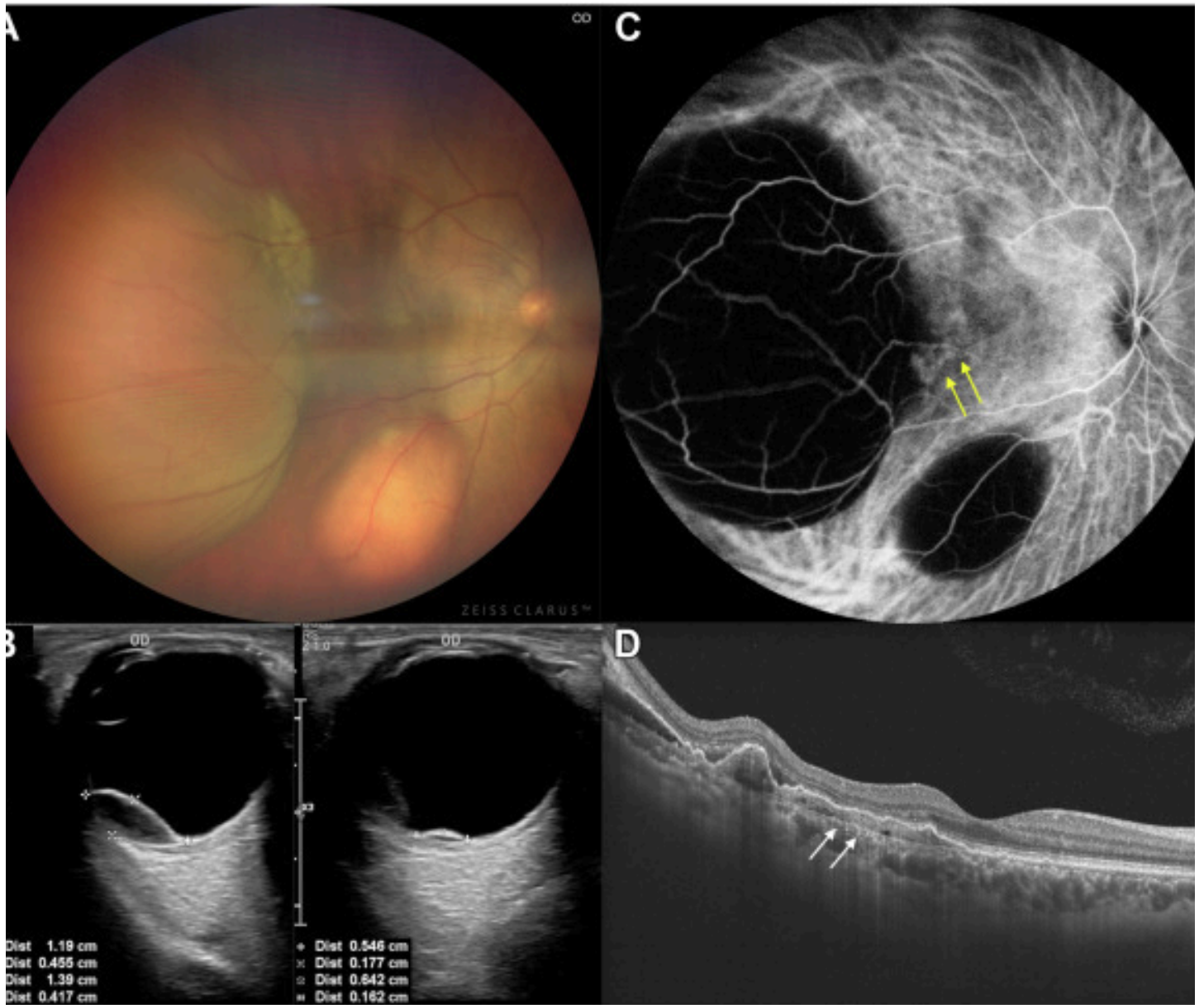


Peripheral Exudative Hemorrhagic Chorioretinopathy Simulating Choroidal Metastases

A 56-year-old woman was referred for tumors in her eye. Visual acuity was 20/50 in her right eye. Dilated fundus examination revealed a peripheral nonpigmented, dome-shaped mass with a second flat, orange-colored lesion at 7 o'clock (**A**). Color Doppler ultrasonography (**B**) showed 2 mostly hyporefective cystic masses without choroidal excavation. Indocyanine green angiography showed a polyp-like choroidal telangiectasis (**C**, yellow arrows) at the nasal border of a bullous pigment epithelium detachment. Swept-source-OCT of this area showed the double-layer sign for choroidal neovascular membranes (**D**, white arrows). Systemic examination excluded primary malignancy. A diagnosis of peripheral exudative hemorrhagic chorioretinopathy was made and intravitreal anti-VEGF therapy was initiated. The lesions regressed and vision had improved to 20/25 at the last follow-up. (Magnified version of Figure **A-D** is available online at www.aaojournal.org).



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