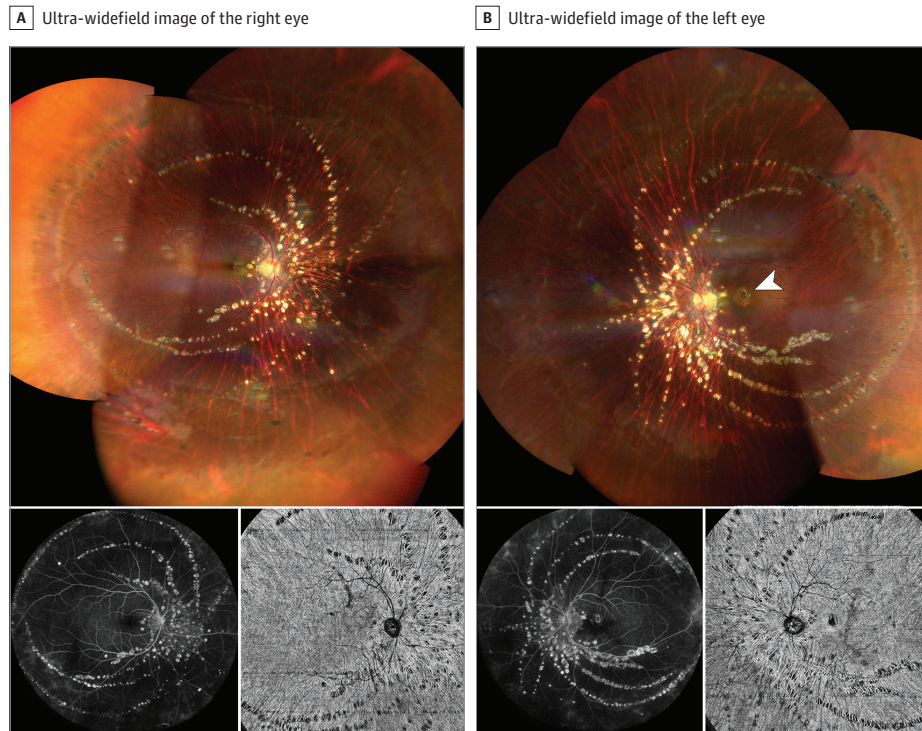


## Ophthalmic Images

# Ultra-Widefield Imaging of Bilateral Streaky Multifocal Choroiditis in a 12-Year-Old Boy

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**Figure.** Streaky multifocal choroiditis. A, Ultra-widefield imaging of the right eye. B, Ultra-widefield imaging of the left eye. Fundus photographs show bilateral punched-out spots and chorioretinal streaks (A and B, top) and secondary choroidal neovascularization in the left eye (arrowhead). Fundus fluorescein angiography showing a typical window defect and scar staining of the lesions (A and B, bottom left), corresponding to the choriocapillaris blood flow defects on optical coherence tomography angiography images (A and B, bottom right).

**A 12-year-old Chinese boy** presented with distorted vision in his left eye for 3 years. At examination, his best-corrected visual acuity (BCVA) was 20/40 OD (refraction, −8.25 D) and 20/200 OS (refraction, −7.0 D) with bilateral high myopia. Anterior segment assessment was unremarkable, and 1+ vitreous cells in both eyes were noted. Ultra-widefield imaging revealed bilateral, multiple,

discrete, round, yellow-white, atrophic, punched-out spots and concentric chorioretinal streaks (first described by Fountain et al<sup>1</sup> in 1981 as Schlaegel line) in the posterior pole, and a submacular choroidal neovascularization developed in the left eye (Figure). This patient was diagnosed with streaky multifocal choroiditis and was treated with an injection of anti-vascular endothelial growth factor agents and a retrobulbar injection of triamcinolone acetonide.<sup>2,3</sup> BCVA improved to 20/25 OD and 20/100 OS at 3-month follow-up.

## ARTICLE INFORMATION

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