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Beauty of black and white: Autofluorescence aided differentiation of tuberculous vs non-tuberculous *serpiginous choroiditis*

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Objective: To investigate autofluorescence (AF) images to evaluate if any pattern/features are superior to suggest if the pathology is likely to be presumed idiopathic (classical) serpiginous choroiditis (SC) or tuberculous serpiginous-like choroiditis (pTB-SLC).

Methods: Retrospective comparative analysis of AF images of 25 patients- with 11 pTb-SLC and 14 SC. Complete ocular examinations, common pathologies and mimickers were ruled out. The diagnosis of SC was made based on the clinical appearance and FA findings Diagnostic criteria for pTB-SLC was adopted from Classification of Intraocular Tuberculosis. Lesion patterns evaluated using Fundus AF images were 1) centrality 2) Multifocality. 3)parapapillary involvement with or without extension.

Results: Twenty-five patients (Male 13, Female 12) with a mean age of 46.2(SD 10.08) yrs. The ocular involvement in SC was more likely to be bilateral (57.2%) compared to pTb-SLC where 54.6% were unilateral. On head to head comparison, SC's lesion had a strong correlation on being central (ρ =0.921) followed by being confluent in nature (ρ =.0774). Juxtapapillary involvement alone had a correlation of (ρ =0.690) but with extensions of the lesions along the arcades or had contiguity around the macular region, the correlation increased to (ρ =0.786) for SC.

Conclusion: So far, only studies of patterns have been performed. Sometimes patterns tend to overlap and FAF images may be misleading. We have analyzed the strength of the patterns individually and evaluated them to correlate if the pathology is more likely to be SC or pTB-SLC. Based on our findings, we suggest the following: (1) Central involvement has the strongest correlation followed by confluent nature of the lesion with SC. (2) Juxtapapillary involvement alone used to be considered a suspect for SC but our study has shown that presence of expansion of this lesion along the arcades or if contiguous with macular region correlates even stronger with SC.

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