



## ADULT ONSET COATS DISEASE- A RARE CASE REPORT

AKILA C

Department of Ophthalmology, MADRAS MEDICAL COLLEGE AND GOVERNMENT GENERAL HOSPITAL

**Abstract :** A 63 year old male, a known diabetic on treatment, presented with defective vision in right eye. Visual acuity was 260. Anterior segment was normal. Fundus showed extensive telangiectasia with exudation in the posterior pole and peripheral retina. Fundus Fluorescein Angiography showed early hyperfluorescence with light bulb appearance and late leakage and staining. Optical Coherence Tomography showed hyper reflective areas in the intra retinal layers. This case is a stage 2B adult onset Coats disease. The patient was given Intravitreal bevacizumab and is on follow up for peripheral laser photocoagulation.

**Keyword :** Coats', Telangiectasia, Bevacizumab

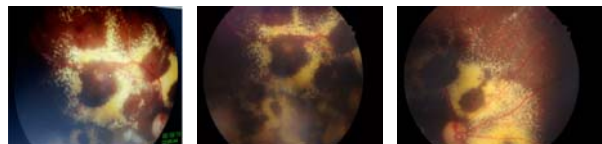
### Introduction:

Coats' disease is an idiopathic, progressive exudative retinopathy with retinal telangiectasia associated with intraretinal and subretinal lipid exudates typically seen unilaterally in males during childhood. It presents with painless vision loss, strabismus and leukocoria in children. Advanced cases present with exudative retinal detachment and secondary neovascular glaucoma. The challenge lies in differentiating Coats' disease from other causes of leukocoria and exudative retinopathy. An adult onset Coats' disease differs in that it has a benign course, slow progression and is localized to equator, periphery and juxtamacular retina with more hemorrhages. Management includes Laser photocoagulation or Cryopexy for cases with telangiectasia and exudation, and surgery to manage sequelae like traction and retinal detachment.

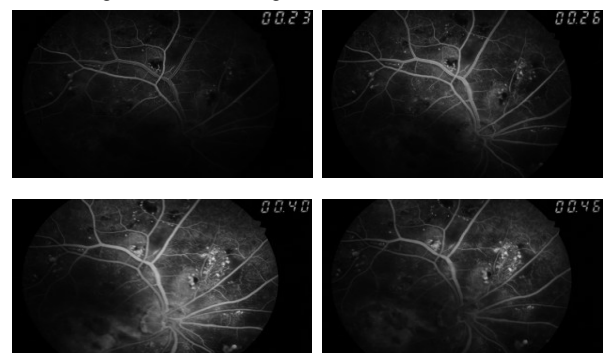
### Case report:

A 63 year old male presented to us with defective vision in Right Eye (RE) for 1 year. He is a known diabetic on oral hypoglycaemic agents for 3 years. He underwent RE cataract surgery 5 months back and Left Eye (LE) cataract surgery 1 month back but had no vision improvement after RE cataract surgery. On examination best corrected visual acuity (BCVA) in RE was 2/60 and LE was 6/6. Slit lamp examination of the anterior segment and intraocular pressure of both eyes were normal. Fundus in RE showed areas of retinal telangiectasia with aneurysms and hemorrhages surrounded by a halo of intra retinal and sub retinal exudates in the peripheral retina

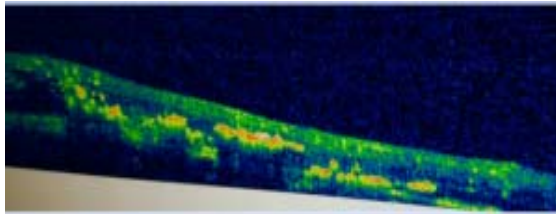
and posterior pole involving the macula. No abnormalities were found in LE.



Fundus Fluorescein Angiography (FFA) of RE showed hyperfluorescence suggestive of capillary telangiectasia with bead like "light bulb" aneurysmal dilatation and hypofluorescence suggestive of retinal exudates, capillary non perfusion areas and hemorrhages in early phase. Late phase of FFA showed leakage and staining in areas of telangiectasia.



Optical Coherence Tomography (OCT) of RE showed retinal thickening with hyper reflective areas in the inner retinal layers with back shadowing suggestive of hard exudates.



Hence, a diagnosis of RE adult onset Coats' disease stage 2B (Shields classification of Coats' disease) was made. Hyperlipidemia was ruled out in this patient. Patient was taken up for Intravitreal bevacizumab<sup>1</sup>, 1.25mg/0.05ml and planned for peripheral laser photo coagulation after three to six weeks.

**Differential diagnosis:**

- Diabetic retinopathy
- Retinal vasculitis
- Eales' disease

**Conclusion:**

Though primarily a disease of childhood, Coats' disease, must be considered as an important differential diagnosis in adults with exudative retinopathy. Careful monitoring is required and treatment has to be tailored according to staging. Intravitreal bevacizumab and triamcinolone acetate<sup>2,3</sup> are useful adjuncts in the treatment of Coats' disease.

**References:**

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