ECRONICON OPEN ACCESS

EC OPHTHALMOLOGY
Editorial

Central Serous Chorioretinopathy (CSCR)

Rayees Ahmad Sofi*

JK health services, India

***Corresponding Author:** Rayees Ahmad Sofi, JK health services, India.

Received: December 16, 2016; **Published:** February 21, 2017

Central serous chorioretinopathy (CSCR) is a common maculopathy young and middle aged adults and occurring more frequently in men than in women. The acute manifestation is serous detachment of the microscopy retina at the posterior pole which is caused by active retinal pigment epithelial (RPE) leakage. Although exact pathophysiology of CSC has not been clearly understood the primary abnormality leading to RPE disruption and leakage is thought to be increased choroidal permeability. In addition too corticosteroid use, a number of risk factor for CSCR, such as hypertension, and antipsychotic medication use have been reported. Stress has been found to be a contributory factor. Mean annual incidence of CSR is higher among the males (2:1) than females. Stress has been found to be a significant associated factor.

Central serous chorioretinopathy (CSCR) is a common maculopathy mainly affecting young and middle aged adults and occurring more frequently in men than in women (Wang., et al. 2010 and Ross, 2011). The acute manifestation is serous detachment of the microscopy retina at the posterior pole which is caused by active retinal pigment (Levine, 1989). The disease has a favourable natural course with the spontaneous resolution of the neuro febrial detachment in association with improvement of visual function. However in certain cases it is either no improvement may occur or Loo, 2002). Although exact as not been clearly understood the primary abnormality leading to RPE disruption and leakage is thought to be increased choroidal permeability (Guyer, 1994). In most cases corticosteroid treatment is considered Gamache, 2000 and demonstrate that disease generally affect young people who are of young age, and visual symptoms such as blurred vision, metamorphosia and scotoma might interfere with their daily activity considerably. Most of our patients (66%) were males aged between (30 - 50 years) pregnancy as a risk factor was noted in one female patient (Carvalcho-Rechia, 2002 and Karadimas, 2004). The number of male patients with history of anxiety on anti-anxiety drug was significant. Except for exposure to anti anxiety drug and pregnancy in one female patient, no other significant association between the reported risk factor such as hypertension and idiopathic CSCR development was found in our study as has been previously reported. The one third of patients in one study had an elevated psychological stress. Emotional instability, insecurity and nervousness have been described as personality traits with CS (Con Rad, 2000 and Benneti, 1955). One study similarly shows that persons with increased level of stress are more prone to development of this ocular disease. However such an interpretation can of course only be considered as a hypothesis which must be tested with a large sample of patients. The present study found that mean annual incidence of CSR was higher among the males (2:1) than females. Stress was seen in significant number of our patients. We presume that the males because of their aggressive behaviour may be more prone to develop CSR, however further studies are warranted.

Volume 5 Issue 3 February 2017