

CSC a year apart. First recurrence lasted nine months and the second lasted seven months. After all, the pilot recovered normal visual function.



Figure 3 :fundus fluorescein angiography showing point of extra foveal macular leak

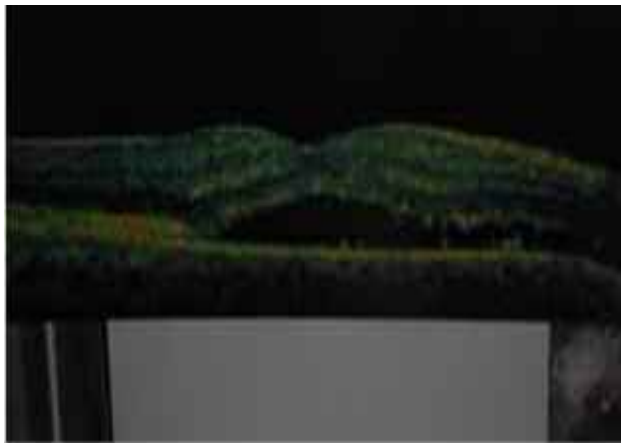


Figure 4 : OCT showing retrofoveal serous retinal detachment

Conclusion

The CSC is an idiopathic maculopathy. Symptoms include sudden blurred vision, functional macular syndrome. The disease usually regresses spontaneously within three to four months, however with a risk of recurrence. The most common initial approach to treatment is observation [1]. Recently, spironolactone, aldosterone antagonist is used in the treatment of the CSC [2].

The use of Glucocorticoids in any form (oral, intravenous, subcutaneous, epidural and intra-articular) was involved in the development or worsening of the CSC [3-6]. The link between the use of intranasal corticosteroids and CSC was also reported by several authors [7-9]. The CSC is a common disease in the flight [10].

The particular operational stress among military pilots especially in anxious nature promotes its development. CSC affects, to varying degrees, various parameters of pilot visual function. The resumption of flights should only be decided after the normalization of these parameters, the reapplication of the neurosensory retina and the disappearance of functional macular syndrome.

Place of nasal corticosteroids in the development of the CSC has some particularities in the flight. In fact, in current practice, aerospace ENT is frequently confronted with acute inflammatory condition type inflammatory rhinitis associated with tubal dyspermeability, causing possible otological barotrauma in the pilot. In these cases, the use of inhaled corticosteroids provides, due to their anti-inflammatory action, fast sinonasal and tubal decongestion by reducing significantly the catarrhal edema. Although the contribution of nasal corticosteroids are efficient in aviation ENT therapy, the risk of eye complications such CSC motivate avoiding them among pilots at risk of developing this disease. It is advisable that pilots, undergoing steroid treatment in any form, be alerted to the risk of sudden visual impairment.

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