Retina

COMBINED RETINAL VEIN AND ARTERY OCCLUSION – WHERE IS THE CATCH?

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Purpose: To discuss the diagnostic workup of a young female patient with a combined retinal venous and arterial occlusion.

Methods: Analysis of a case report.

Results: A 43-year-old female, with a history of hypothyroidism, presents to the ER with vision loss in the inferotemporal visual field of the right eye (RE) over the past 24h. RE BCVA was 2/10 with associated RAPD. Multiple flame-shaped hemorrhages around the superior temporal arcade, pallor in the superior macular area and venous engorgement were visible in RE fundoscopy. Fluorescein angiography showed delayed arterial and venous filling in superotemporal sector, venous sheathing and stasis, with no signs of peripheral vasculitis. All these findings were compatible with a combined venous and arterial occlusion. The patient was hospitalized for complementary study, which revealed a modest elevation of total cholesterol (256 mg/dl) and ANAs 1/100 with a speckled pattern. Otherwise, coagulation, inflammatory, infectious, and neoplastic study revealed no abnormalities. The patient was discharged but 2 weeks later recurred to the ER due to further RE vision loss. Fundoscopy findings were compatible with a new superotemporal venous occlusion. Due to the increased risk of new ischemic events, the patient started treatment with warfarin and is currently waiting for an internal medicine appointment to complete the etiologic study.

Conclusions: Combined retinal vein and artery occlusion is a rare event which may result in severe vision loss. A complete diagnostic workup is essential to identify and treat systemic comorbidities that may increase the risk of new ischemic events.

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