Figure 7-2. Color fundus photograph demonstrates exudate surrounding an area of hemorrhage and a lesion suspicious for choroidal neovascularization, as well as mottling of the retinal pigment epithelium inferiorly.

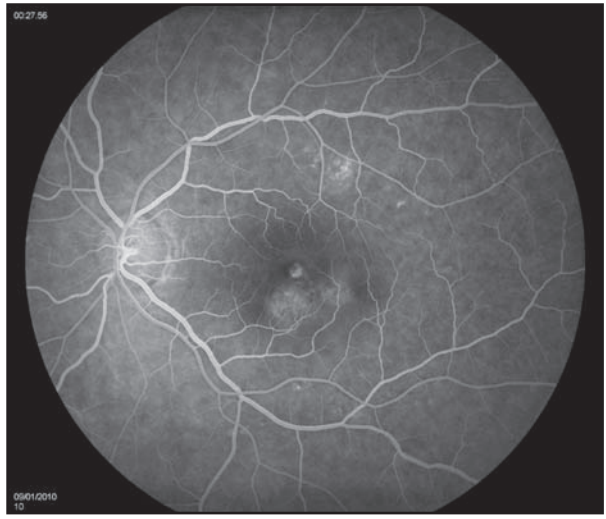

Figure 7-3. Fluorescein angiography corresponding to the fundus image in Figure 7-2 confirms the presence of neovascularization as a well-defined hyperfluorescent focus in the fovea. The adjacent ill-defined areas of hyperfluorescence inferiorly correspond to the retinal pigment epithelium mottling seen in Figure 7-2 and are suggestive of proliferation of the choroidal neovascularization in the subretinal pigment epithelium space as a type 1, or "occult," choroidal neovascularization.

extravasation of fluorescein dye over time. The appearance of CNV can vary depending on its location. Type 2 CNV, termed *classic* on FA, appears early as well-defined hyperfluorescent lesions that leak in mid- to late-frames (Figure 7-1). Type 1 CNV, termed *occult* on FA, is ill defined, and leakage often appears only in later frames (Figures 7-2 and 7-3). In type 3 CNV, a focal "hot spot" is often visualized at the point of anastomosis between retinal and choroidal circulations. Indocyanine green angiography is another technique to image CNV and can be particularly useful in differentiating neovascularization associated with AMD from other known variants such as polypoidal choroidal vasculopathy.

Optical coherence tomography (OCT) has become the most commonly used imaging modality in managing neovascular AMD, as it allows for precise, rapid, and noninvasive cross-sectional and volumetric analysis of the retinal architecture. Intra- or subretinal