

## Conclusion

PCV may be considered a subtype of exudative AMD.

ICG is always mandatory for the diagnosis of PCV, showing a unique lesion – an abnormal inner choroidal vascular network with polypoidal structures at the borders.

OCT and fundus findings may complement the diagnosis.

PCV needs to be differentiated from other forms of exudative AMD, central serous chorioretinopathy, inflammatory conditions and some choroidal tumors.

Photodynamic therapy with Visudyne, alone or in combination with antiangiogenic drugs, seems to be necessary for a complete resolution of the polypoidal lesions.

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