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The use of propranolol to treat central serous chorioretinopathy: an evaluation by serial OCT.

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Abstract

PURPOSE: Although usually self-limiting, central serous chorioretinopathy (CSCR) may recur or adopt a chronic course, with permanent impairment of visual acuity. Previously suggested treatments for nonresolving or recurrent CSCR have included invasive techniques, such as laser photocoagulation and intravitreal triamcinolone. We evaluated the evidence for epinephrine in the pathophysiology of CSCR and the role beta-blockade may play in treating this condition.

METHODS: This study was comprised of a literature review and interventional case report. Two (2) patients with nonresolving or recurrent CSCR were commenced on a trial of oral propranolol 40 mg twice a day and followed up at monthly intervals. Visual acuity, metamorphopsia, and central retinal thickness quantified by ocular coherence tomography (OCT) were recorded at baseline and follow-up visits.

RESULTS: Two successive trials of propranolol in 1 patient and a trial in a 2nd patient with recurrent CSCR were associated with an improvement in visual acuity, symptoms, and retinal thickness. One (1) patient demonstrated recovery, remission, and subsequent rerecovery, which coincided with the commencement, cessation, and retreatment with propranolol.

CONCLUSIONS: Although there may have been a spontaneous improvement without treatment, beta-blockade has a plausible mechanism or action in CSCR.

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