Purpose: Central vein occlusion (CVO) with macular edema (ME) as a complication of asymptomatic SARS CoV 2 infection, managed with intravitreal treatment combined with dexamethasone (DI) implant plus antiVEGF.

Method: 65 year-old male patient without risk factors with blurred vision on left eye, reported previous three-week period of fatigue during the COVID-19 pandemic. Best corrected visual acuity (BCVA) was count finger, with relative afferent pupillary defect. Fundus showed CVO. Optical coherence tomography (OCT) revealed cystoid EM, also OCT-A showed areas of upper peripheral ischemia without neovascularization, confirmed by fluorescein angiography. Also had leukopenia without thrombocytopenia. PCR for SARS-CoV-2 was negative, but rapid IgG/IgM antibody test was positive for both, indicating recent infection.

Results: Intravitreal injection of DI was performed combined with three injections of Ranibizumab from the first month, greatly improving both AV (up to 0.7) and ME. VA remained stable, decreasing in the fourth month to 0.1, with recurrence of inflammatory ME. DI injection plus three monthly injections of Aflibercept were performed. The AV gain was lower (0.5) but ME was completely resolved, partially disappearing the ischemic areas. At six months he received Aflibercept due to minimal recurrence of Me.

Conclusions: CVO may be a complication of SARS CoV2 infection, with severe thromboembolic complications and the development of occlusive retinal vasculitis, requiring strict follow-up and intensive combined therapy to improve VA.

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