Abstract: This paper presents a case of central serous chorioretinopathy (CSCR) linked to a workout supplement containing ephedra. The patient presented with unilateral CSCR, which showed significant improvement since stopping use of ephedra supplements.

I. Case History
   a. 35 y/o African American male
   b. Chief complaint of sudden onset blur in the left eye. Reports discoloration and dullness of vision
   c. Ocular history unremarkable
   d. Medical history
      i. HIV positive
   e. Medications
      i. Genvoya
      ii. Fish oil 1000 mg
      iii. Ascorbic acid 250 mg
      iv. Multivitamins
      v. Co-Enzyme Q10
      vi. Digestive probiotic capsule
      vii. Various workout supplements
   f. Patient denies any steroid use. Reports feeling stressed at work lately.

II. Pertinent Findings
   a. 6/30/2017 – initial presentation
      i. Visual acuity
         1. OD: 20/25 PH:20/20
         2. OS: 20/40 PH:NI
      ii. Posterior segment findings reveal serous retinal detachment extending from optic disc to macula
      iii. OCT center thickness OD: 282um, OS: 578um
   b. 08/1/2017 – first follow-up
      i. Visual acuity
         1. OD: 20/20-1
         2. OS: 20/30-1
      ii. Posterior segment findings reveal decrease in subretinal fluid
      iii. OCT center thickness OD: 284um, OS: 459um

III. Differential diagnosis
   a. Central serous chorioretinopathy
   b. Macular degeneration
   c. Hypertensive choroidopathy
   d. Rhegmatogenous retinal detachment
   e. Optic nerve pit

IV. Diagnosis and discussion
   a. CSCR is a serous detachment of the sensory retina, typically under the macula
b. Most commonly associated with steroid use, high stress level, and type A personalities

c. Although the exact mechanism is unknown, it is hypothesized that an increase in glucocorticoids cause a change in choroidal vascular permeability

d. Case studies have shown CSCR to resolve in patients who discontinued use of ephedra, which is becoming a common workout supplement

e. Ephedra has sympathomimetic properties -- sympathomimetic drugs have also been associated with CSCR

V. Treatment, management

a. Monitor every 6-8 weeks for resolution

b. Between the initial and follow-up visits, patient had discontinued use of known ephedra containing supplement – significant improvement in fluid was seen and confirmed by OCT

c. Instructed patient to recheck remaining workout supplements that may include ephedra as an ingredient and discontinue use if found

d. If no resolution after six months, consider treatment with photodynamic therapy, or less likely laser photocoagulation

VI. Conclusion: Practitioners should consider regularly discussing workout supplements, especially those containing ephedra, with patients presenting with CSCR.

Sources:

