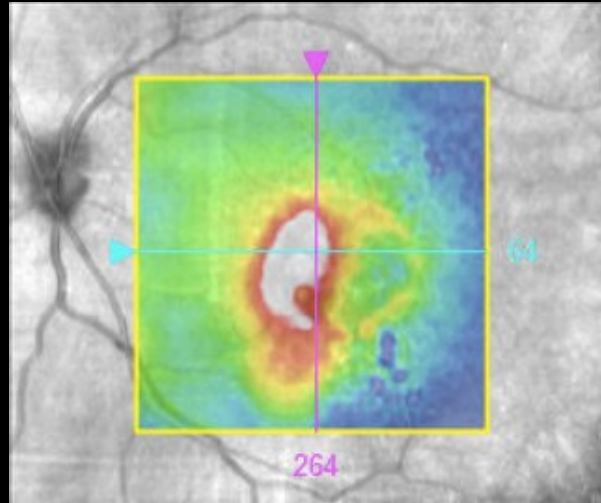
Transparency: 0 %



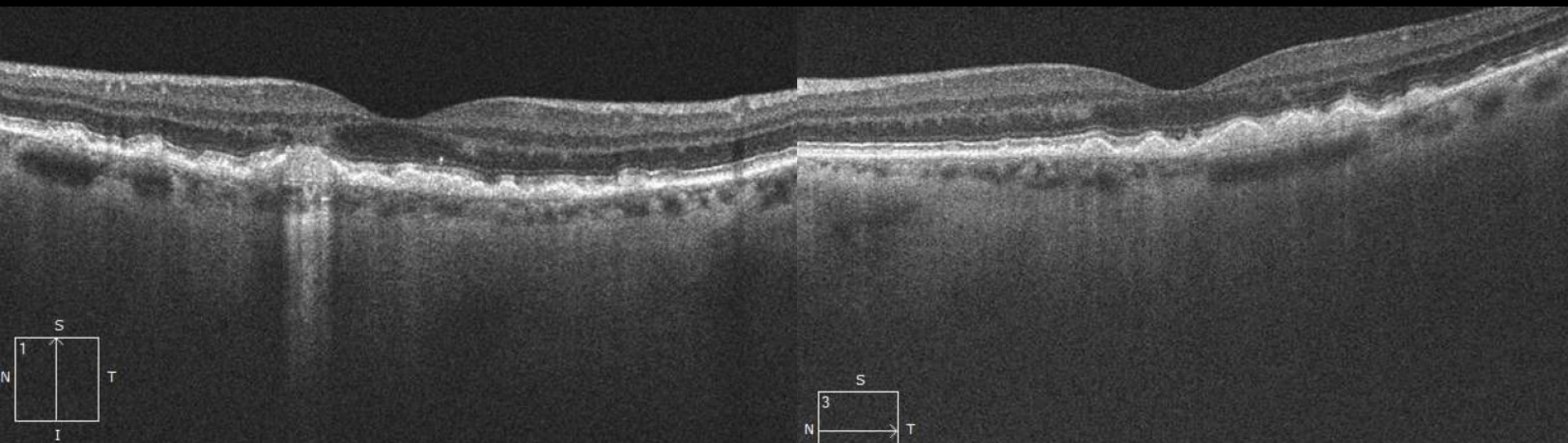
Avril 2014

Nov 2014

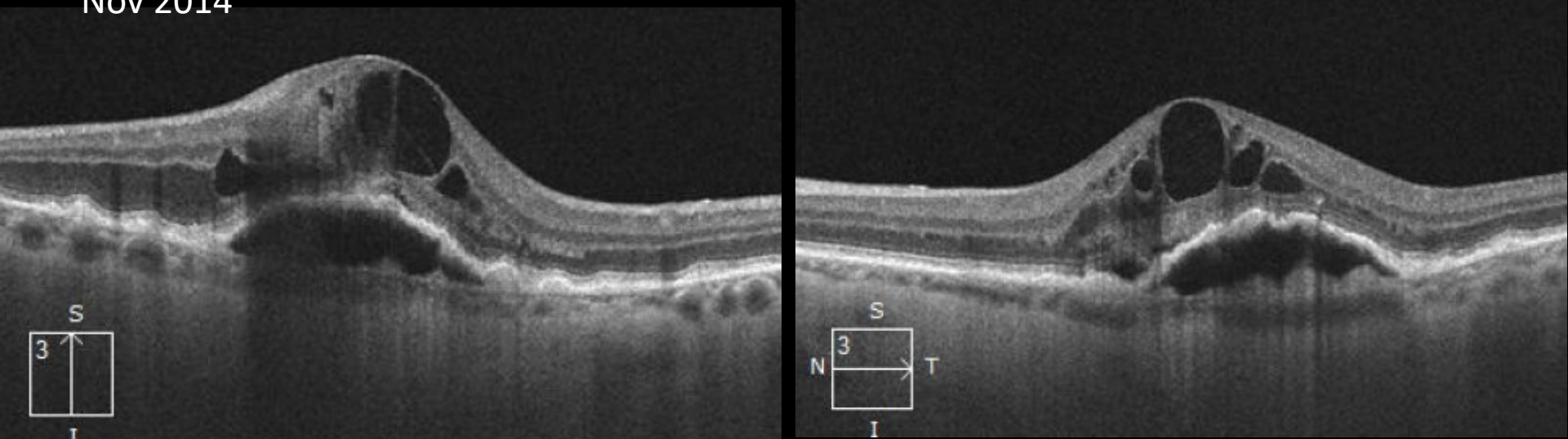
F, 82 ans, BAV OG 5/10



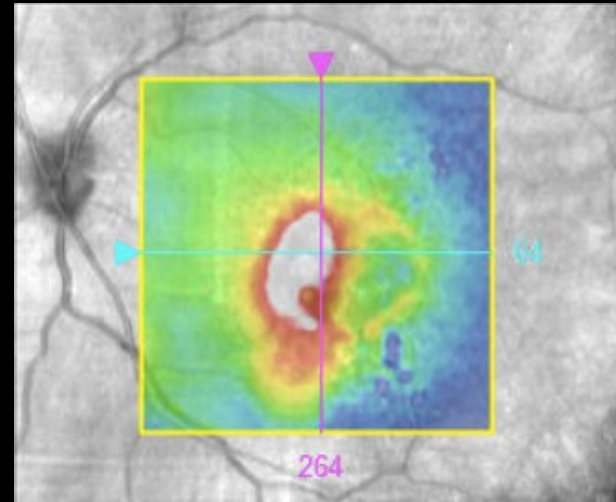
Avril 2014



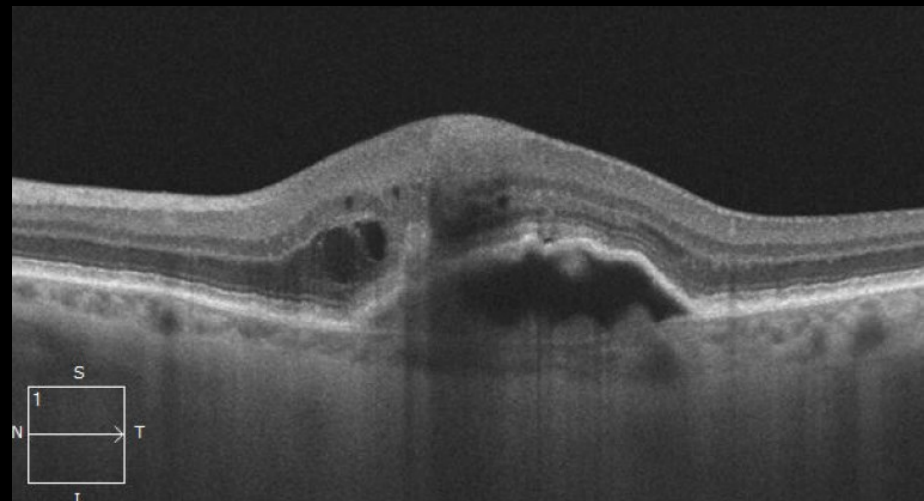
Nov 2014



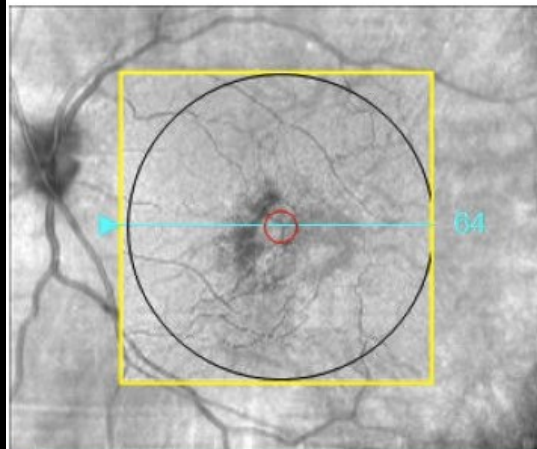
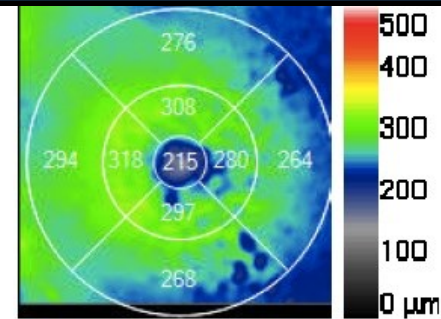
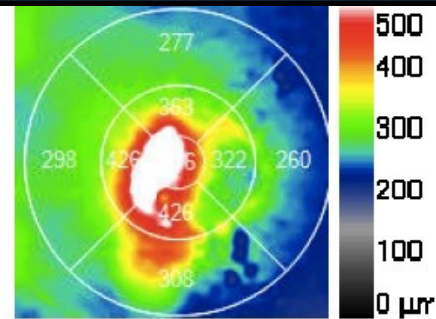
F, 82 ans, BAV OG 5/10



ACR avec DEP séreux

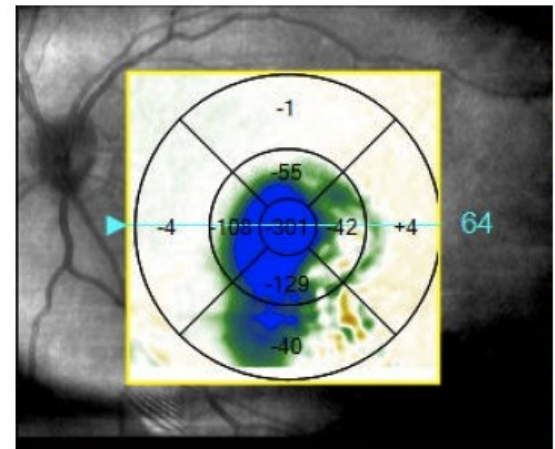


F, 82 ans, BAV OG 5/10
ACR avec DEP séreux



Overlay: OCT Fundus

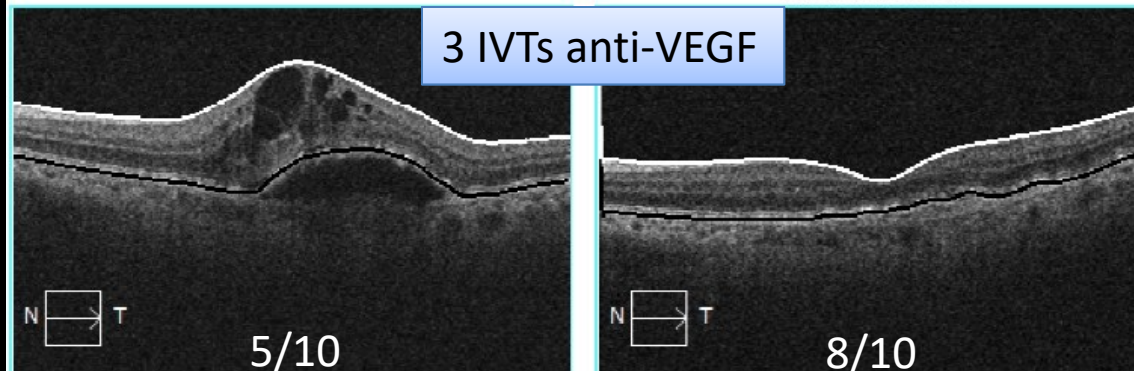
Transparency: 0 %



Overlay: ILM-RPE Difference

Transparency: 0 %

Extracted B-Scan



3 IVTs anti-VEGF

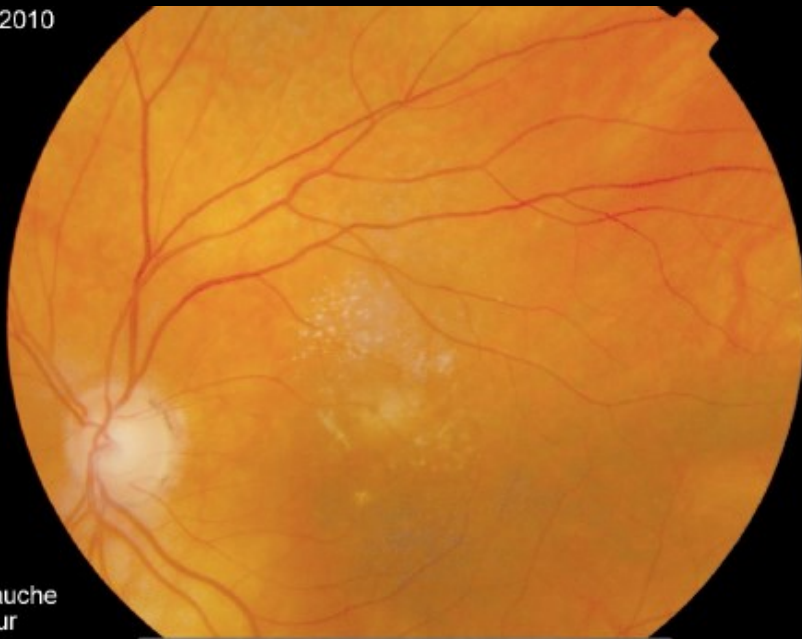
5/10

8/10

Cas Clinique N°7

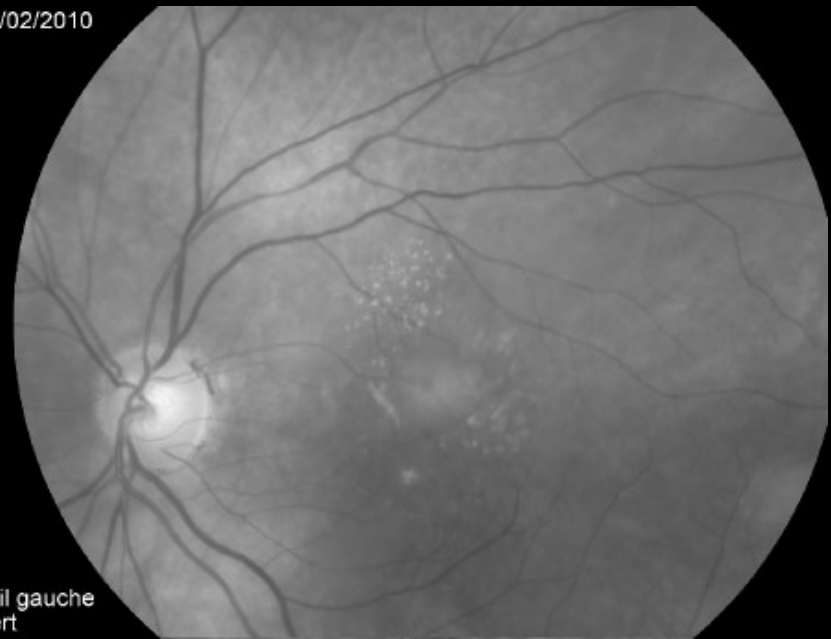
F, 82 ans, BAV OG 4/10

2010

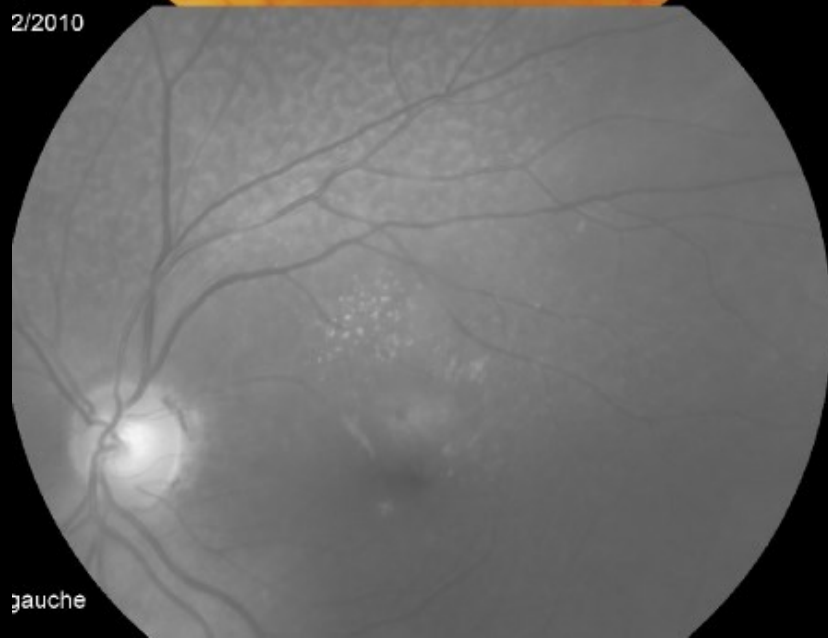


luche
Jr
2/2010

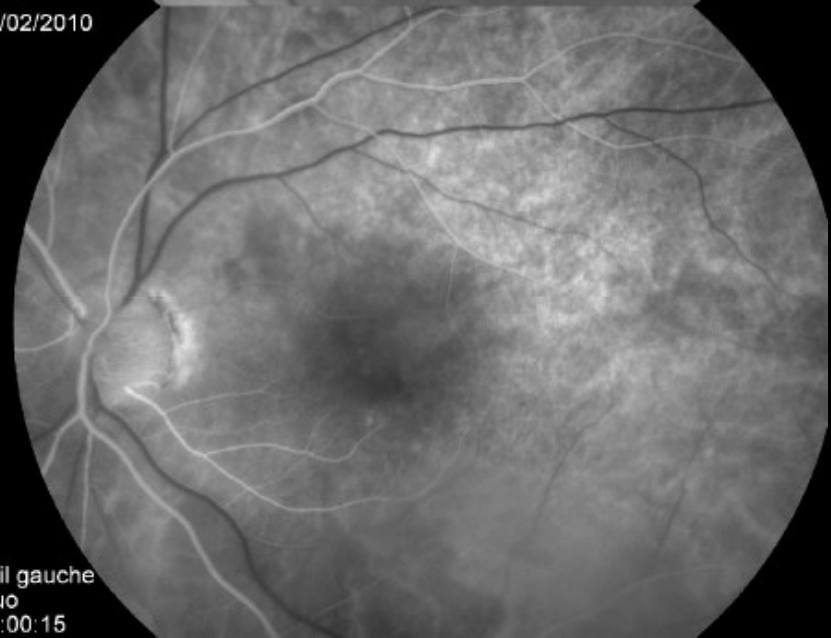
16/02/2010



oeil gauche
Vert
16/02/2010



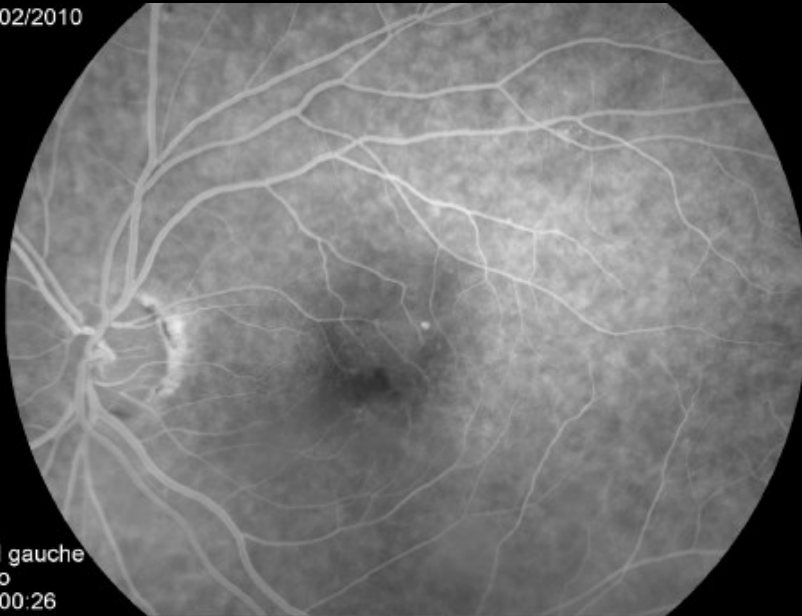
gauche



oeil gauche
Fluo
00:00:15

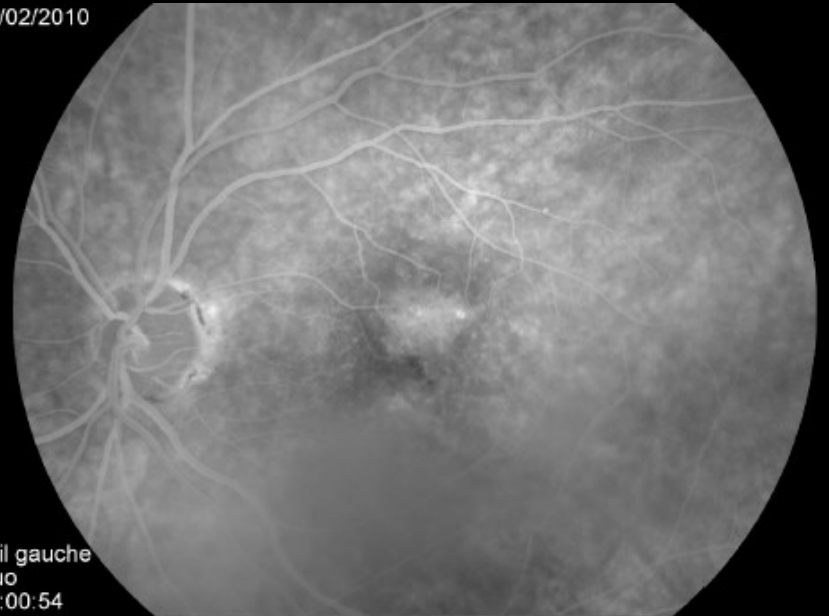
F, 82 ans, BAV OG 4/10

02/2010

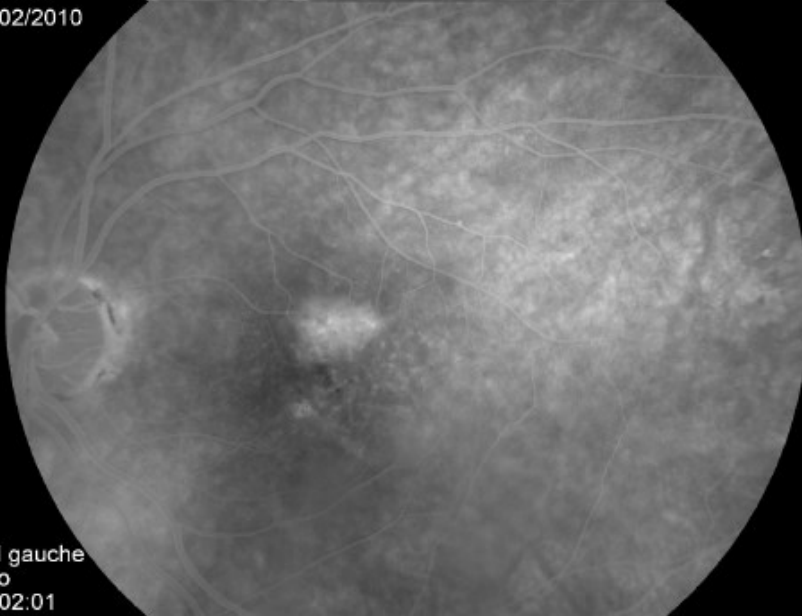


I gauche
o
00:26
02/2010

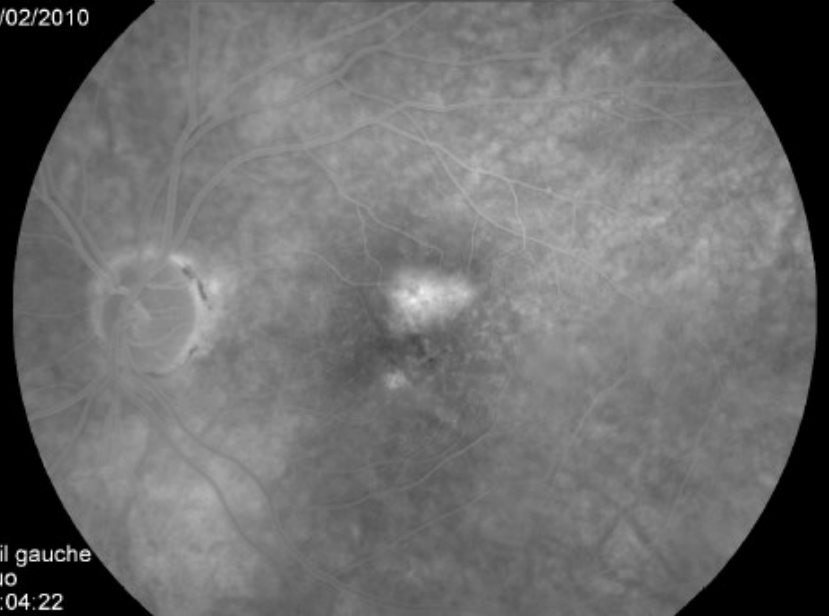
16/02/2010



oeil gauche
Fluo
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16/02/2010



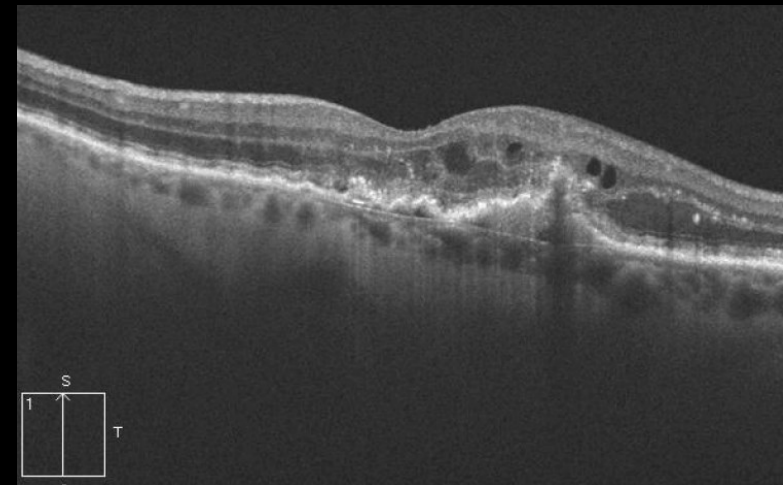
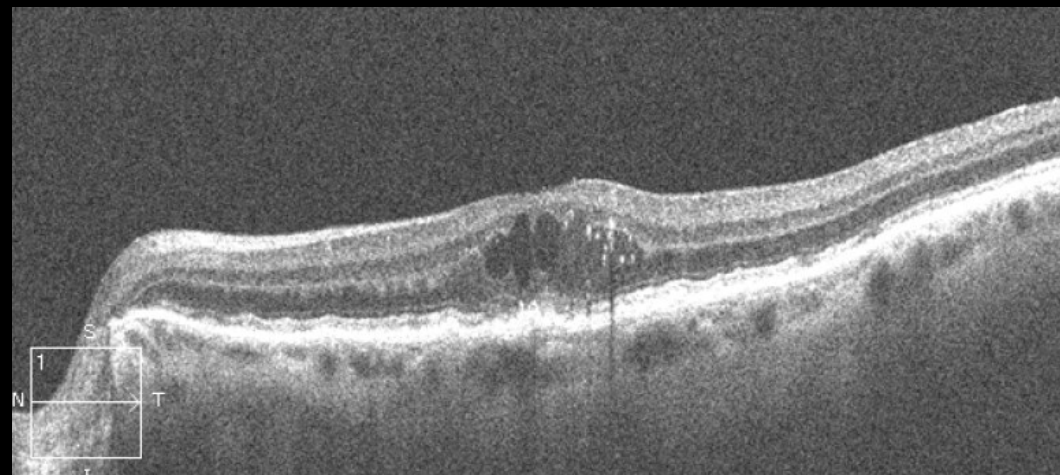
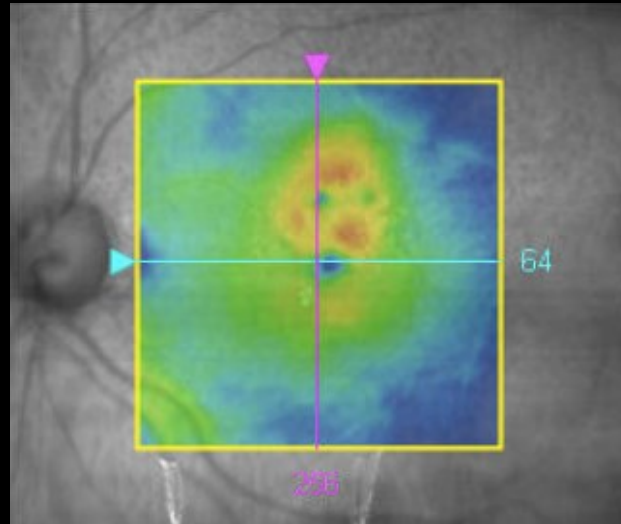
I gauche
o
02:01



oeil gauche
Fluo
00:04:22

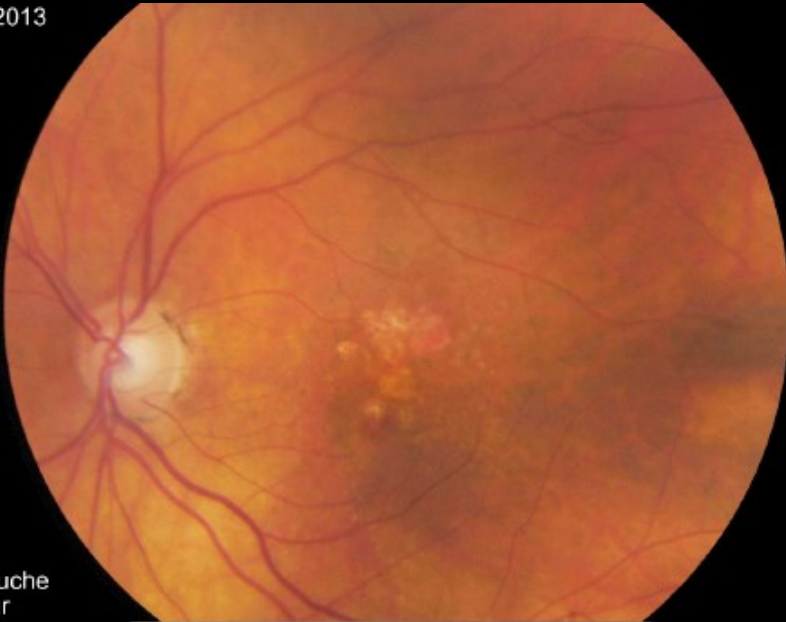
F, 82 ans, BAV OG 4/10

ACR OG sur DEP drusénoïde



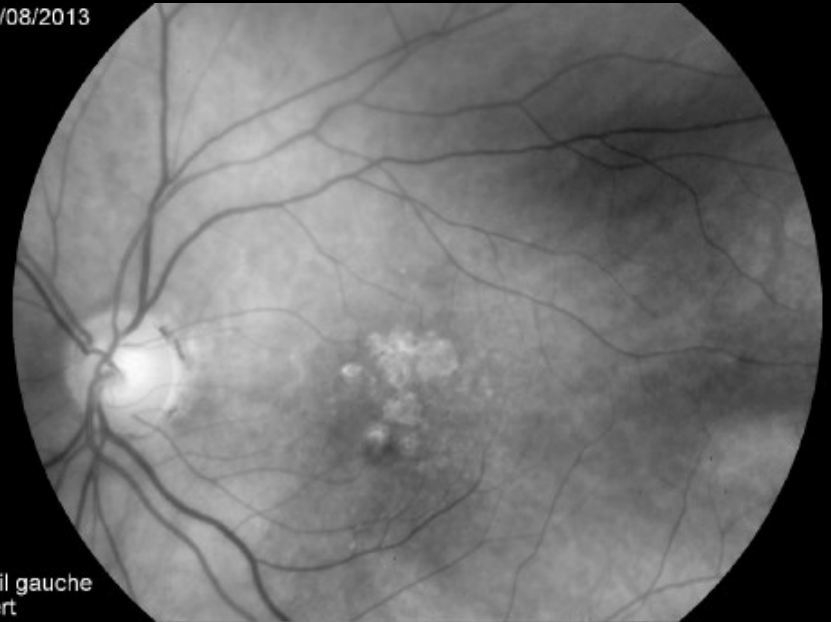
3 ans plus tard, évolution atrophique

3/2013

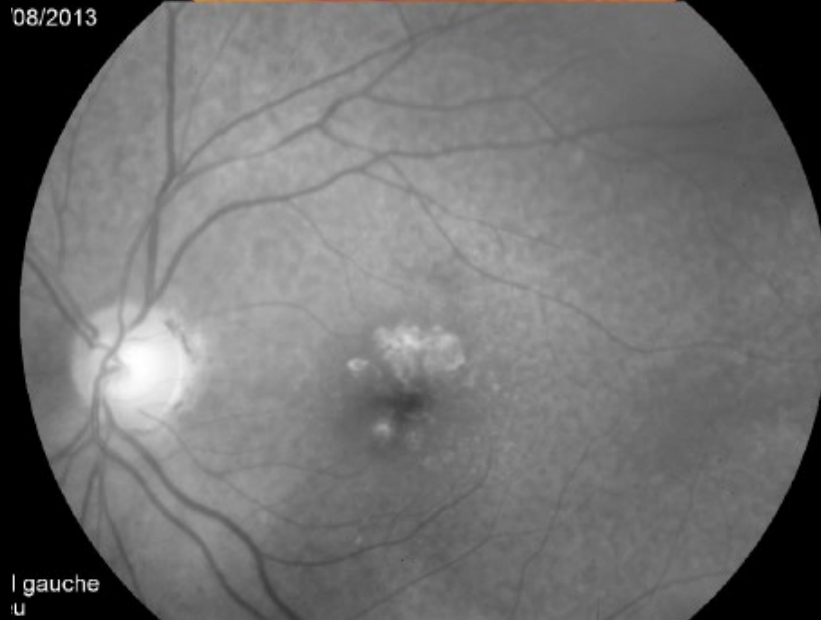


gauche
sur
08/2013

26/08/2013



oeil gauche
Vert
26/08/2013



l gauche
u



oeil gauche
Auto Fluo Vis

Progression de l'atrophie géographique dans la DMLA exsudative

But - Méthodes

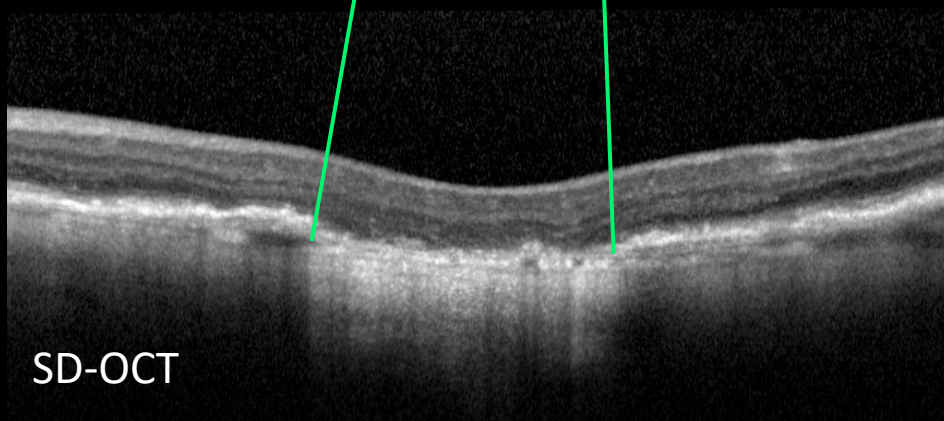
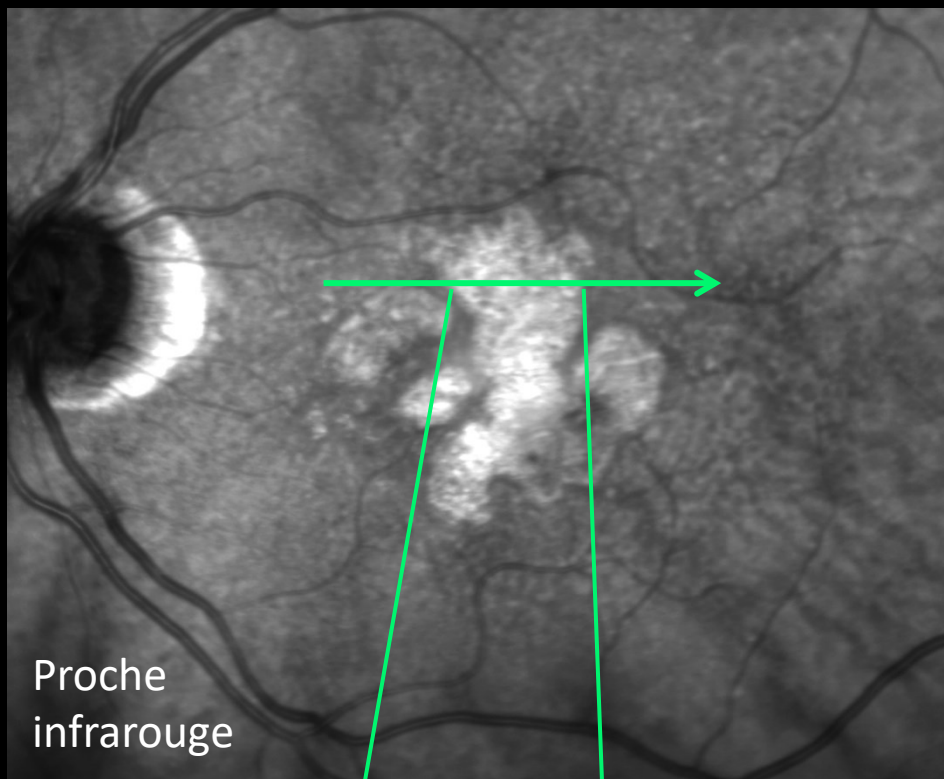
But: Facteurs de risque de progression de l'atrophie géographique dans la DMLA exsudative traitée par injections intra-vitréennes d'anti-VEGF

Méthode: Même cohorte de patients naïfs
exclusion de ceux qui n'avaient pas eu de SD-OCT initial
91 patients (94 yeux)
Suivi environ 2,5 ans
Corrélation de l'atrophie aux phénotypes néovasculaires
NVX classifiés en AGF seule et AGF+OCT

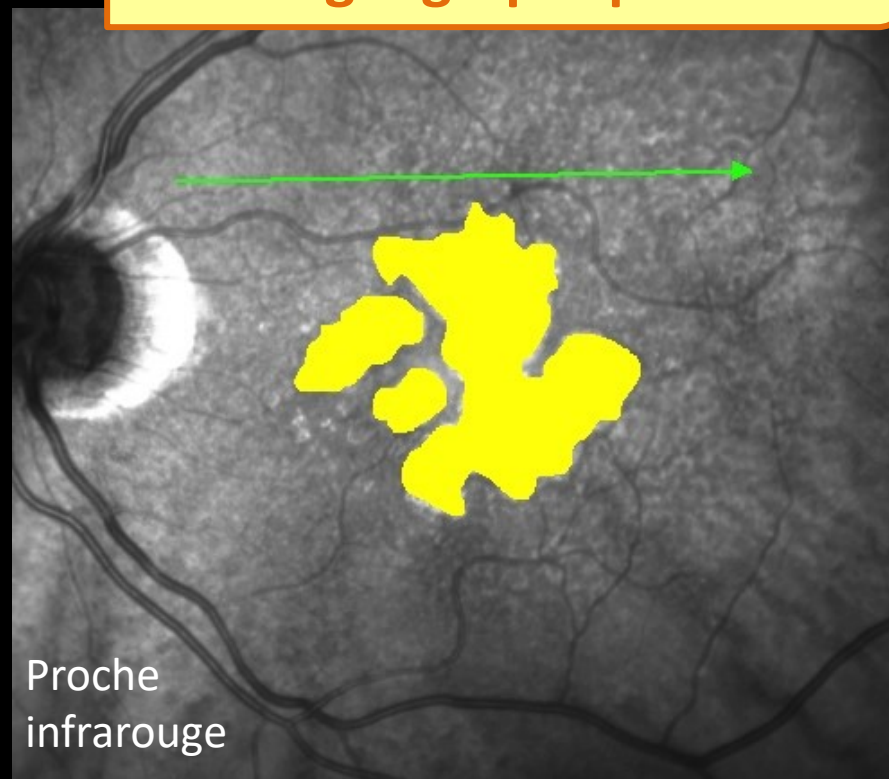
GEOGRAPHIC ATROPHY IN PATIENTS RECEIVING ANTI-VASCULAR ENDOTHELIAL GROWTH FACTOR FOR NEOVASCULAR AGE-RELATED MACULAR DEGENERATION

LUNA XU, MD,*†‡ SARAH MREJEN, MD,*§ JESSE J. JUNG, MD,*§¶**
ROBERTO GALLEG0-PINAZO, MD,*†† DESMOND THOMPSON, PhD,‡‡
MARCELA MARSIGLIA, MD, PhD,*§¶** K. BAILEY FREUND, MD*§¶**

Progression de l'atrophie géographique dans la DMLA exsudative - Méthodes



Mesure de l'atrophie géographique



Mesure en imagerie multimodale

- Hyper-reflectivité en proche IR
- $> 250 \mu\text{m}$ diamètre
- Bords nets
- ET sur SD-OCT correspondant
 - ↗ pénétration de lumière
 - Visualisation de la choroïde

Progression de l'atrophie géographique dans la DMLA exsudative - Résultats

Caractéristiques démographiques et cliniques

N	91 patients (94 eyes)
Age moyen (± SD)	81.7 (± 8.5)
Femmes (%)	61 (67%)
Suivi moyen (Mois)	28.5 (± 10.7)
Acuite Visuelle initiale	20/77 (20/20 - 20/800)
Taille initale de l'atrophie, en mm ²	0.27 (± 0.99)
Atrophie peripapillaire	64%
Pseudodrusen réticulés	46%
Nombre d'injections anti-VEGF	17.4 (± 9.0) (7.3/an)
Ranibizumab monothérapie	64%

Résultats

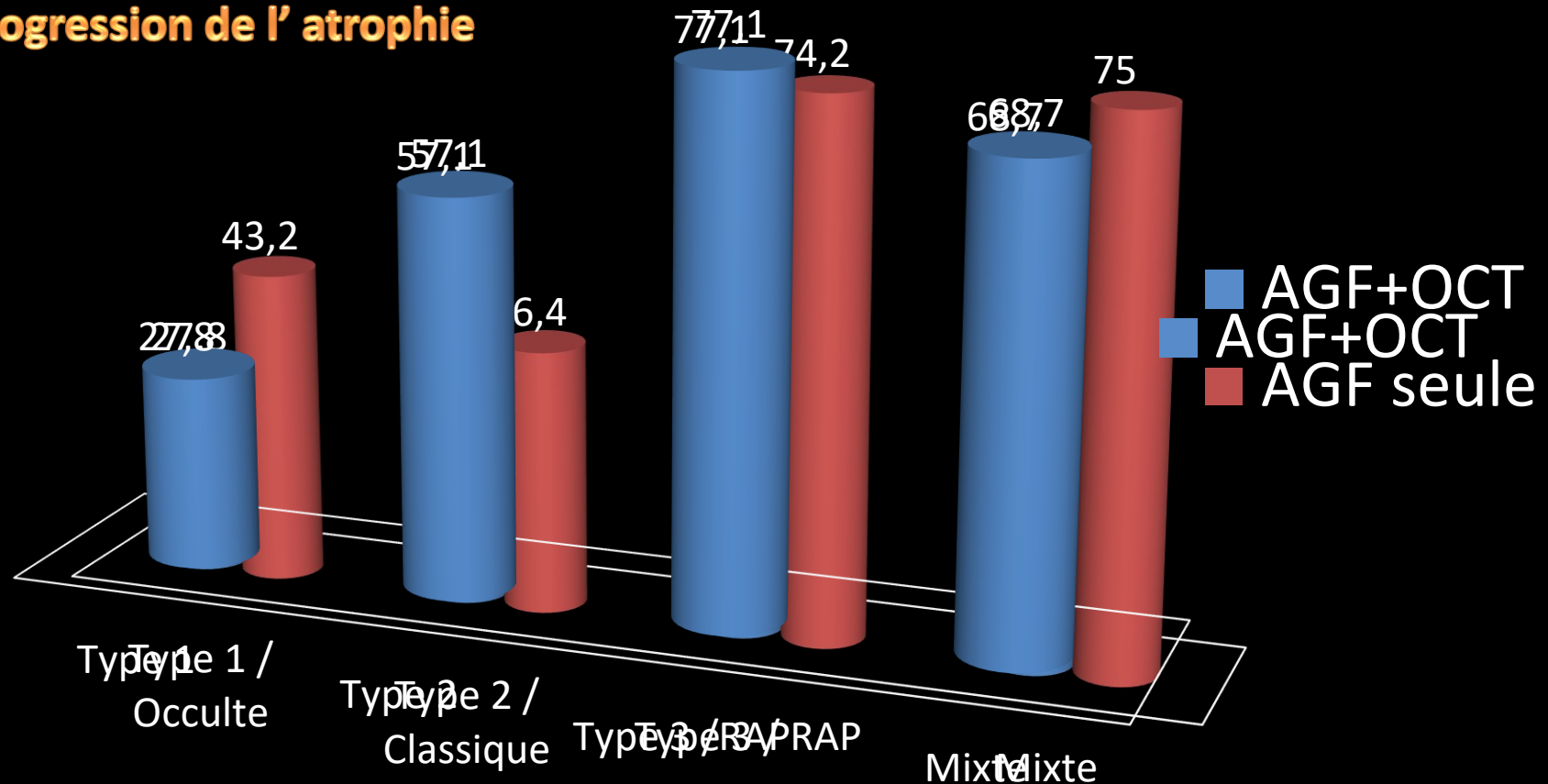
Caractéristiques démographiques et cliniques

Classification anatomique AGF+OCT (% total)	94 yeux	Classification AGF (% total)	94 yeux
Type 1 sous-épithélial	36 (38.3%)	Occulte	44 (46.8%)
Type 2 pré-épithélial	7 (7.4%)	Classique	11 (11.7%)
Type 3 intra-rétinien	35 (37.2%)	RAP	31 (33%)
Mixte	16 (17%)	Mixte	8 (8.5%)

Progression de l'atrophie géographique (% total)	52 (55%)
Atrophie présente au diagnostic	17 (18%)
Développement au cours du suivi	35 (37%)

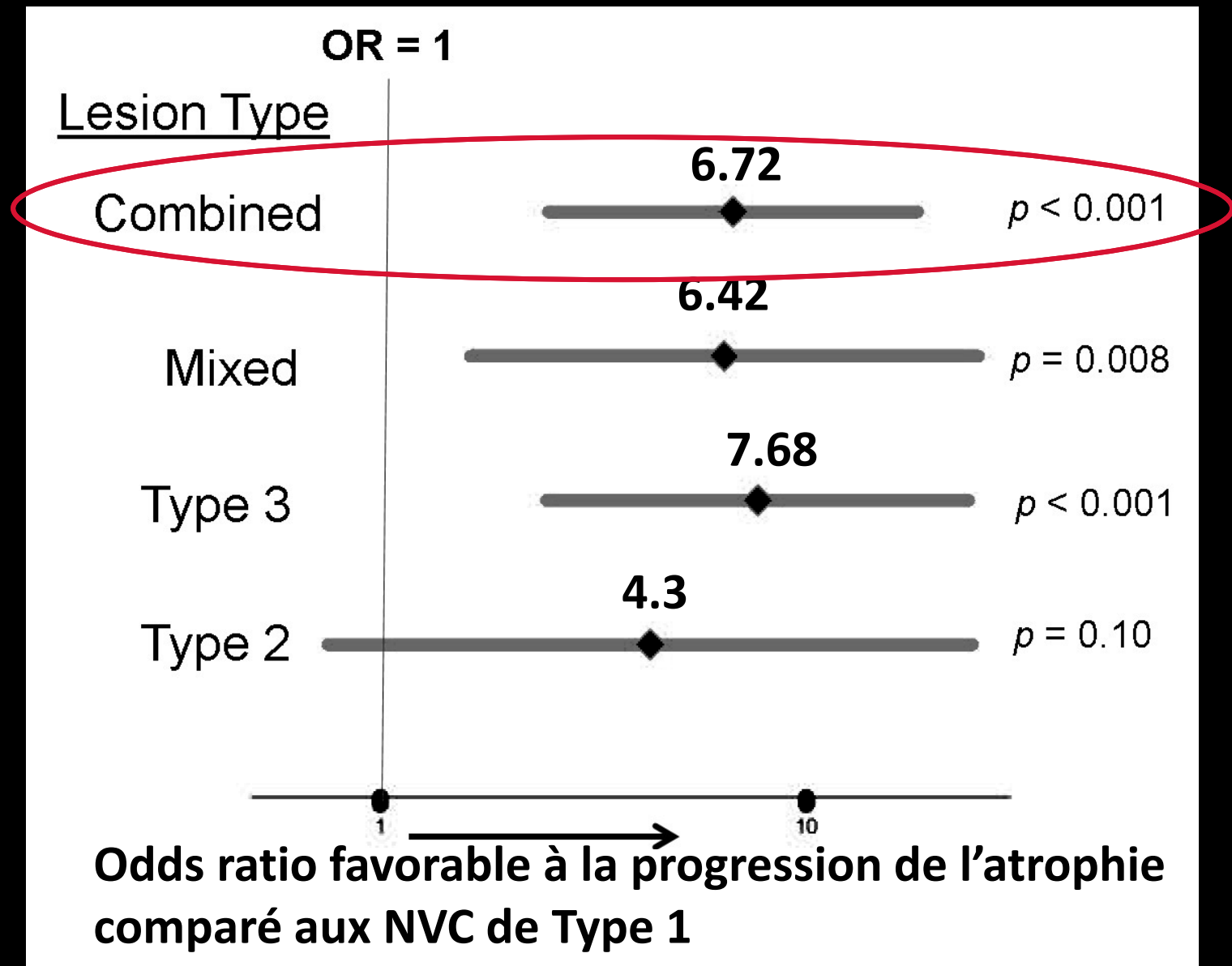
Progression de l'atrophie par phénotype de néovaisseaux

**Total: 52/94 yeux (55%)
progression de l'atrophie**



La classification anatomique (AGF+OCT) est plus fortement corrélée à la progression de l'atrophie géographique que la classification utilisant l'AGF seule
(Régression logistique, Chi-2: 27.8 pour AGF+OCT vs Chi-2= 19.8 pour AGF seule, $P < 0.001$)

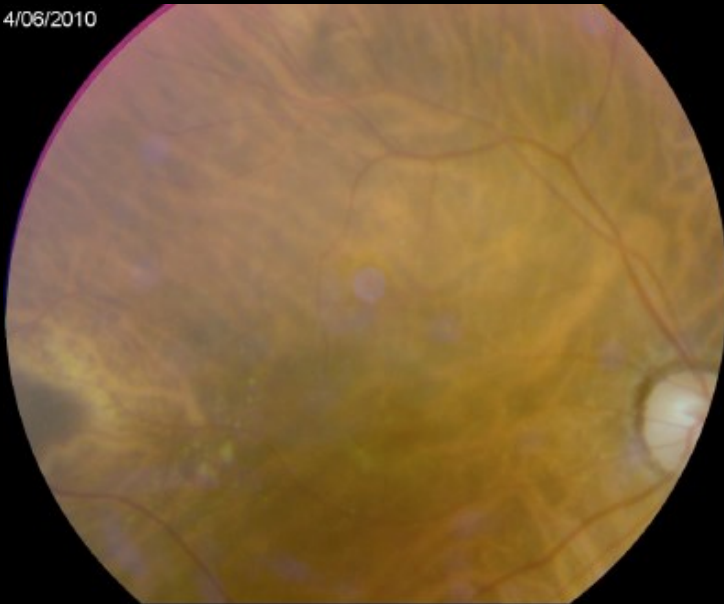
Odds Ratio de progression de l'atrophie EPR par phénotype néovasculaire comparé aux NVC de Type 1



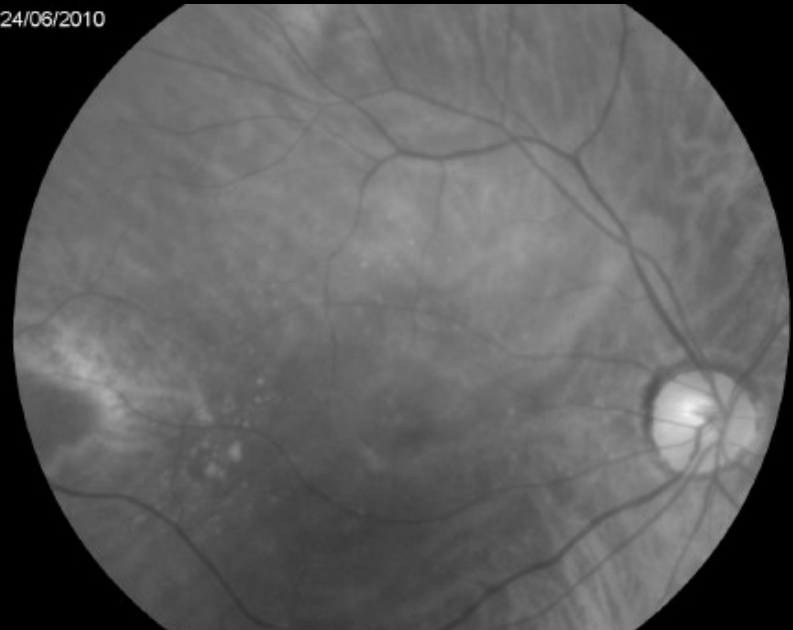
Cas Clinique N°8

F, 76 ans, BAV OD 5/10

4/06/2010



24/06/2010



:ouleur (comp.
4/06/2010



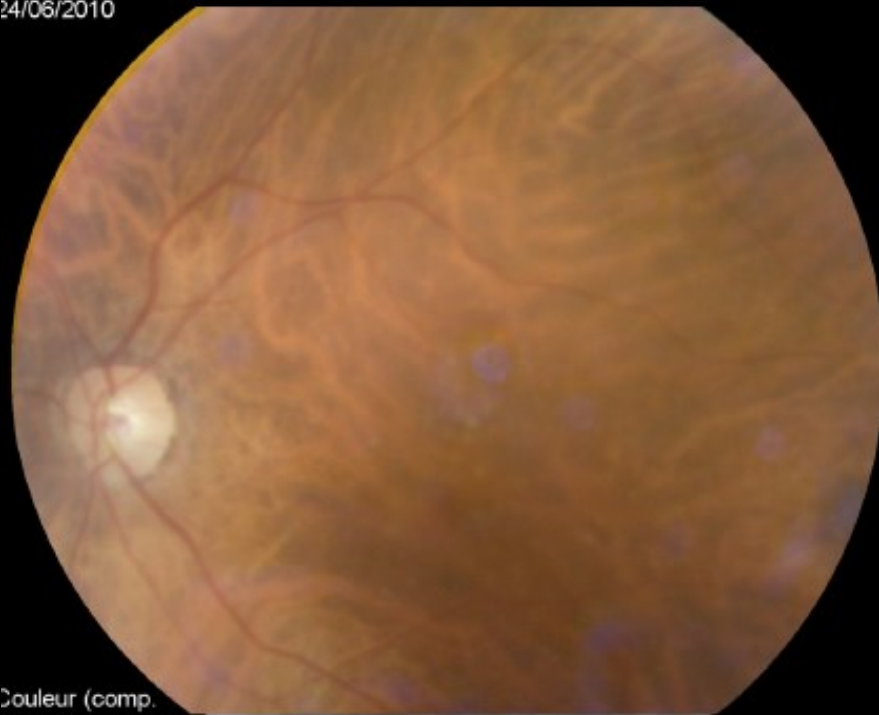
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24/06/2010

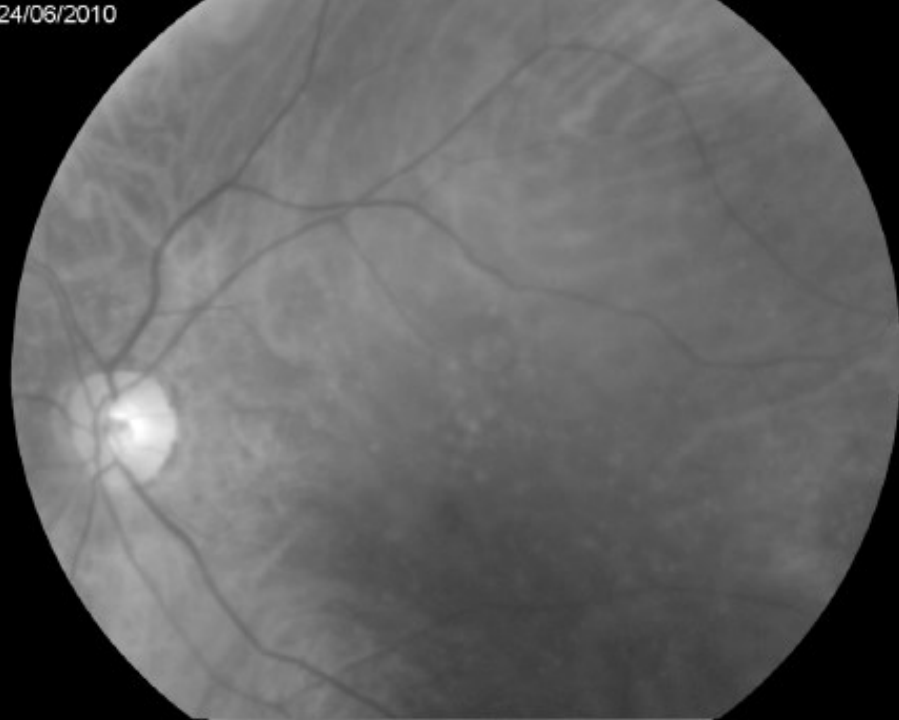


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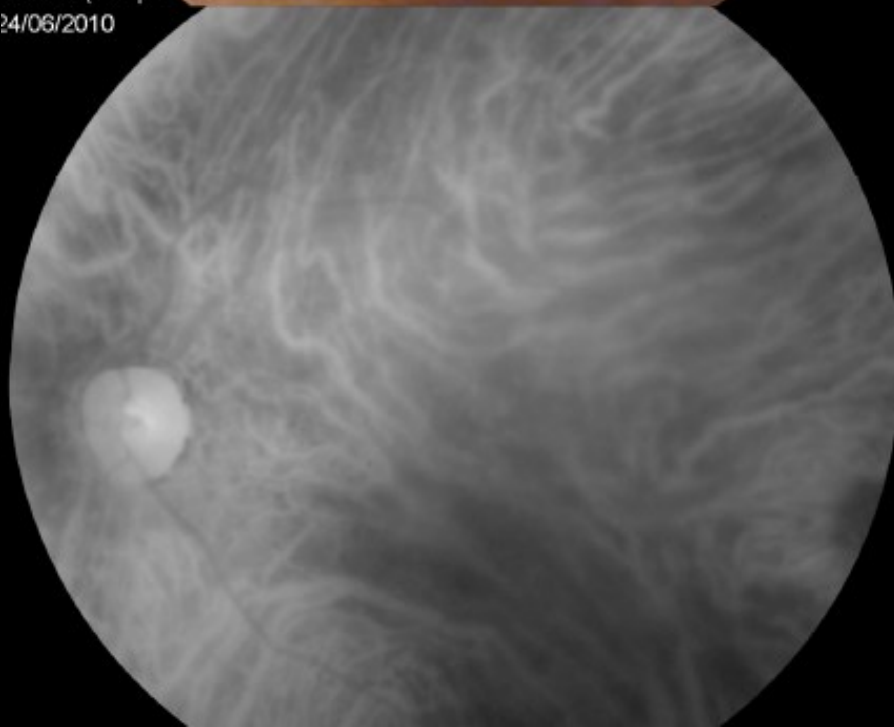
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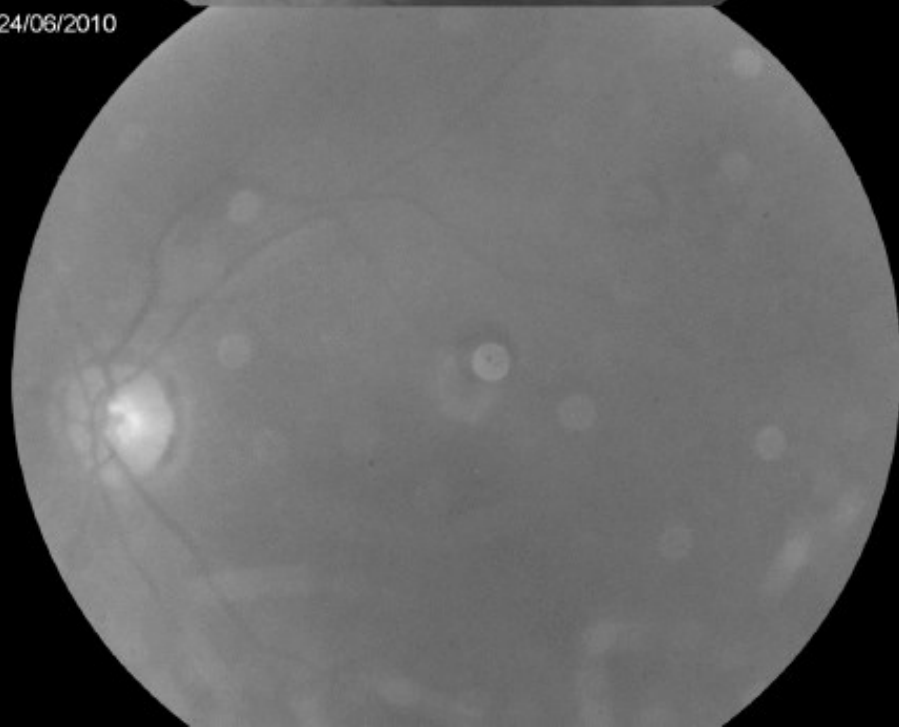
24/06/2010



Couleur (comp.
24/06/2010



24/06/2010



24/06/2010



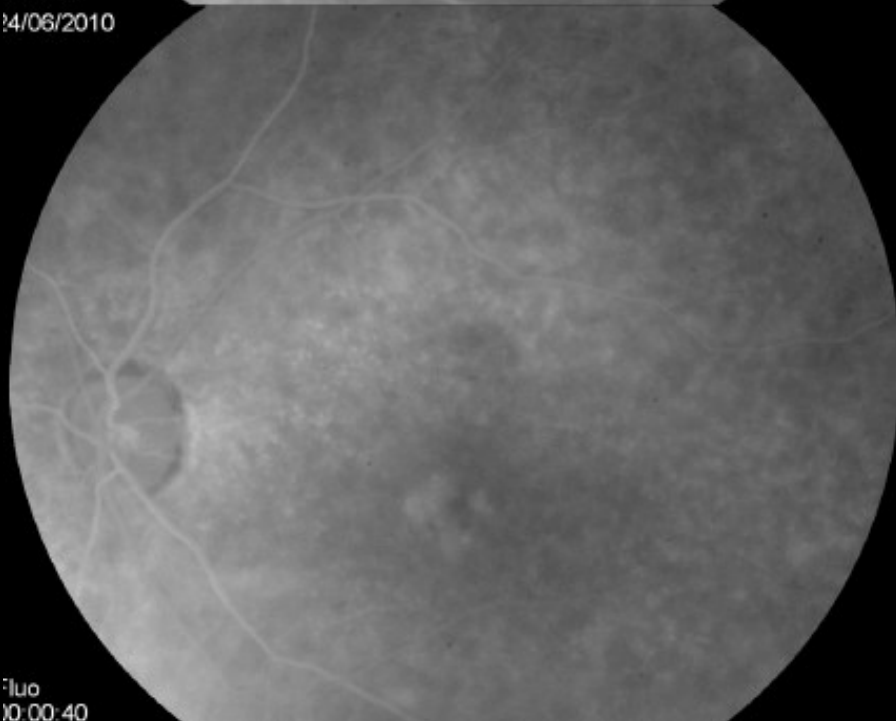
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24/06/2010

24/06/2010



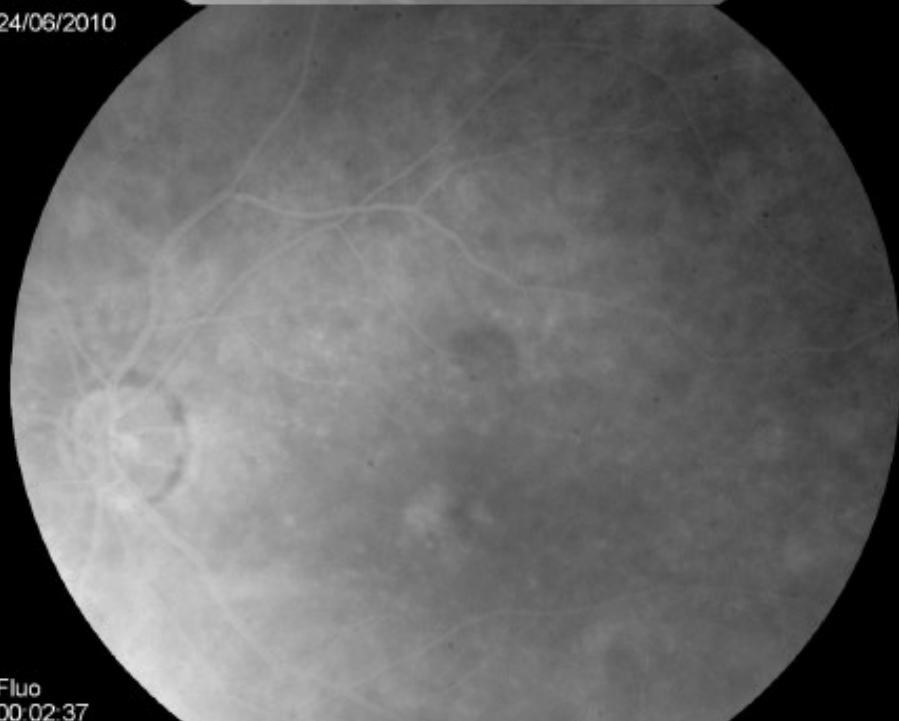
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24/06/2010



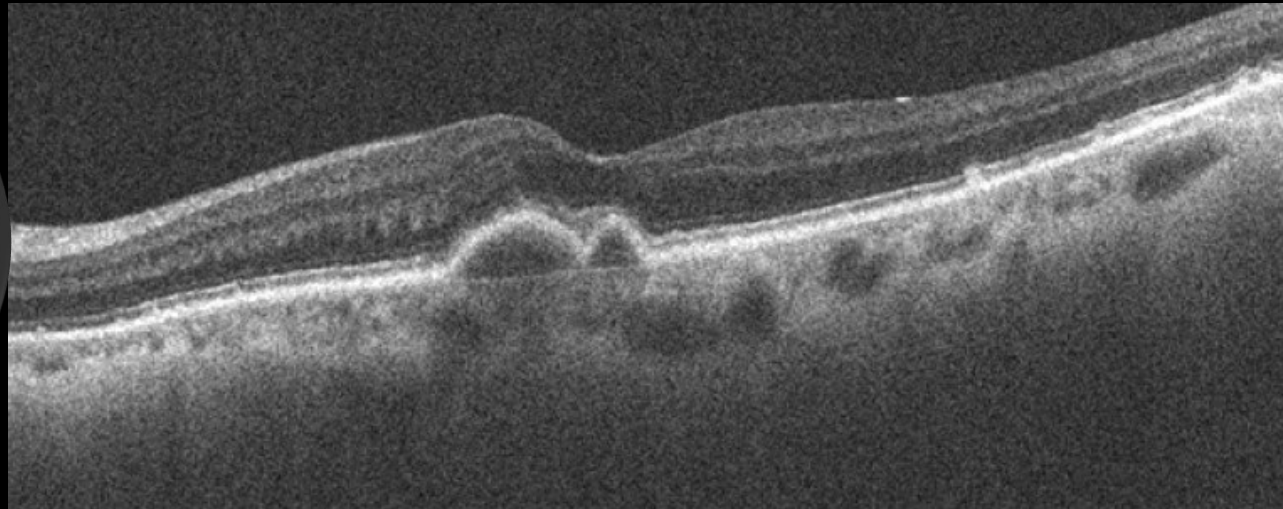
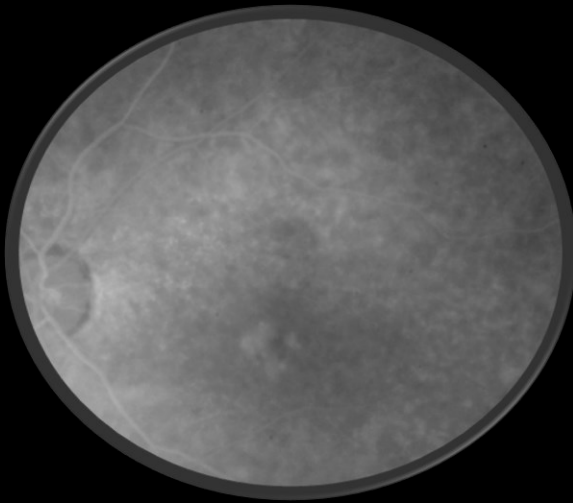
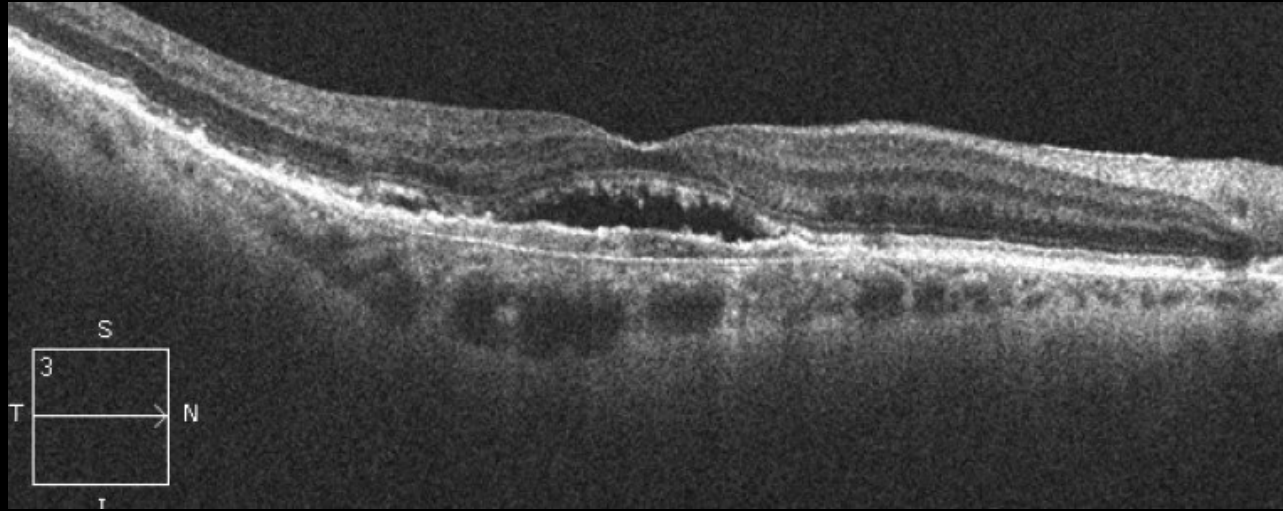
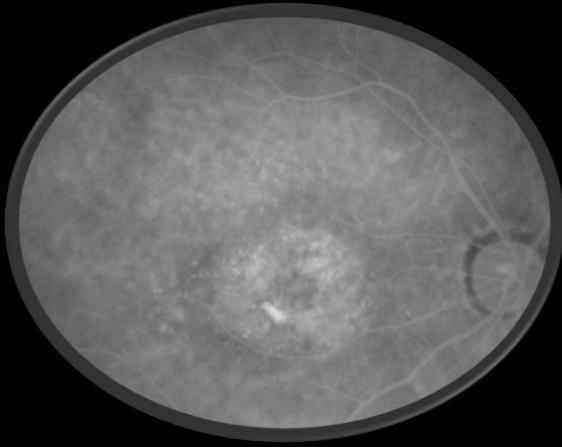
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24/06/2010

24/06/2010



Fluo
00:02:37
24/06/2010

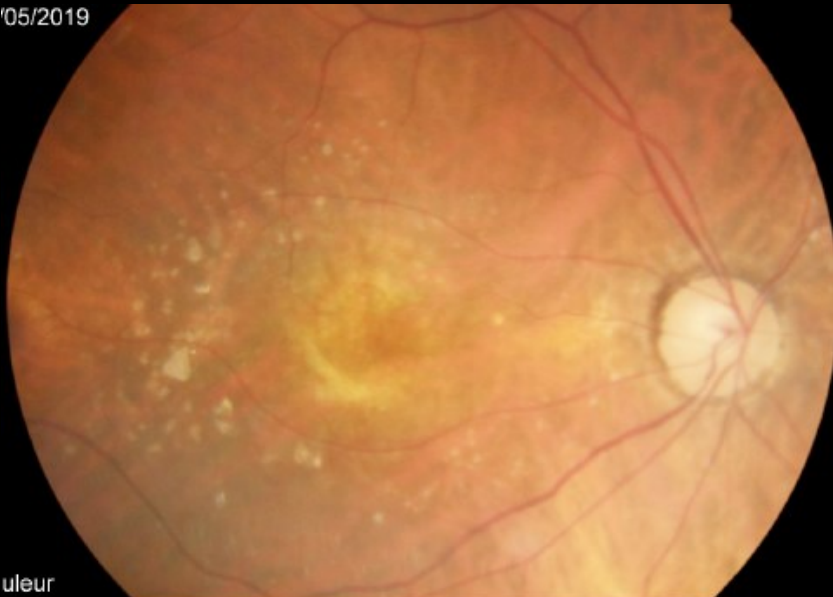
F, 76 ans, BAV OD 5/10



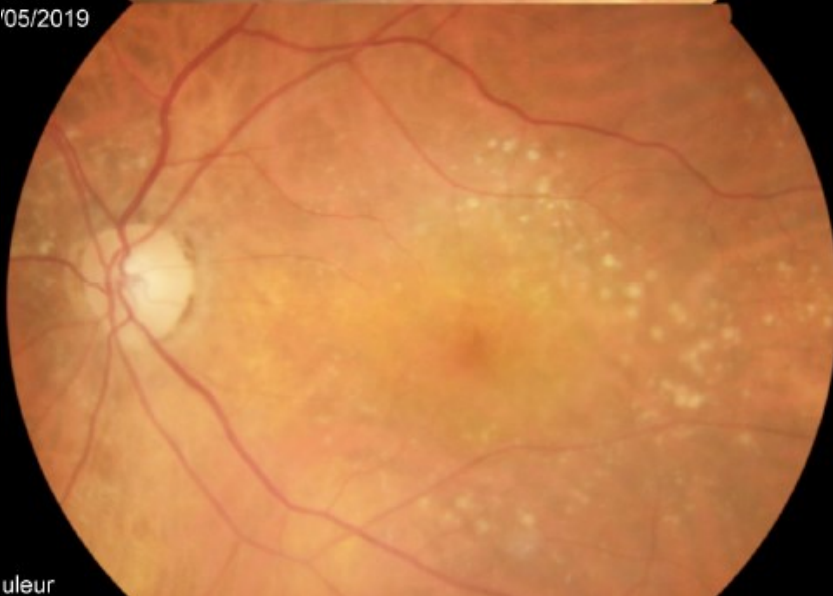
NVX Type 1 bilatéraux

9 ans plus tard, 29 IVTs OD et 17 IVTs OG, pas d'atrophie

05/2019

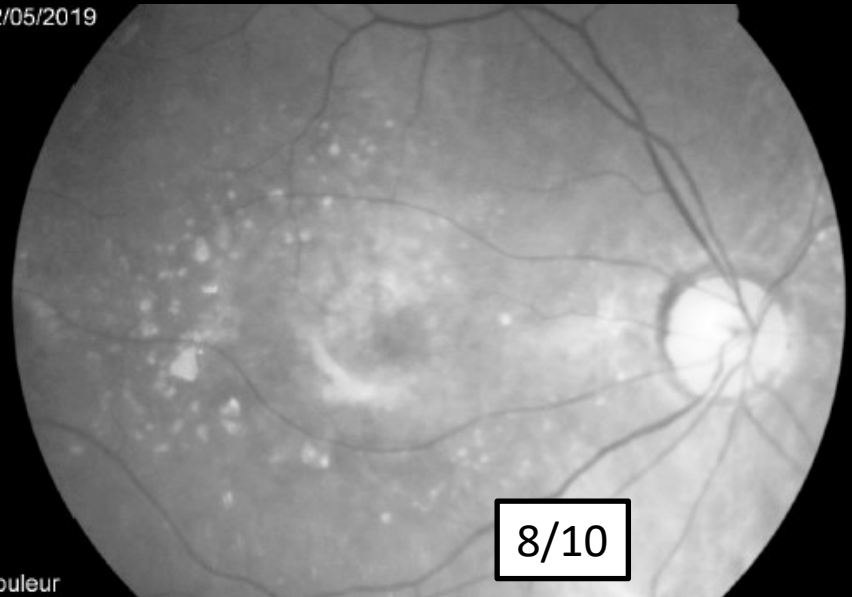


Couleur
05/2019



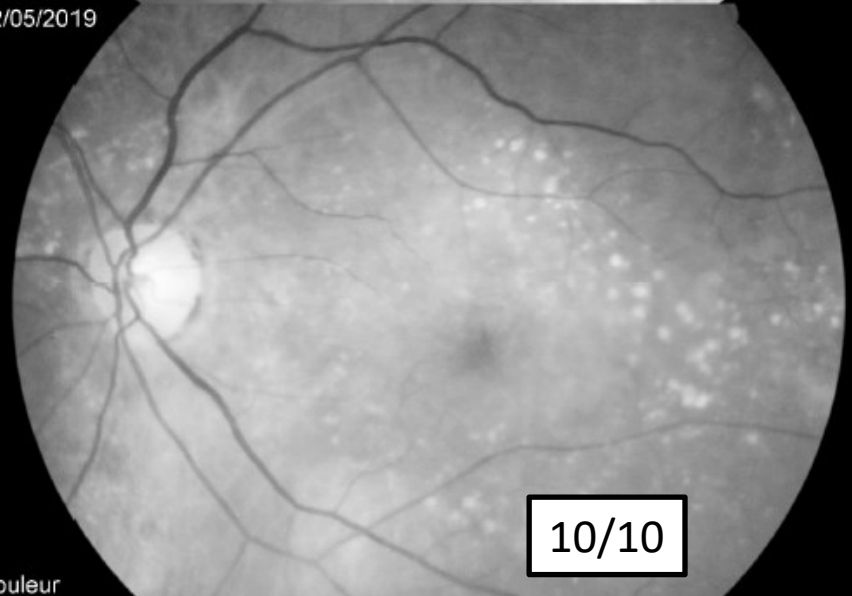
Couleur

22/05/2019



8/10

Couleur
22/05/2019

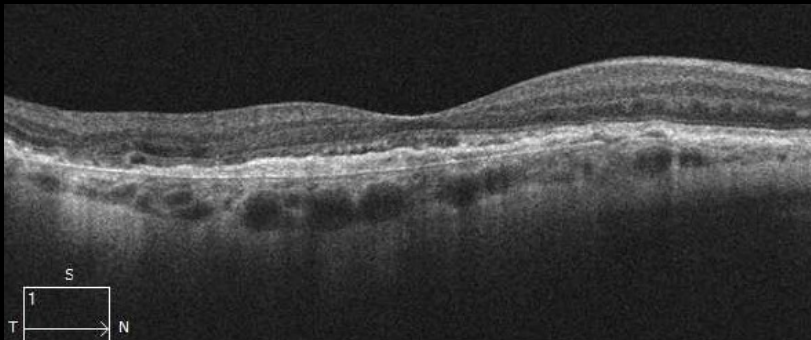
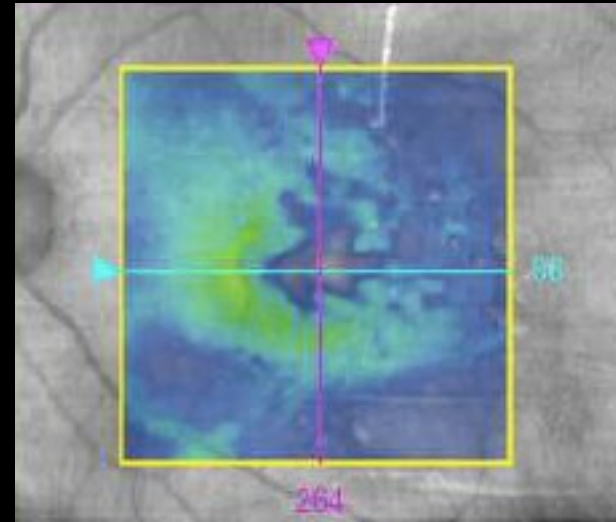
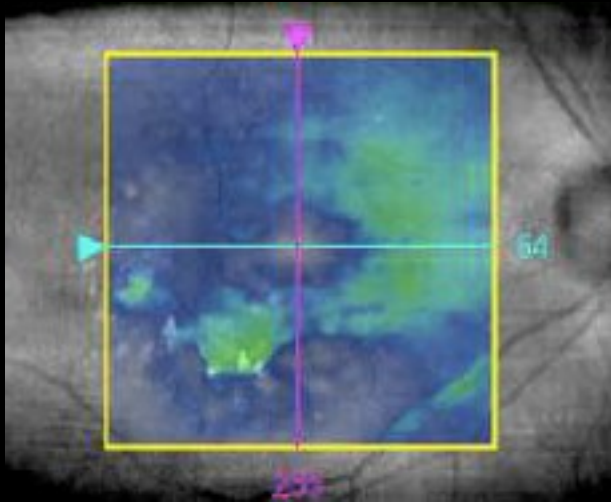


10/10

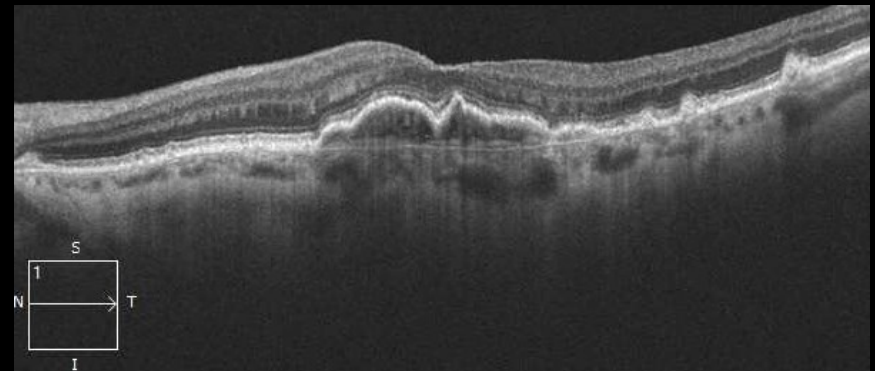
Couleur

NVX Type 1 bilatéraux

9 ans plus tard, 29 IVTs OD et 17 IVTs OG, pas d'atrophie



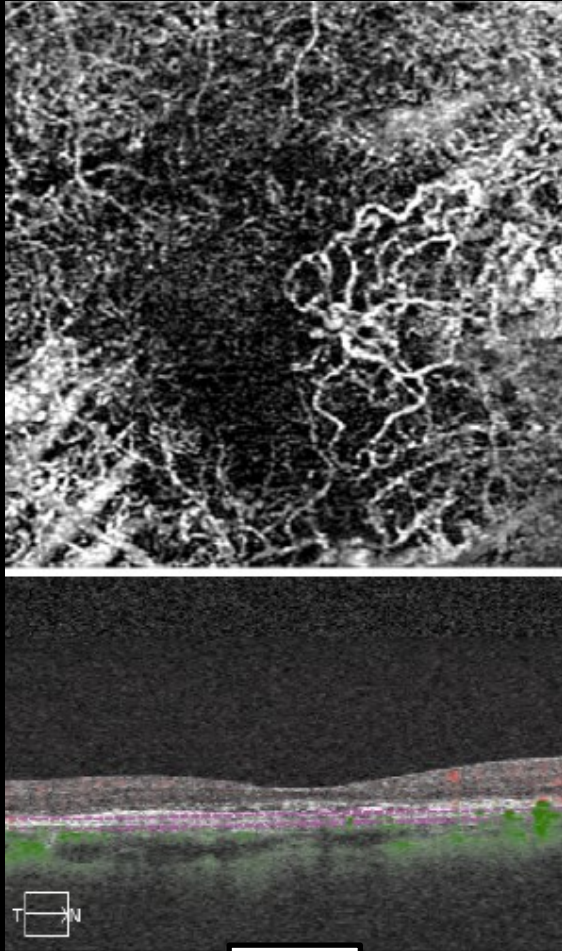
8/10



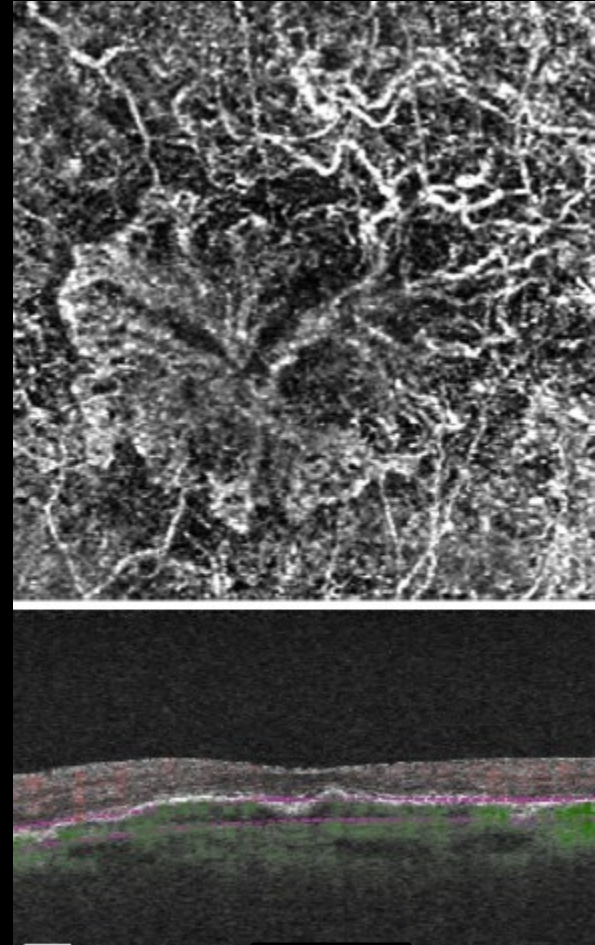
10/10

NVX Type 1 bilatéraux

9 ans plus tard, 29 IVTs OD et 17 IVTs OG, pas d'atrophie



8/10



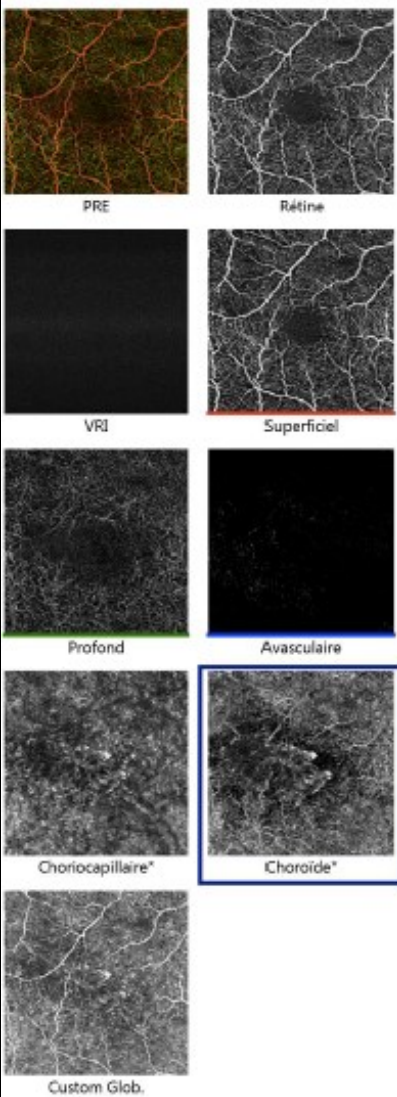
10/10

Cas Clinique N°9

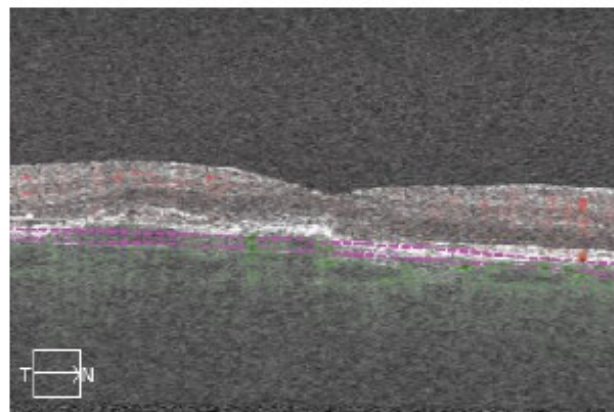
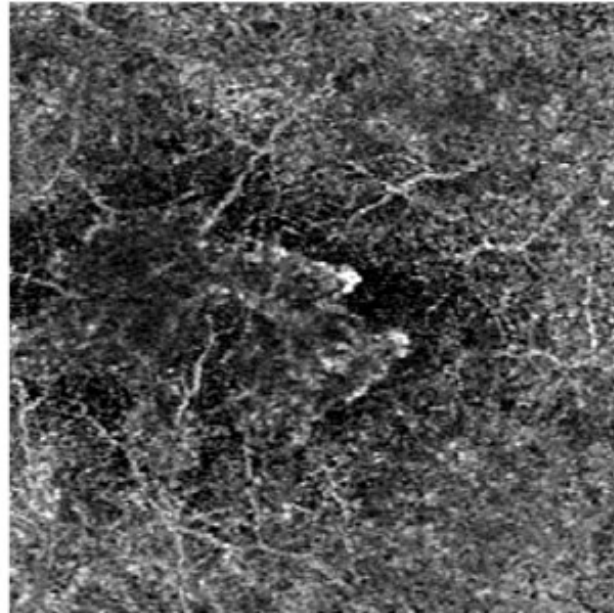
F, 79 ans, BAV OD 5/10



F, 79 ans, BAV OD 5/10



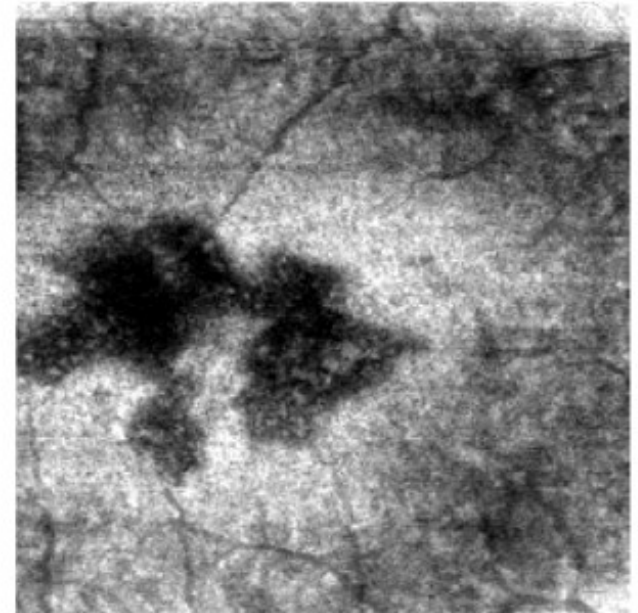
AngioPlex - Choroïde



Coupe: 122

Haut: RPEfit+11 μ Bas: RPEfit+62 μ

Structure - Choroïde

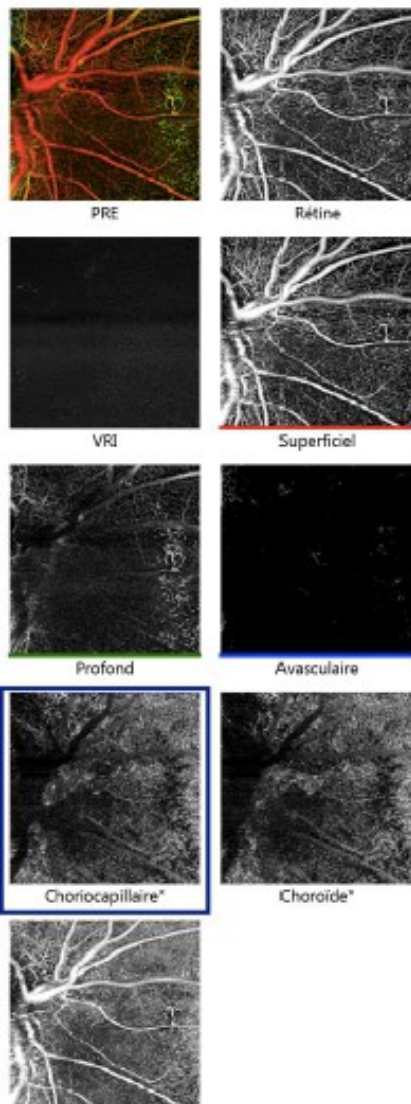


Calques

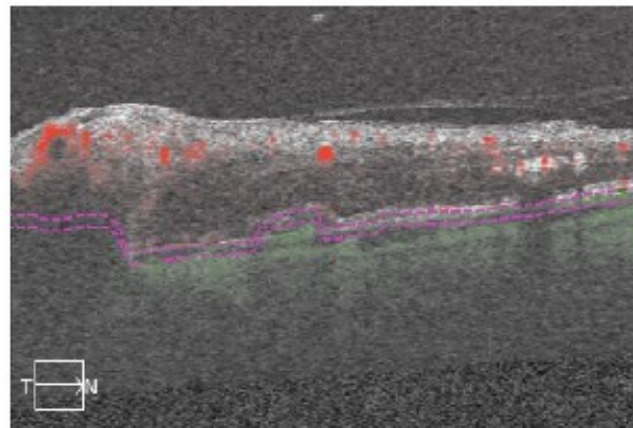
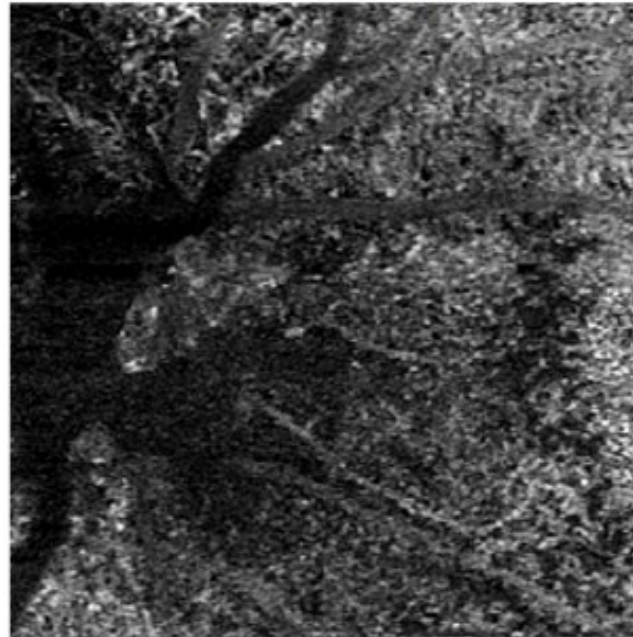
Structure - Aucun(e)
AngioPlex - Aucun(e)

Suivi pendant l'examen

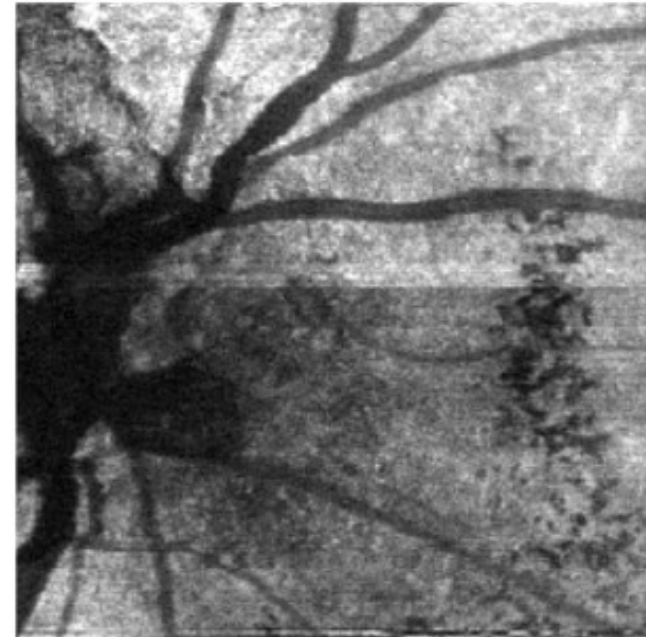
F, 79 ans, BAV OD 5/10



AngioPlex - Choriocapillaire



Structure - Choriocapillaire

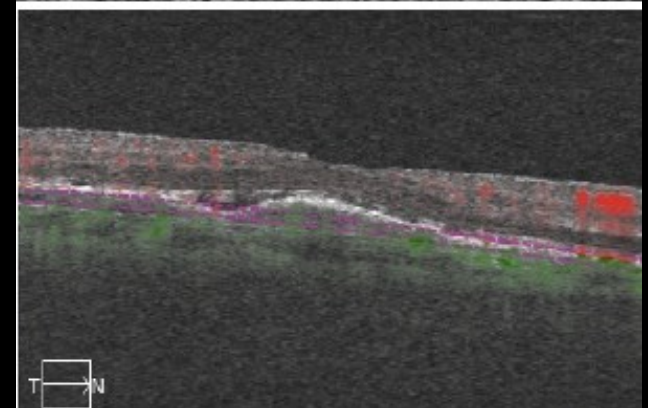
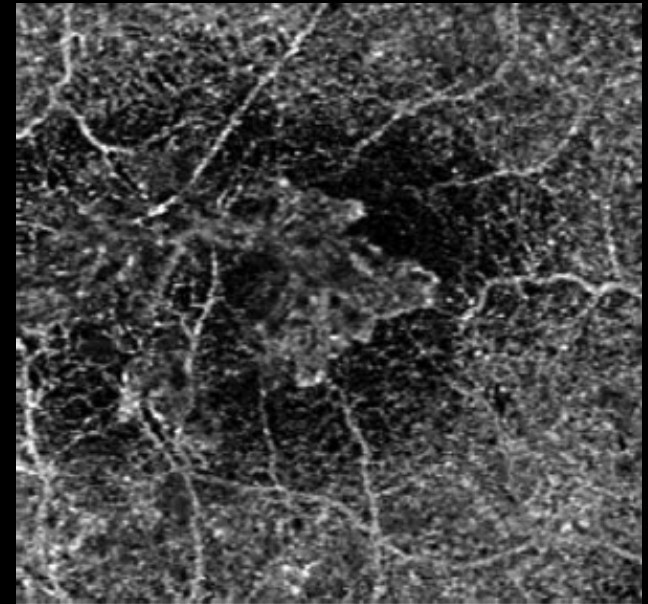
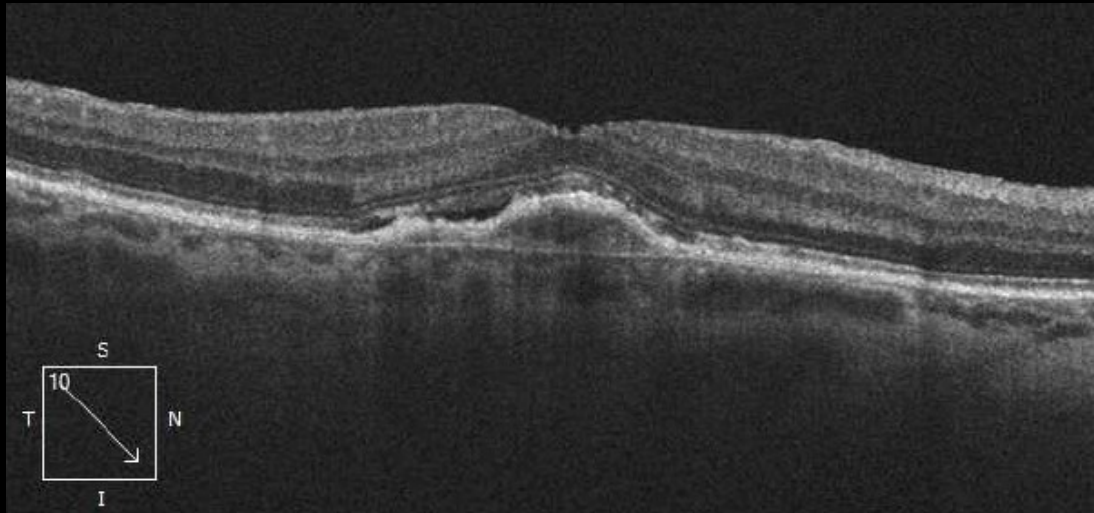


Calques

Structure - Aucun(e)

AngioPlex - Aucun(e)

F, 79 ans, Néovaisseaux Type 1 OD
AV 7/10, 1 an plus tard après 6 IVTs anti-VEGF



Cas Clinique N°10

F, 65 ans, BAV OD 6/10

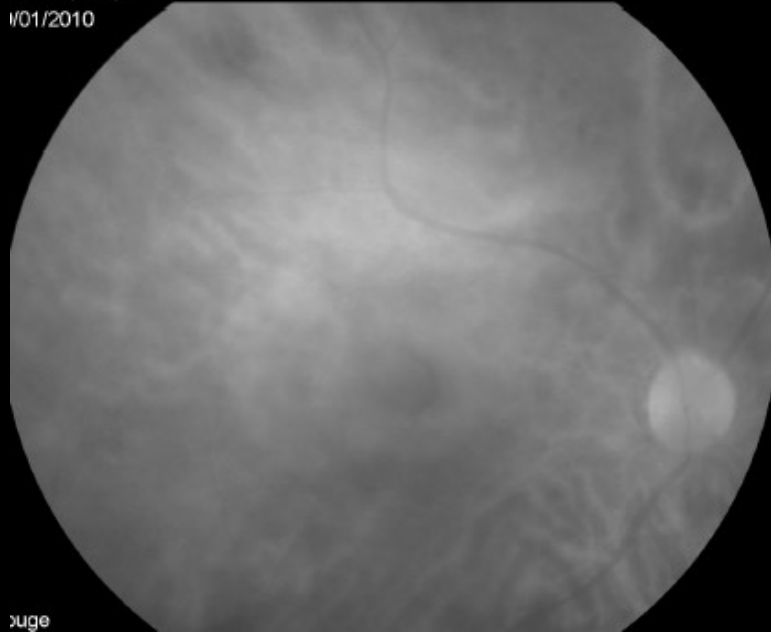
1/01/2010



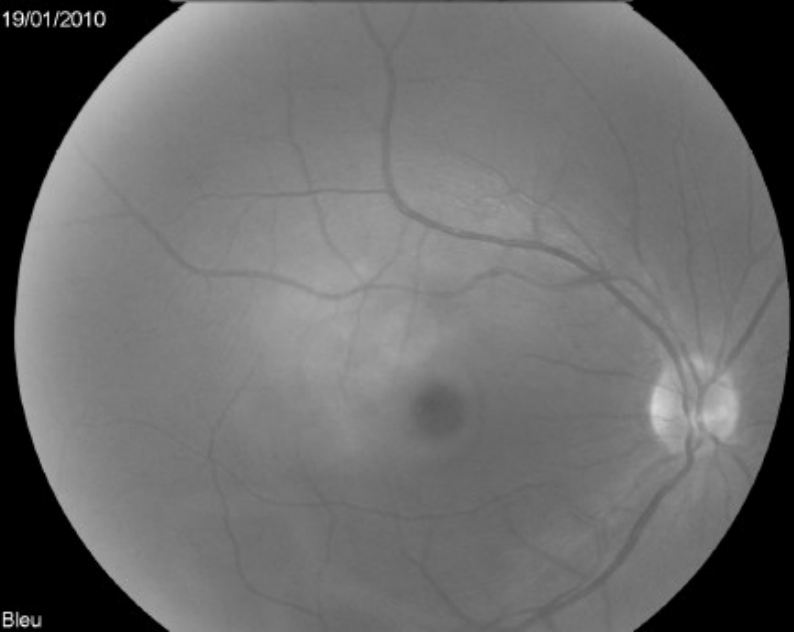
19/01/2010



Jaune (comp.)
1/01/2010



Vert
19/01/2010



Rouge

Bleu

9/01/2010

F, 65 ans, BAV OD 6/10



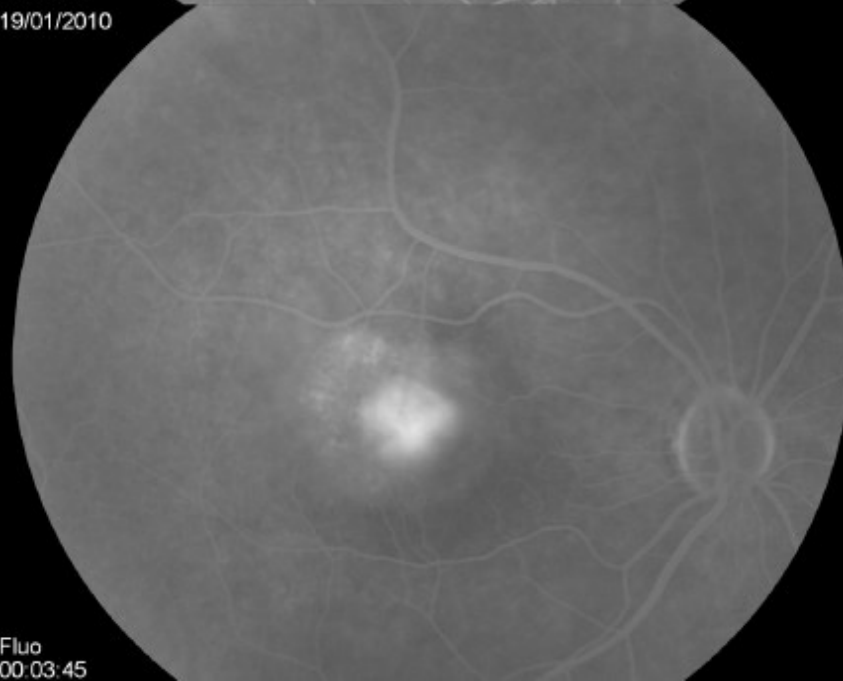
Fluo
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9/01/2010



Fluo
00:00:18
19/01/2010

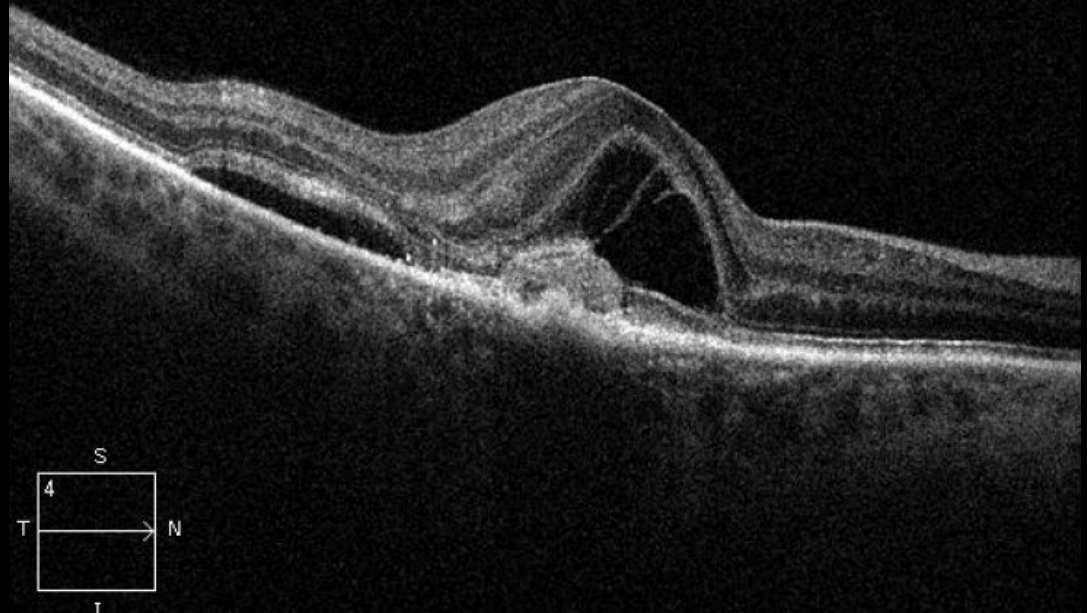
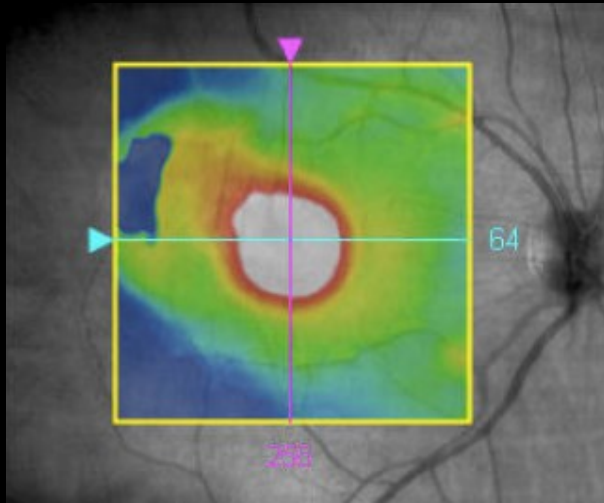


Fluo
0:00:59



Fluo
00:03:45

F, 65 ans, BAV OD 6/10



9/01/2010



Couleur (comp.
9/01/2010

19/01/2010



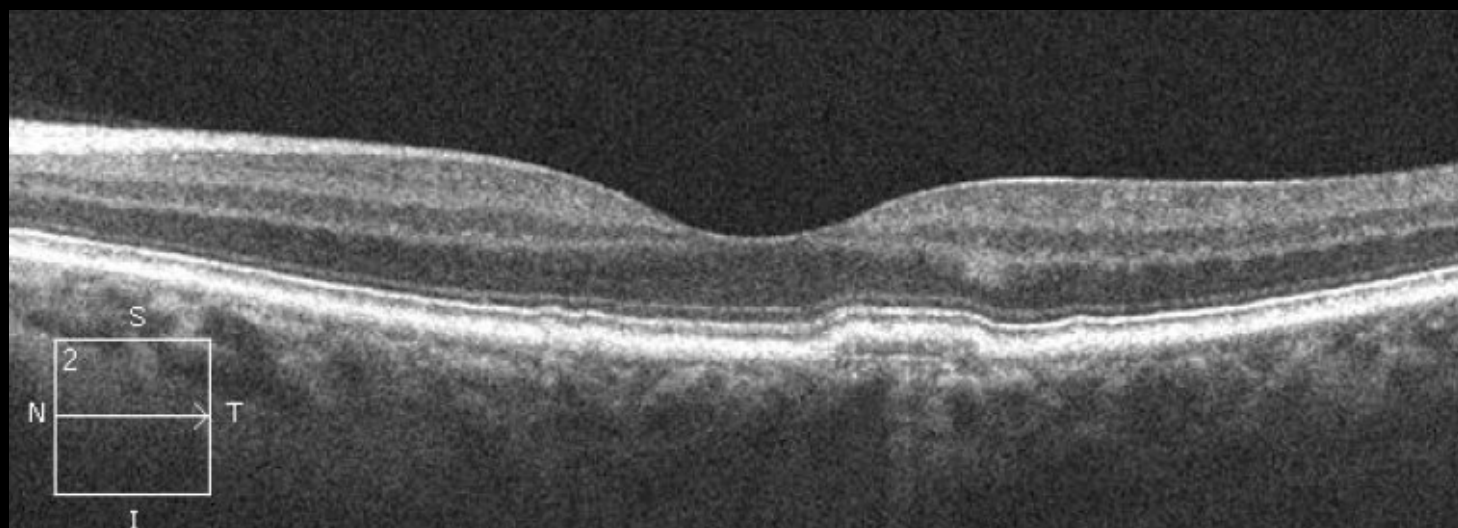
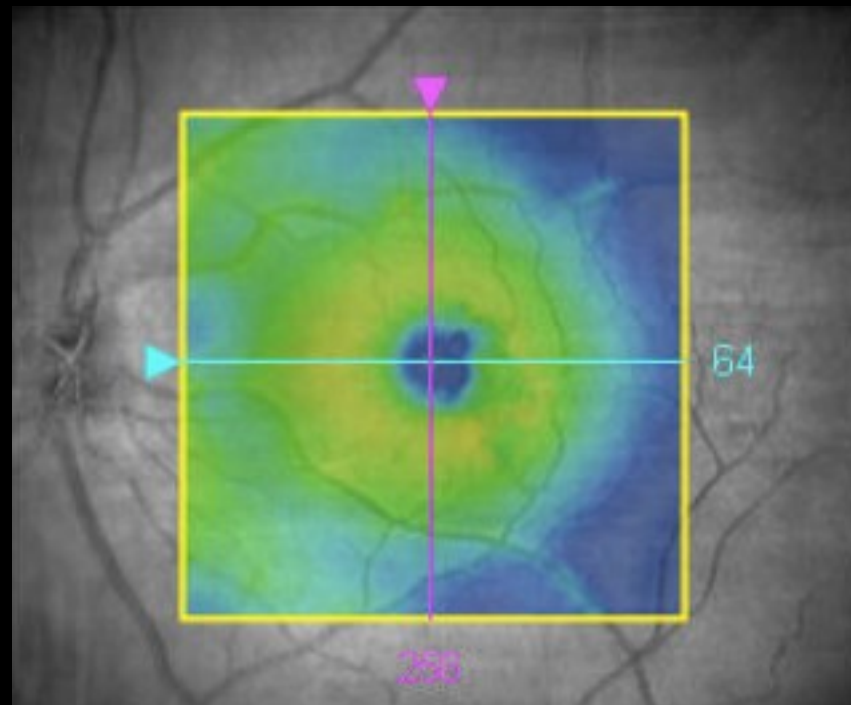
Vert
19/01/2010



Iuo
0:00:28



Fluo
00:03:54

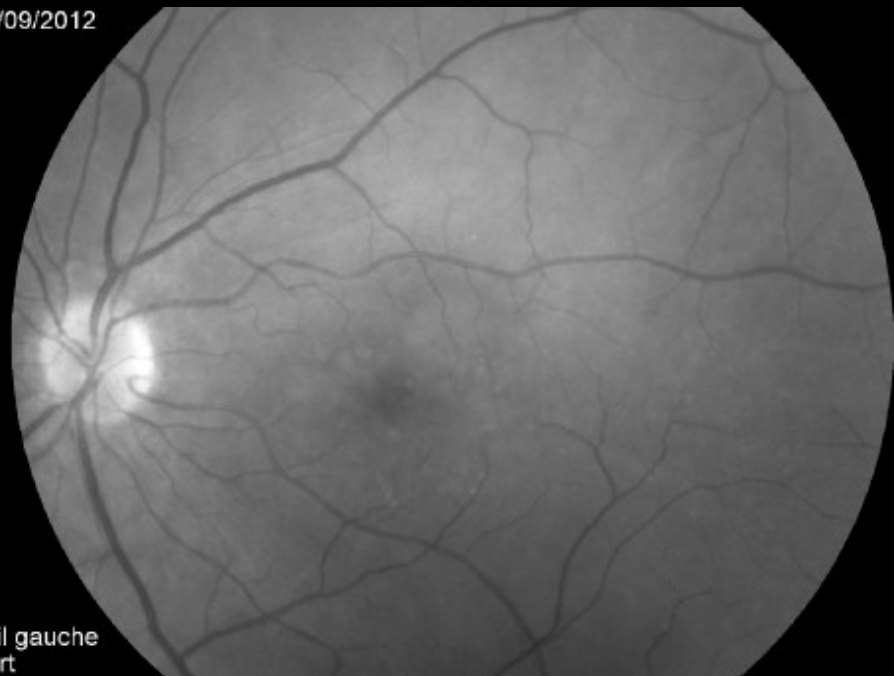


9/2012

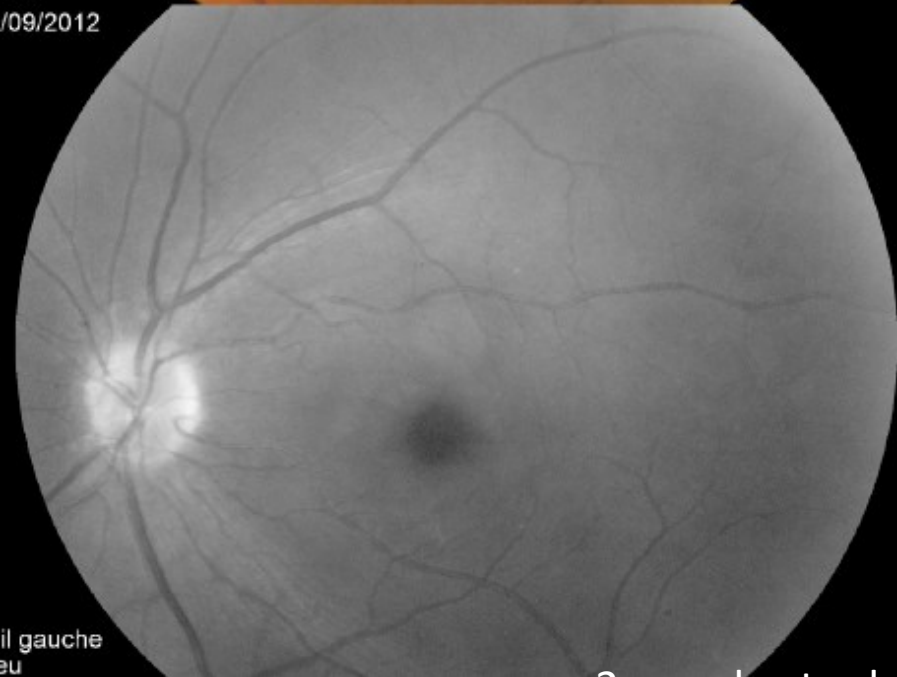


gauche
eur
/09/2012

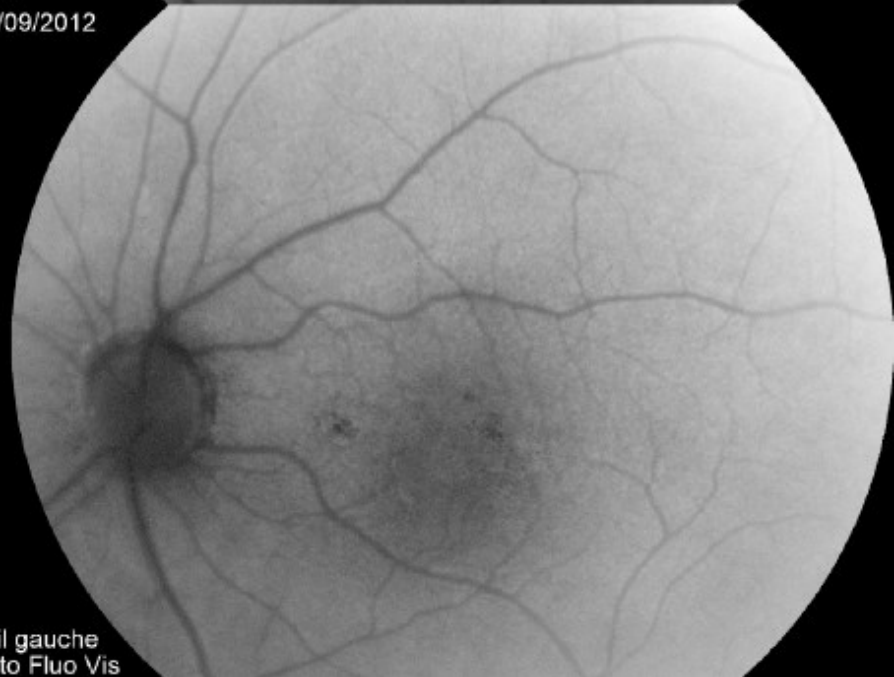
25/09/2012



oeil gauche
Vert
25/09/2012



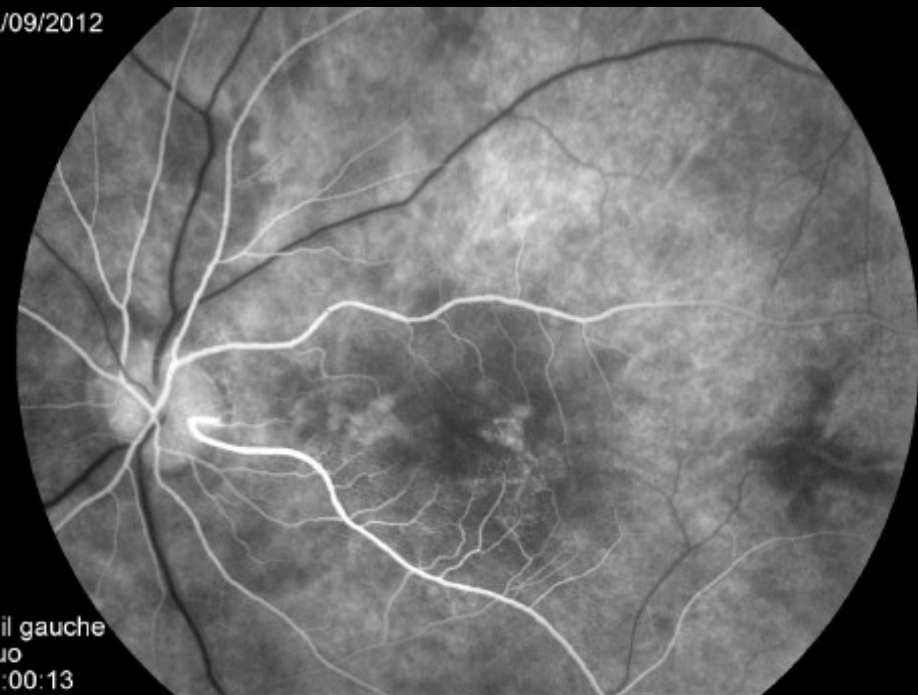
il gauche
eu



oeil gauche
Auto Fluo Vis

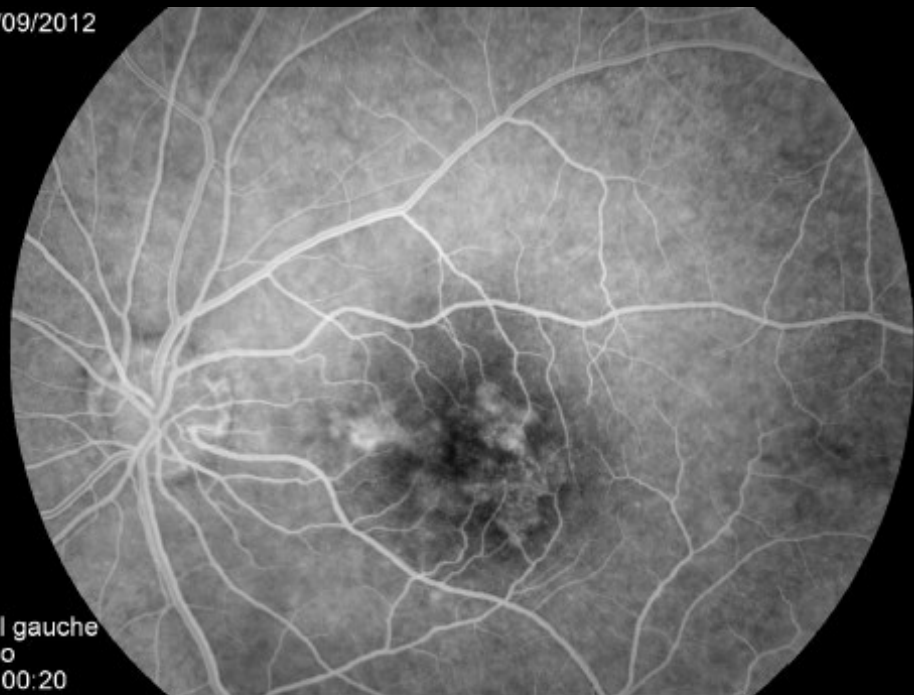
2 ans plus tard

09/09/2012

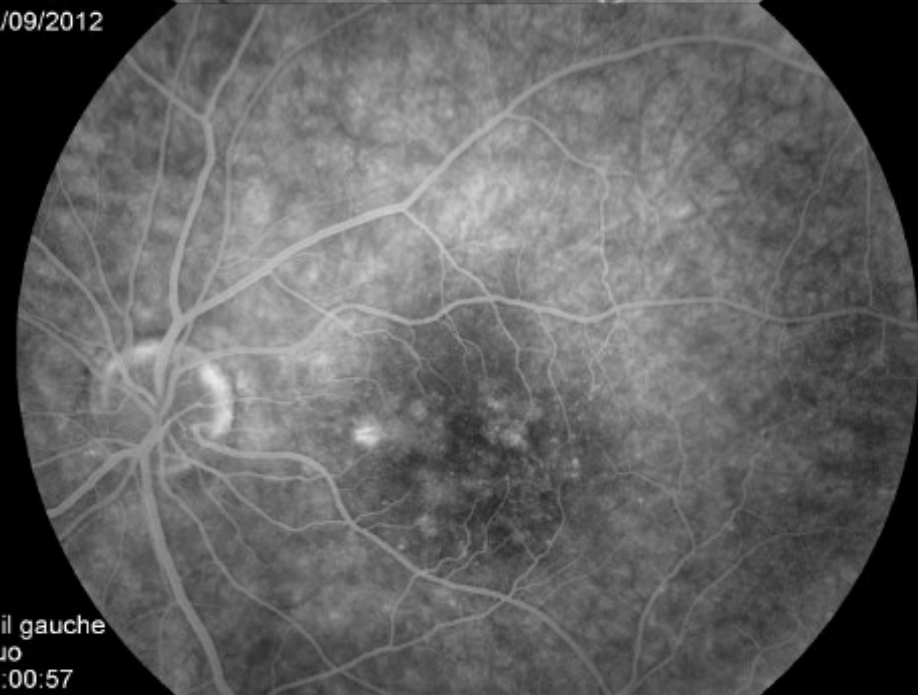


oeil gauche
Fluo
00:00:13
09/09/2012

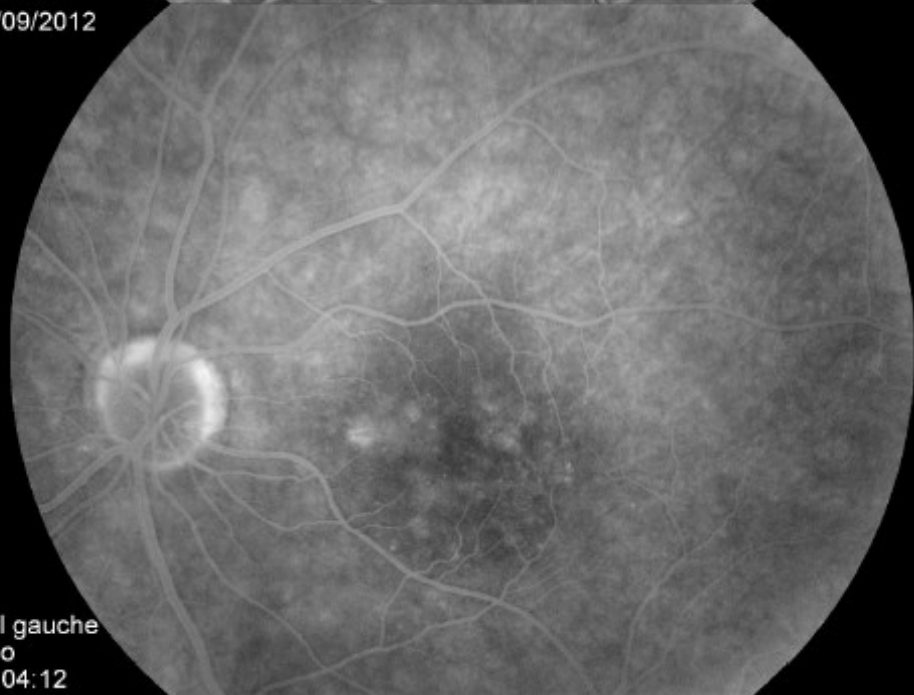
25/09/2012



oeil gauche
Fluo
00:00:20
25/09/2012

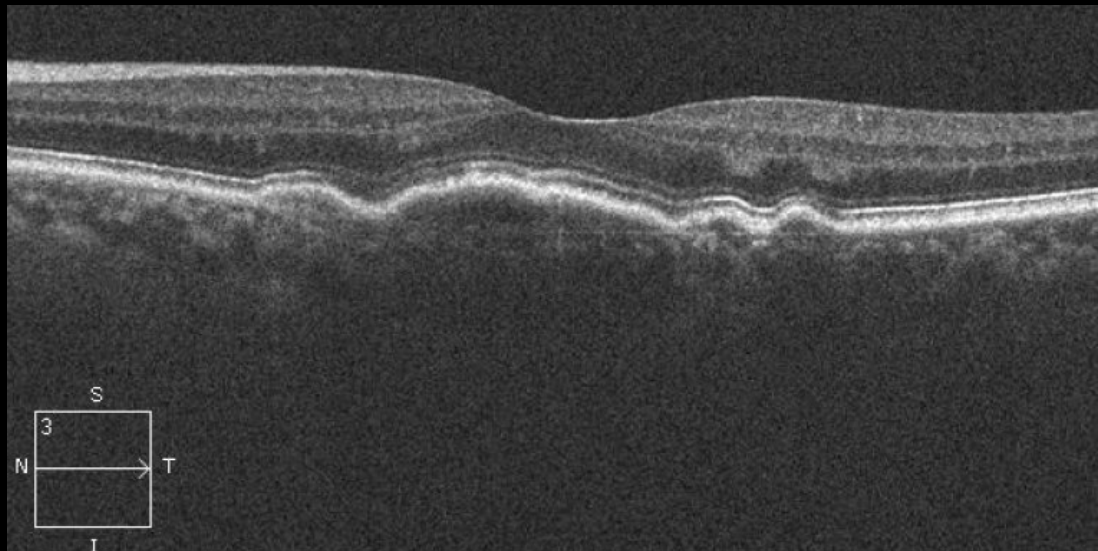
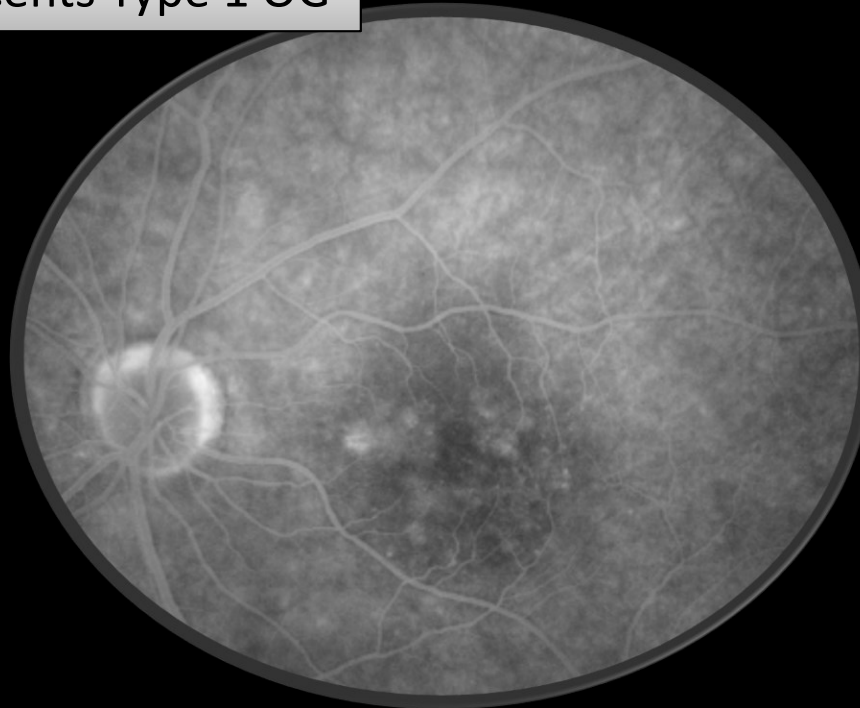


oeil gauche
Fluo
00:00:57



oeil gauche
Fluo
00:04:12

Néovaisseaux quiescents Type 1 OG



2 ans plus tard

Cas Clinique N°11

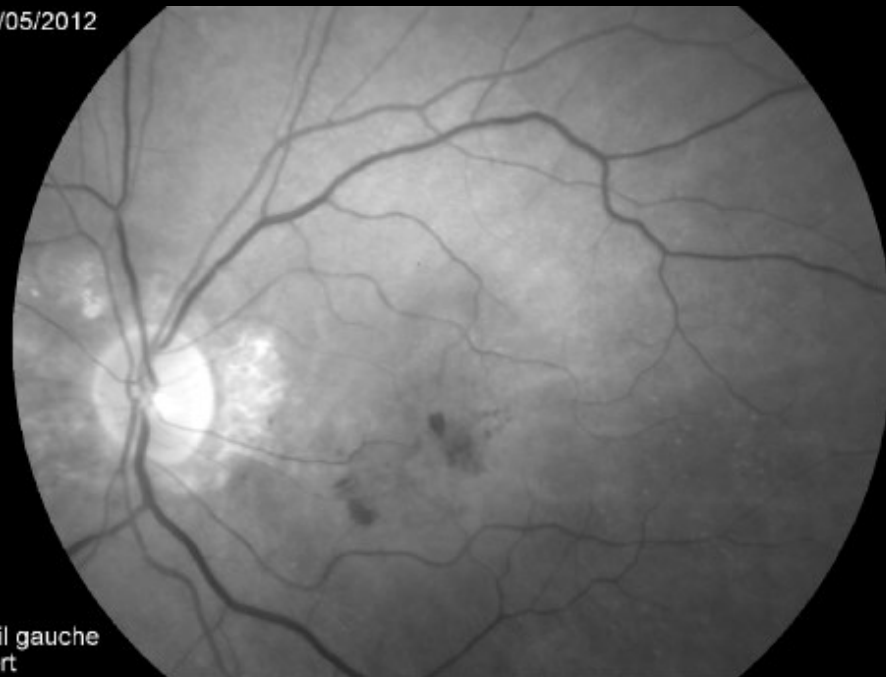
F, 81 ans, BAV OG 2/10

24/05/2012

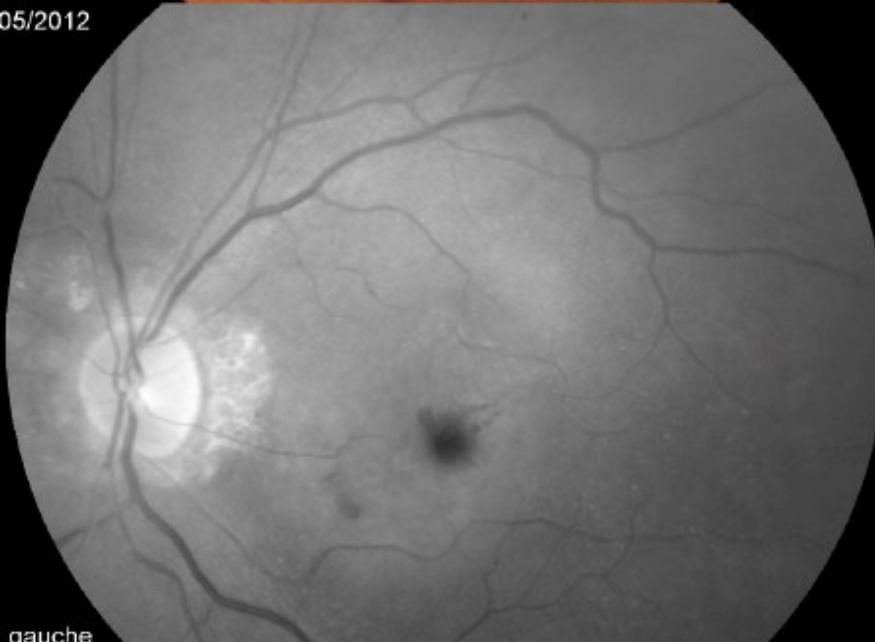


gauche
24/05/2012

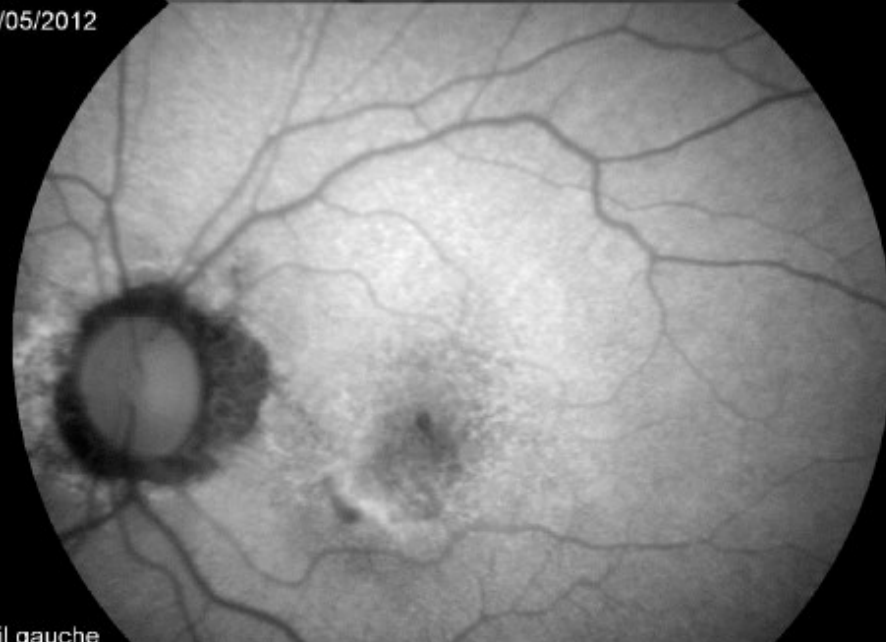
24/05/2012



oeil gauche
Vert
24/05/2012



gauche



oeil gauche

F, 81 ans, BAV OG 2/10

07/2012

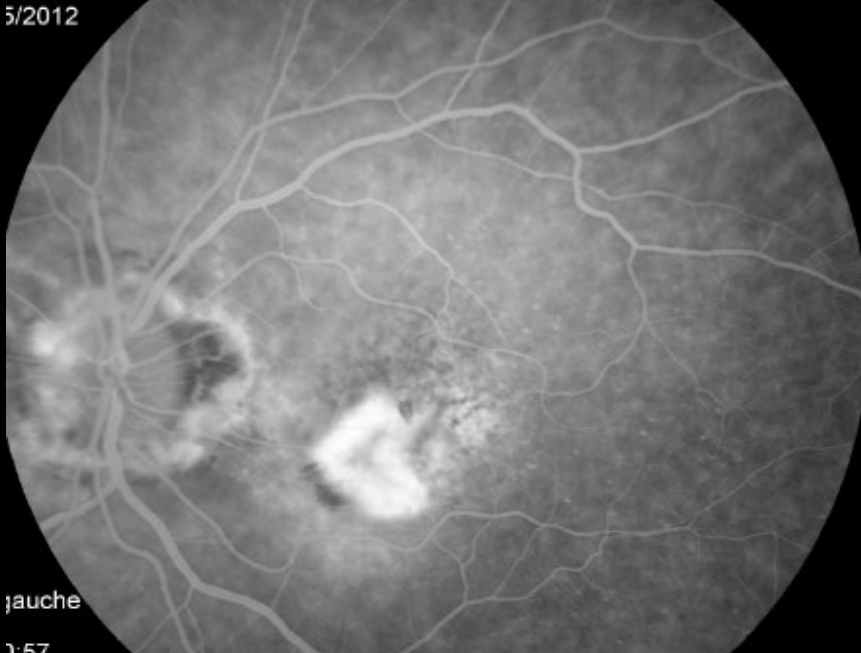


gauche
0:10
05/2012

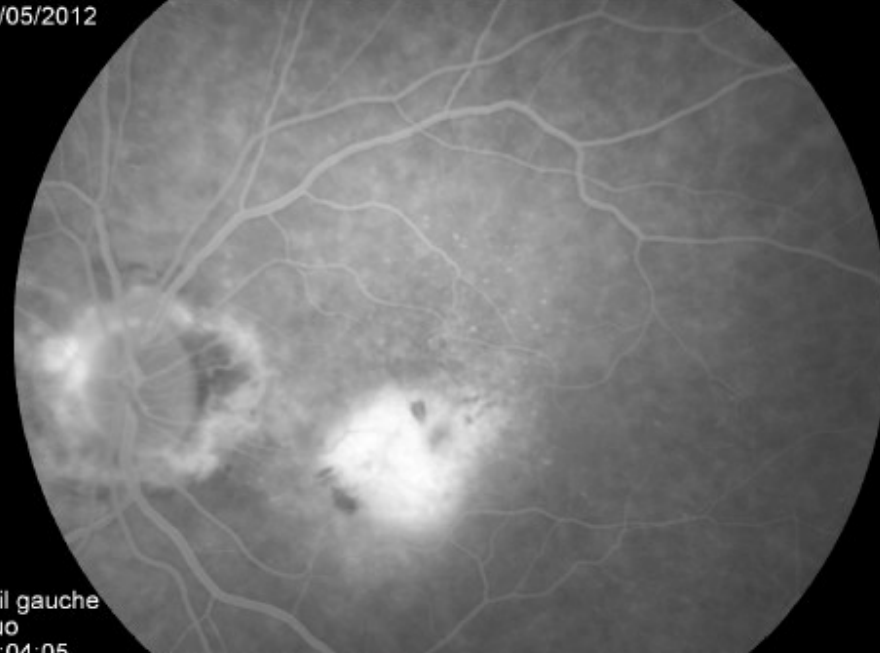
24/05/2012



oeil gauche
Fluo
00:00:16
24/05/2012

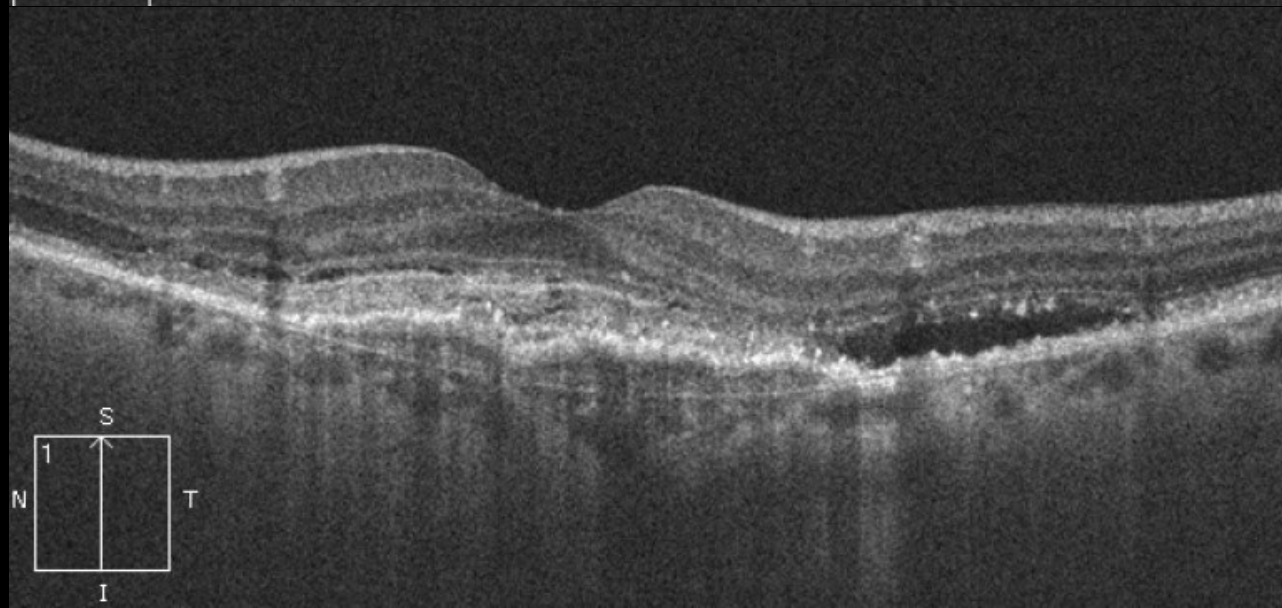
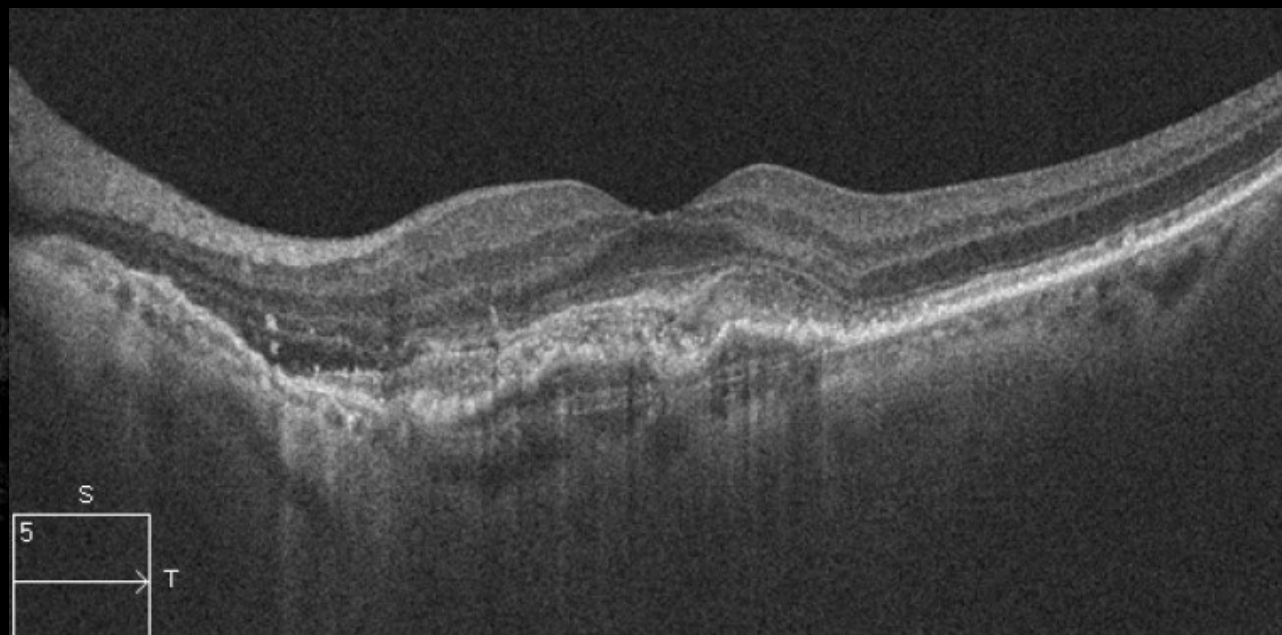
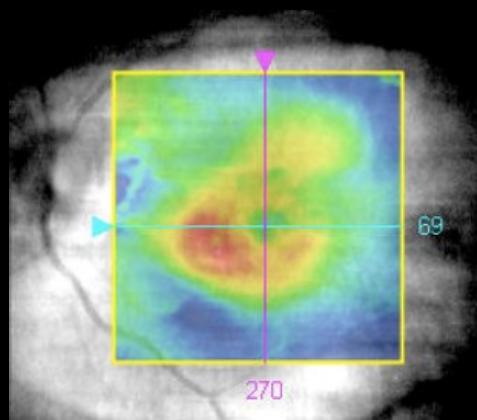


gauche
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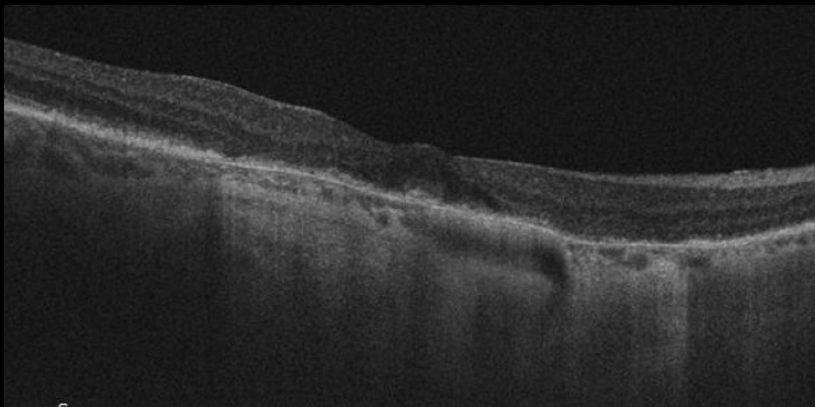
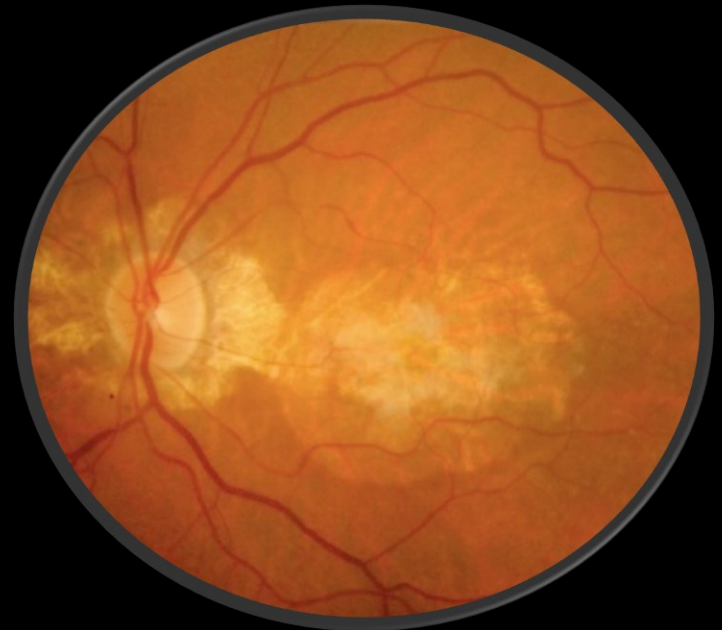
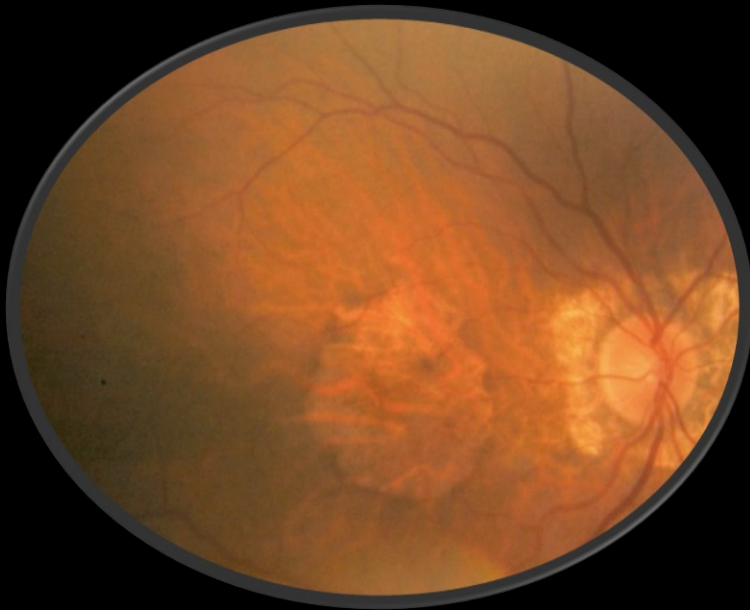


oeil gauche
Fluo
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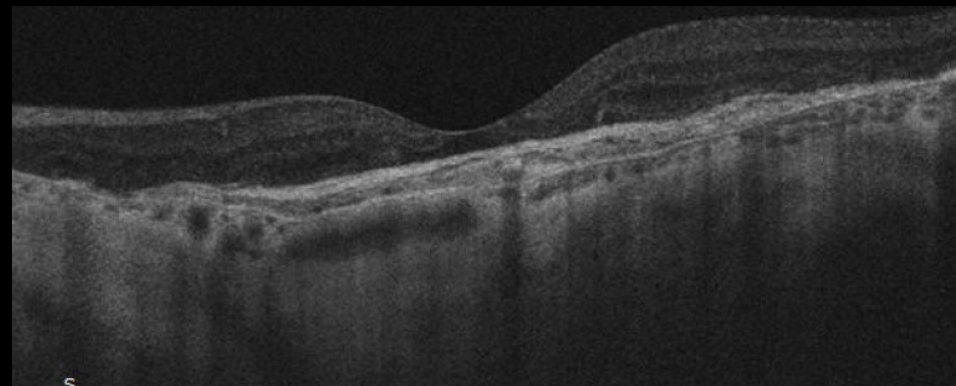
F, 81 ans, BAV OG 2/10



F, 81 ans, 3 ans plus tard



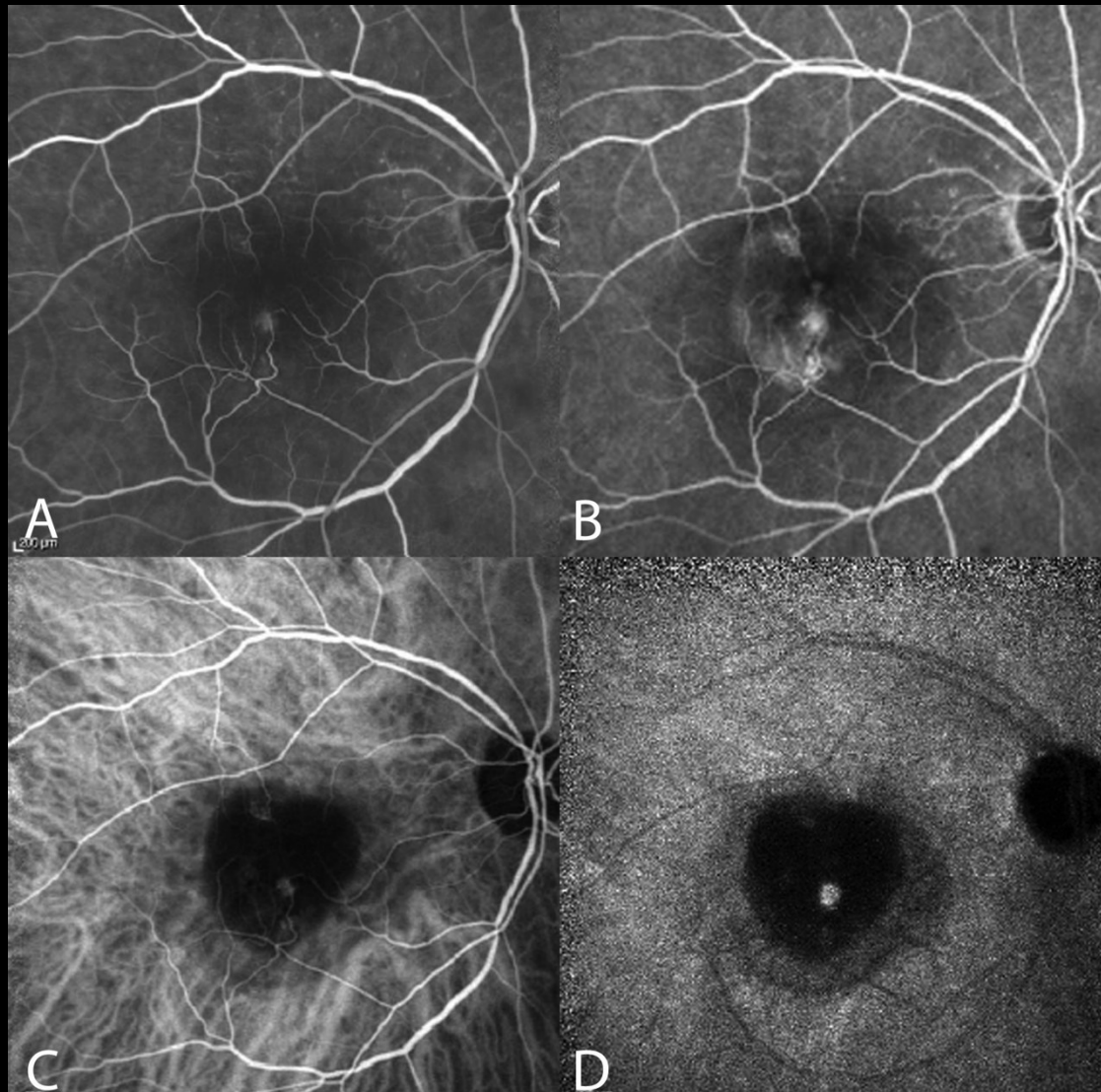
4/10



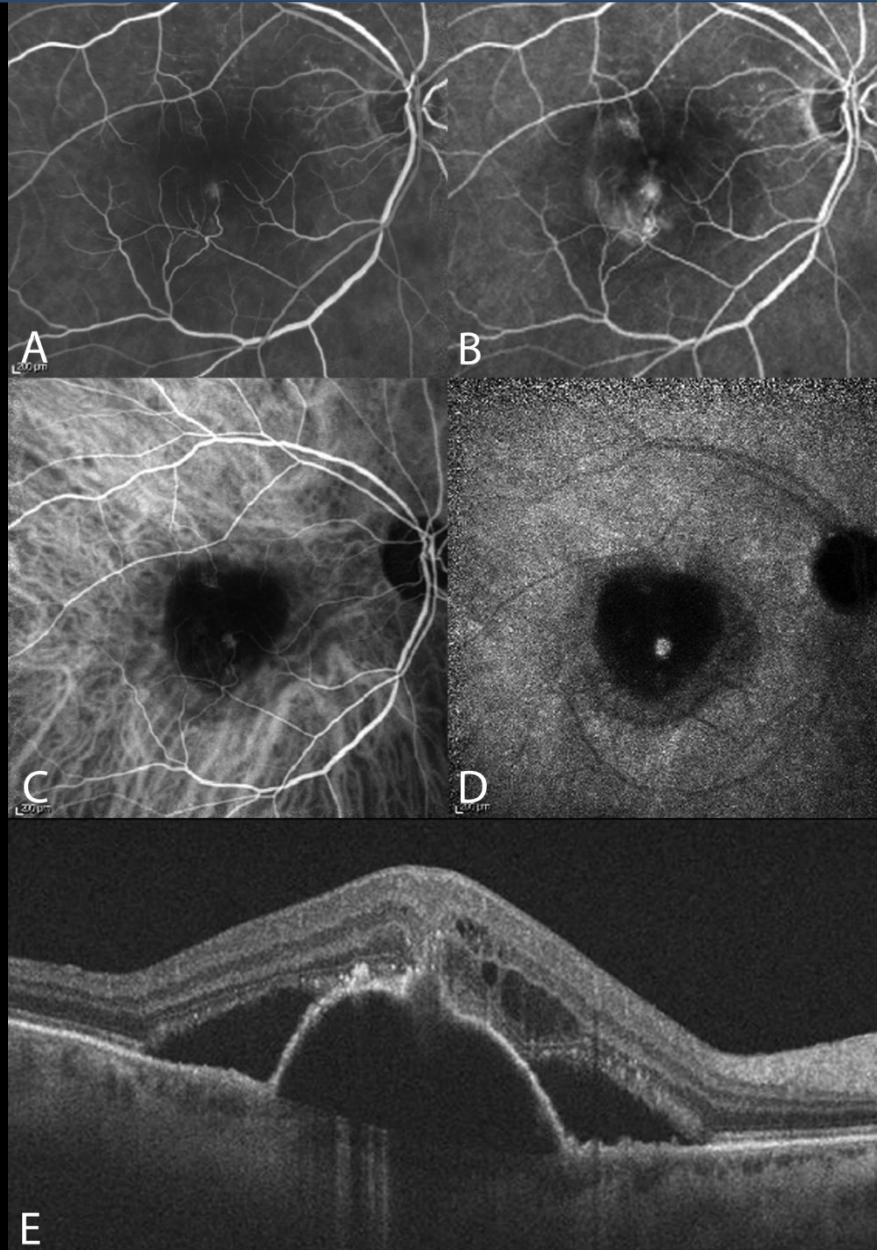
1/20

Cas Clinique N°12

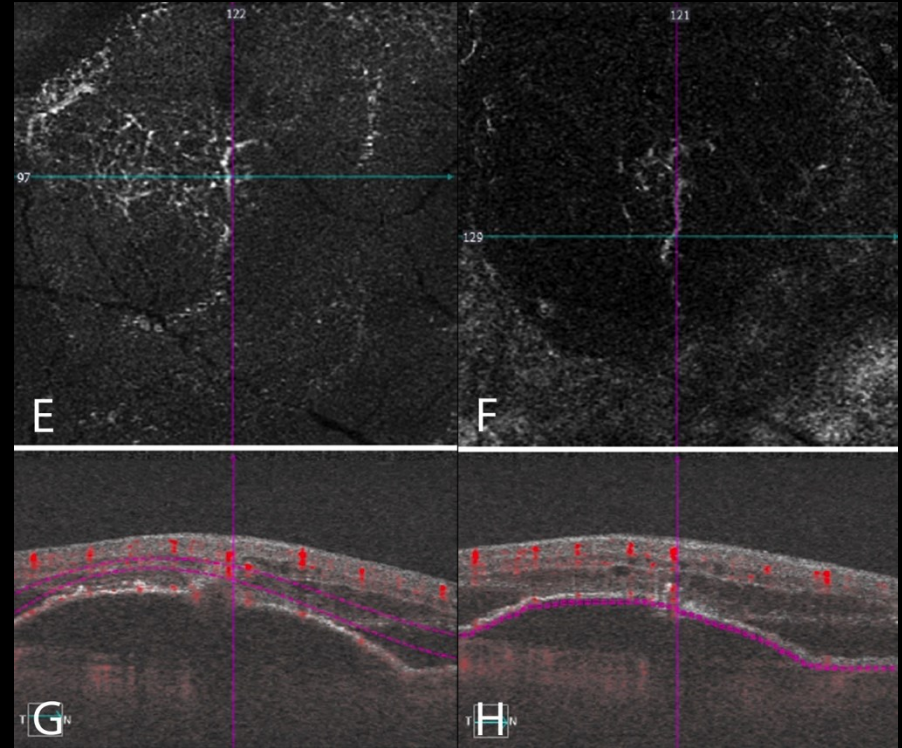
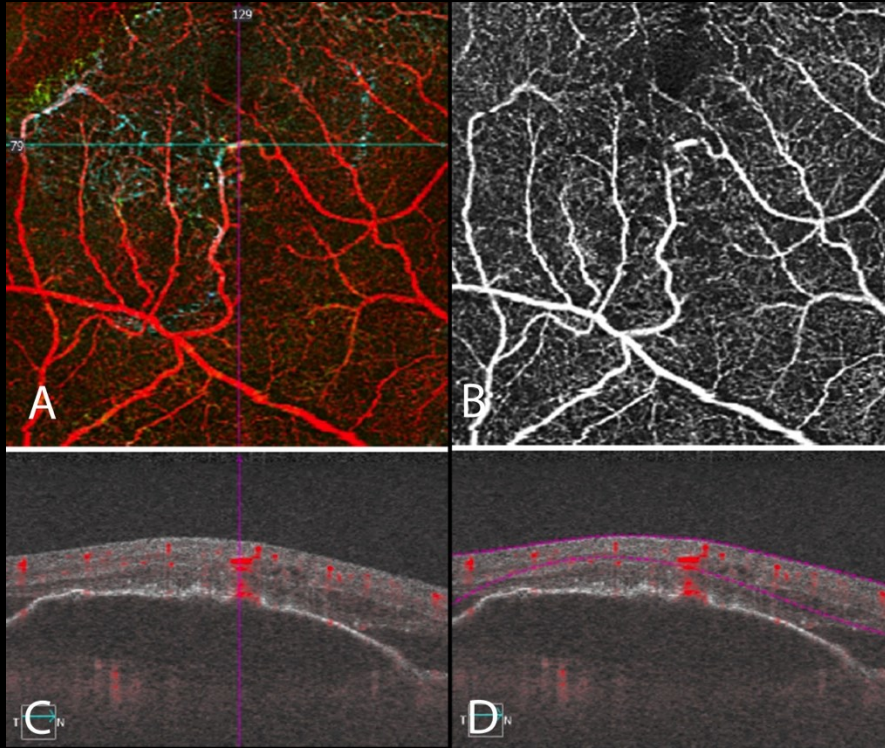
F, 78 ans, BAV OD 4/10



F, 78 ans, BAV OD 4/10



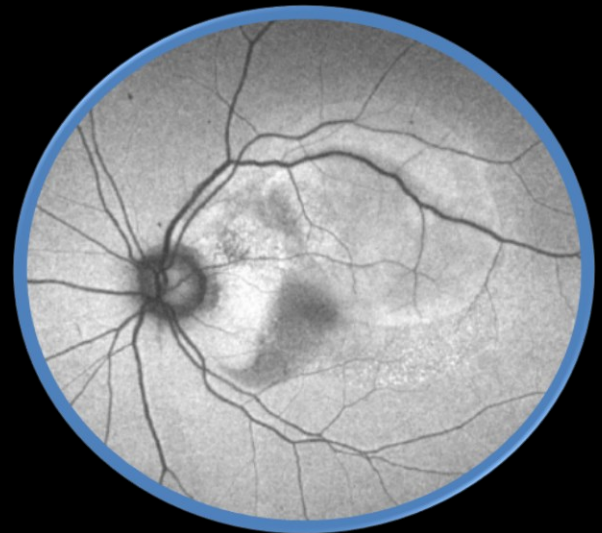
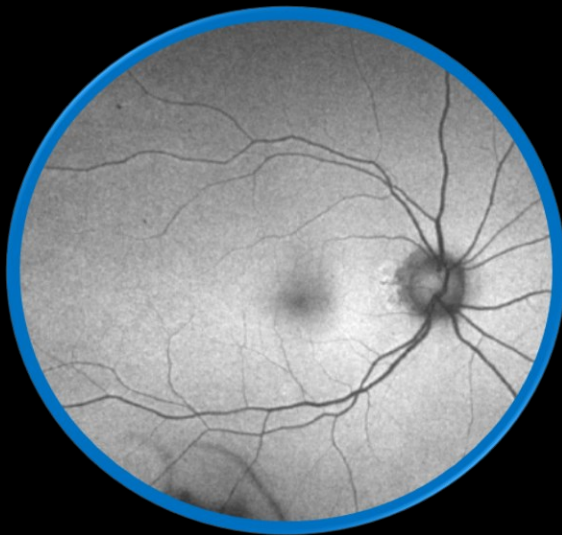
F, 78 ans, BAV OD 4/10



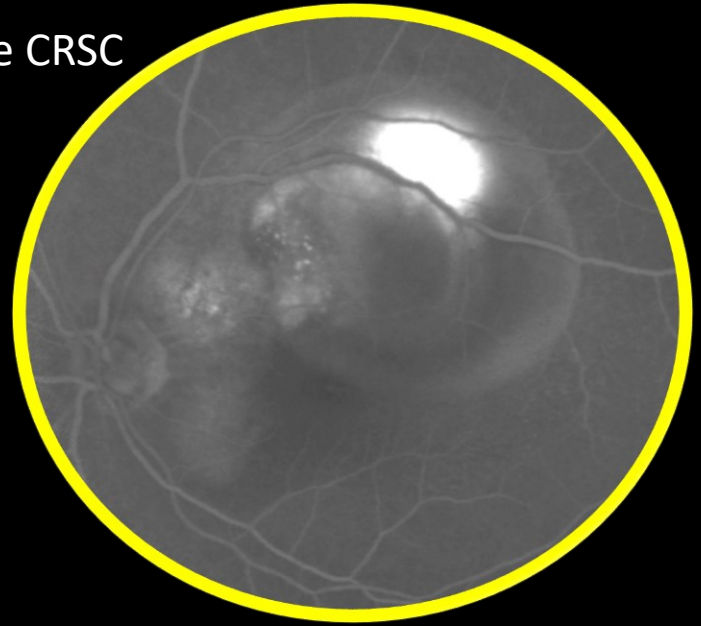
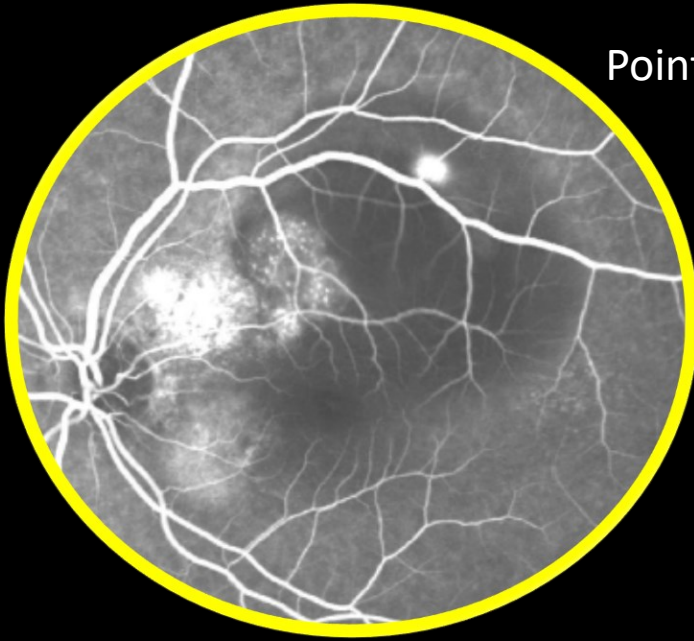
Cas Clinique N°13

Cas Clinique N°14

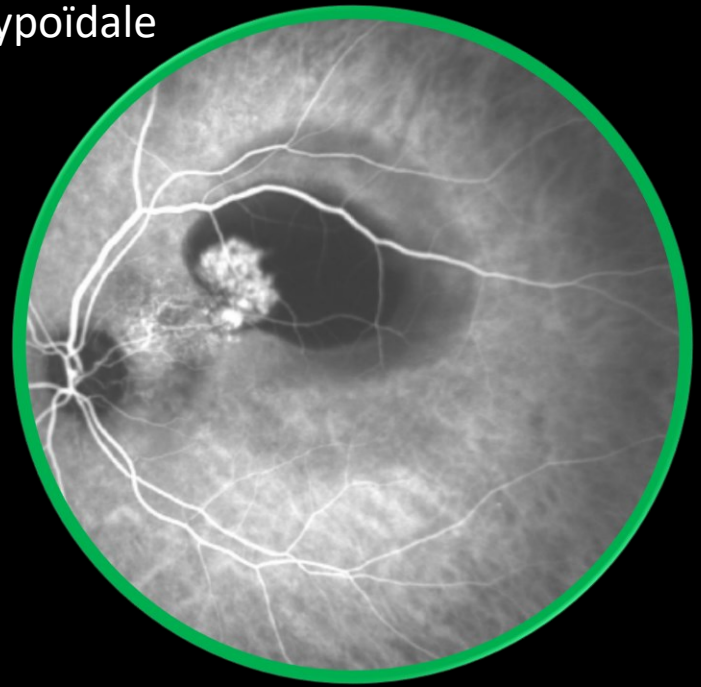
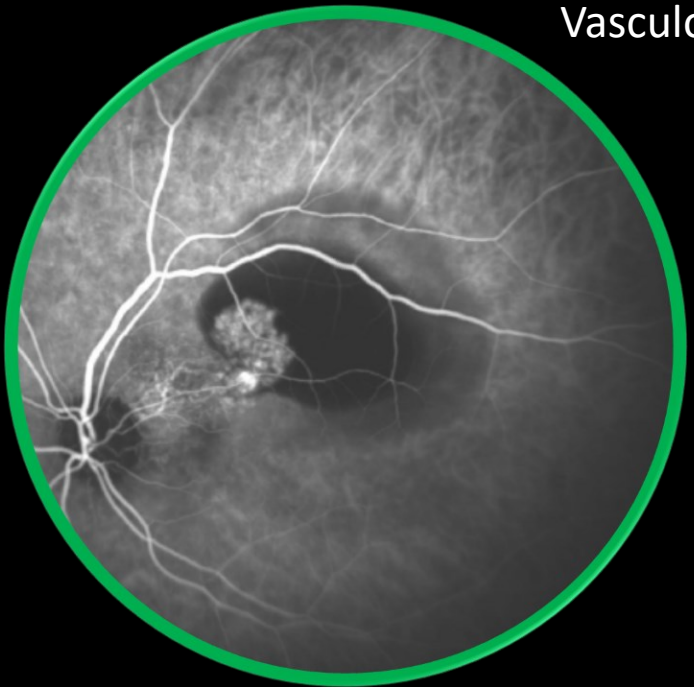
Femme 66 ans, BAV OG 63 lettres



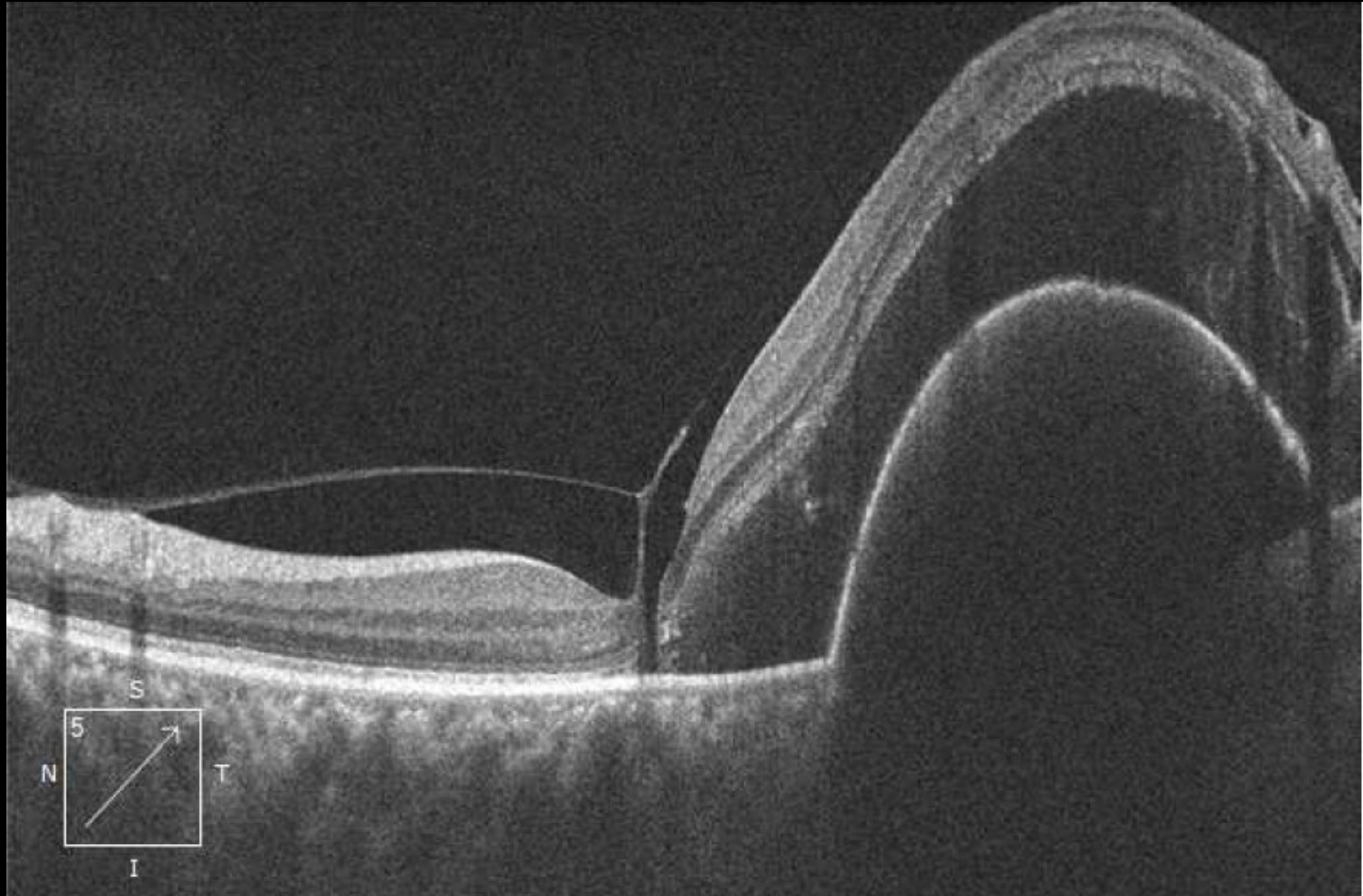
Point de fuite de CRSC

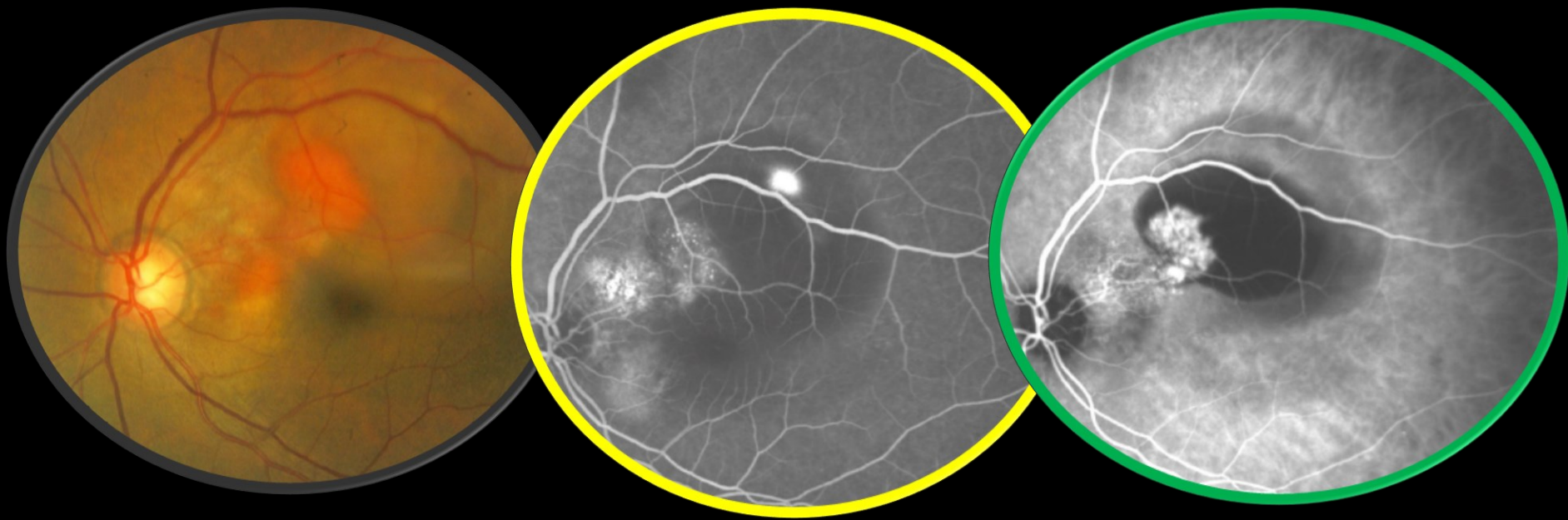


Vasculopathie polypoïdale



Point de fuite de CRSC
Vasculopathie polypoïdale
Trou maculaire

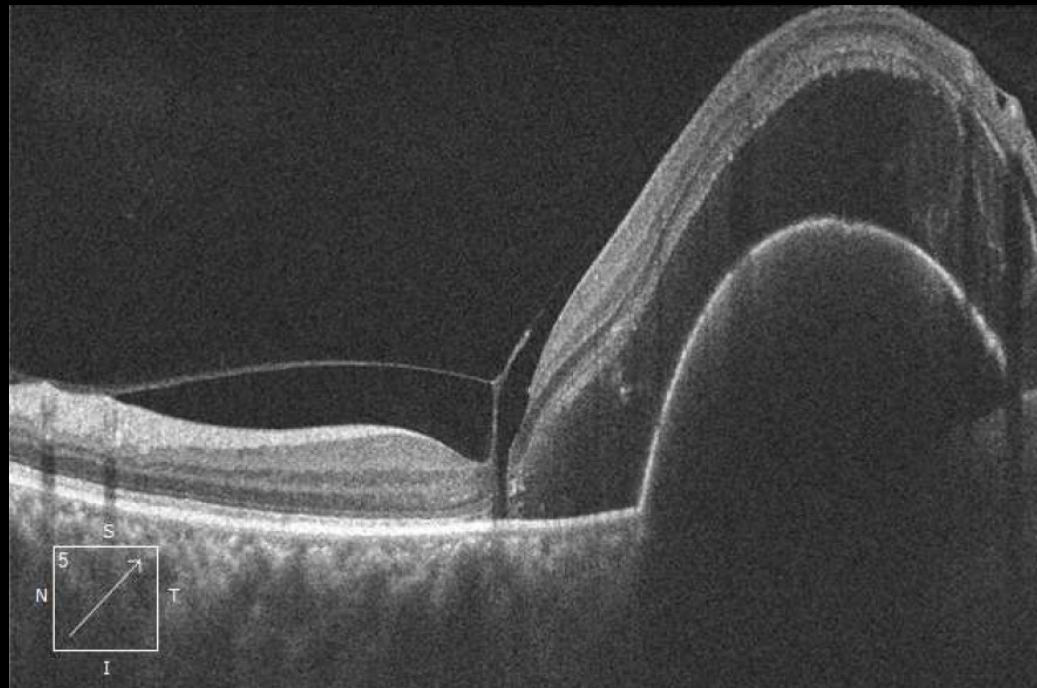




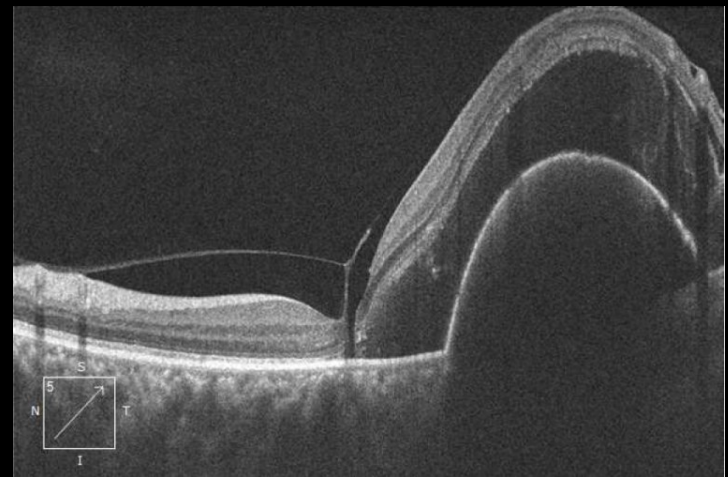
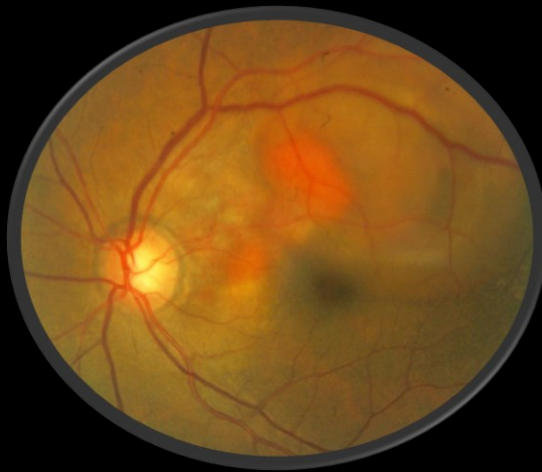
CRSC

Vasculopathie polypoïdale

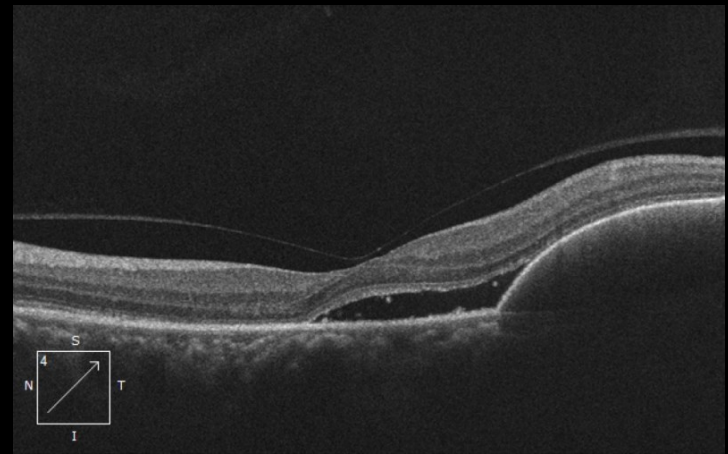
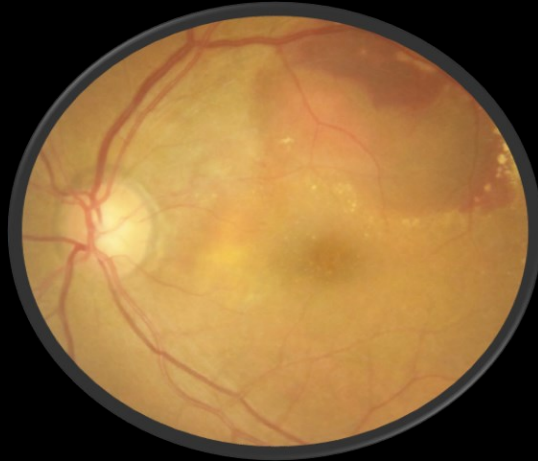
Trou maculaire



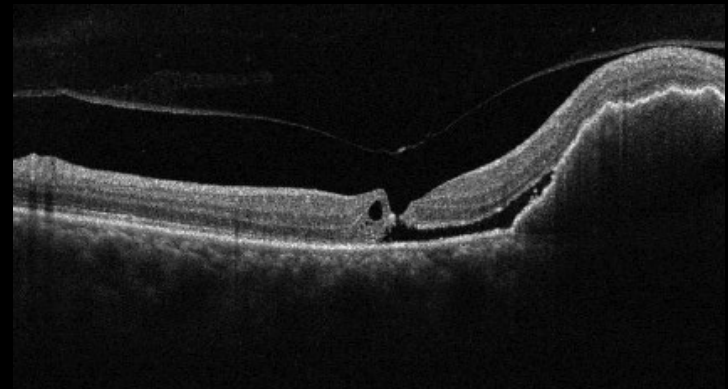
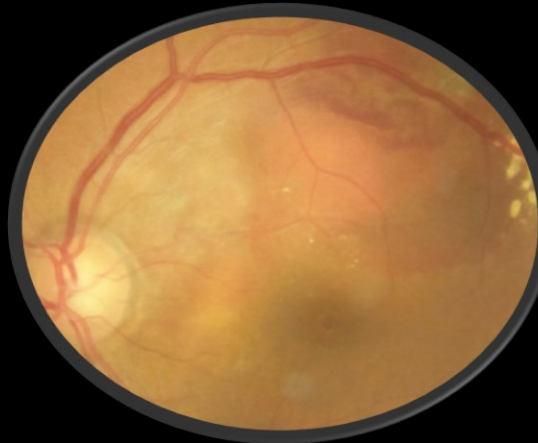
20 février
Laser point de fuite
1ère IVT anti-VEGF



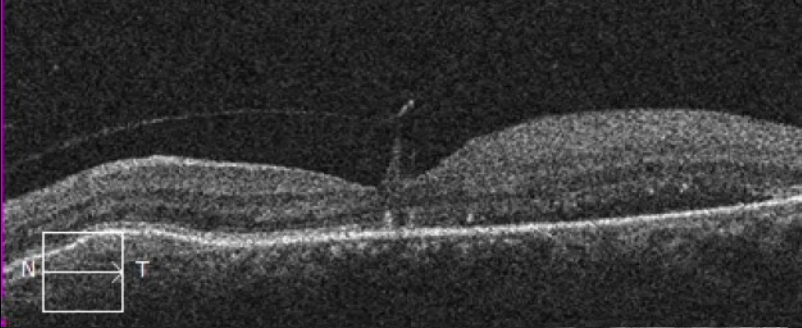
20 mars
2^{ème} IVT anti-VEGF



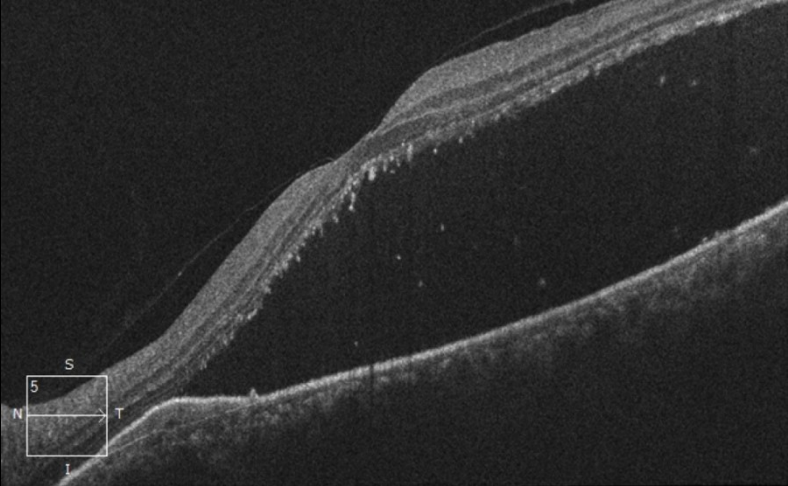
24 avril
3^{ème} IVT anti-VEGF



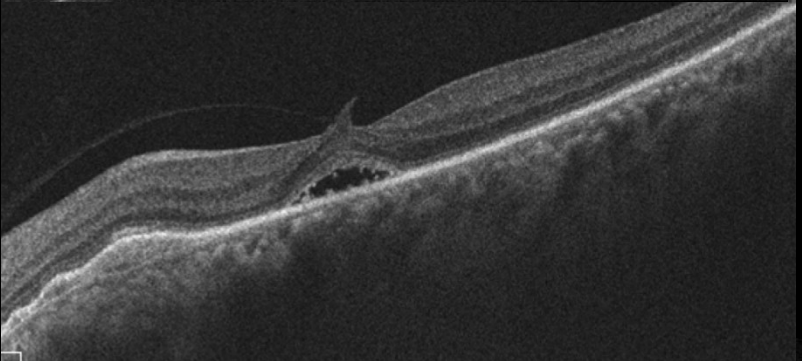
20 février



28 février



20 mars



24 avril

