Spotlight Case
Spring 2025

ANGIOID STREAKS

Author
Sai Meghana Paidi, B.S.

MICHIGAN RETINA CENTER

History

A 53-year-old female patient was referred to our practice for a retinal evaluation. She had no significant medical or ocular history. She was a frequent smoker.

Examination

During her first visit, visual acuity was 20/20 OU. Intraocular pressures were 18 mmHg OD and 16 mmHg OS. Examination of the posterior segment revealed prominent angioid streaks in both eyes (Figure 1).

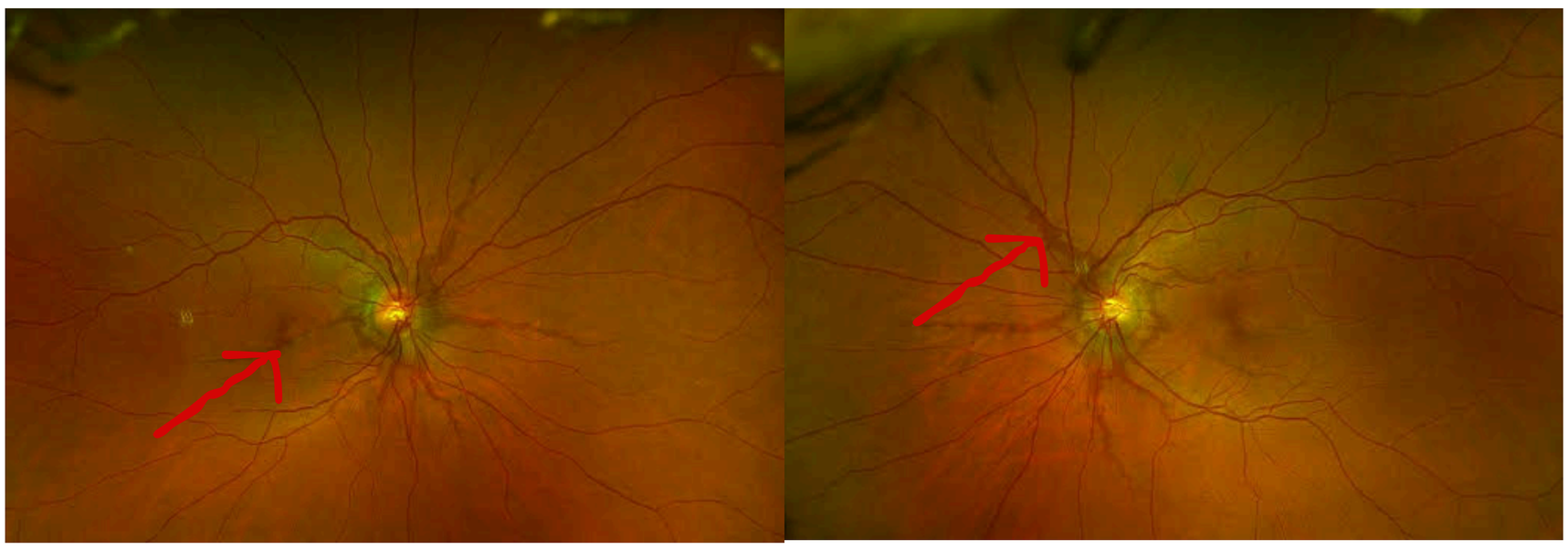

Figure 1. Optos images of both eyes . The arrows indicate the angioid streaks.

Thankfully, the patient was not experiencing any visual symptoms at her initial visit. She was advised of the risk of choroidal neovascularization and to call if she notices any distortion in her central vision. Nearly six months later, she developed symptoms of metamorphosia in her left eye. The visual acuity decreased to 20/50 OS.

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Examination revealed an active choroidal neovascular membrane with subretinal hemorrhage. She was treated with a series of three intravitreal Avastin injections every six weeks. During her most recent visit, her symptoms of metamorphopsia had resolved and her visual acuity returned to 20/20 in her left eye.

Discussion

Angioid streaks are irregular crack-like dehiscences in the Bruch's membrane. They are associated with atrophic degeneration of the overlying retinal pigment epithelium. Visual loss can occur from the streaks progressing towards the fovea and/or from the development of choroidal neovascularization.

Angioid streaks can be associated with pseudoxanthoma elasticum (PXE), Paget's disease, Ehlers-Danlos syndrome, sickle cell disease, and diabetes mellitus. In up to 50% of the cases, the cause is unknown.

References

Georgalas, I., Papaconstantinou, D., Koutsandrea, C., Kalantzis, G., Karagiannis, D., Georgopoulos, G., & Ladas, I. (2009). Angioid streaks, clinical course, complications, and current therapeutic management. Therapeutics and Clinical Risk Management, 81-89.

Locations

Ann Arbor: Reichert Health Building 5333 McAuley Dr, Suite 1018, Ypsilanti, MI 48197
Dearborn: 25230 Michigan Ave, Dearborn, MI 48124
Novi: 24520 Meadowbrook Rd, Suite 100, Novi, MI 48375

Contact us

Phone: 313-441-2227

FAX: 313-441-2241

Asheesh Tewari, MD

Michael Gemayel, MD