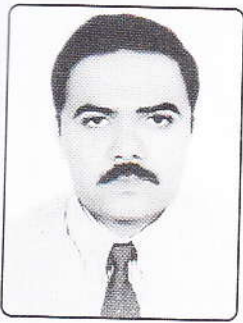


Body Building Protein Supplement Leading to Visual impairment-a case report

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Abstract:

Body building protein and steroid supplements are being rampantly used throughout the world with the craze of six and eight pack abdomen. Here we discuss a case of a young male who fell prey to injudicious use of systemic anabolic steroids and developed chronic Central serous chorioretinopathy leading to marked impairment of vision.

Introduction:

Body mass increasing protein powder supplements use is now quite rampant throughout the world. Most of the supplements contain a mixture of anabolic steroids and multivitamins along with some miscellaneous herbal products. As we know from our previous knowledge that chronic systemic steroid^{1,2,3,4} intake in any form whether oral, intranasal, etc. is associated with a myriad of systemic complications like osteoporosis, Cushing's syndrome etc. Central serous chorioretinopathy is an important addition to this list of long term effects of the same.

Brief case report:

A 26 year old male watchmaker came to us with impaired diminution of vision, painless, progressive and associated with distortion of shape of objects (OU) for the past 6 months. After lot of interrogations he admitted to be on a protein powder supplement (Name of the product not exposed) to gain weight and develop his chest and biceps. He was not on any other medications and there was no significant history either. His best corrected visual acuity was 1/60 (OD) and 6/60 (OS). Anterior segment examination and IOP were normal. On fundus examination ring shaped grey elevated areas were seen nasal to fovea. The clinical picture mimicked Central Choroiditis. But FFA and OCT explicitly showed a large neurosensory retinal detachment with thickened retina suggestive of intraretinal edema and multiple leakages in the posterior pole. We ruled out TB choroiditis and VKH syndrome specifically along with other causes related to the case. So a provisional clinical impression of bilateral, chronic multifocal Central serous chorioretinopathy more specifically sick RPE Syndrome due to long usage of steroid was made. The patient was asked to stop all supplements. He was also asked to go to a higher center for possible PDT therapy, which he refused. After 6 months his vision has not improved significantly and he is leading a handicapped life.

Discussion:

By this case we conclude that the diagnosis of CSCR particularly if bilateral and multifocal could be quite challenging as differential diagnosis of VKH syndrome and TB choroiditis always come on the way⁵.

But if a proper approach and timely intervention is done it could be quite rewarding to the patient. Also there is no report of CSCR resulting from anabolic steroids like Nadrolone etc. It is quite early to invoke it as the

cause of CSCR in our patient⁶. But as systemic steroid intake is an established cause of CSCR with atypical and multifocal presentation the diagnosis is quite clear and attributable to it. Further case control studies are required to further evaluate this association.

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