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### Interesting Retinal Cases

Idiopathic inflammatory occlusive vascular disease of the retina termed as Eales' disease requires exclusion of systemic and ocular conditions with retinal vasculitis, occlusion and neovascularisation. Strong association between occlusive vasculitis and tuberculosis reported in Indian studies termed such cases as presumed tubercular retinal peri vasculitis, those with negative work up as idiopathic occlusive vasculitic First case - a 30 years old male with decreased vision RE with NVI, sclerosed vessels and non perfusion was investigated, Mantoux positive( 16 x16 mm),CRP raised.Received a course of systemic steroid,ATT and sector laser, had vitreous heamorrhage, under went vitrectomy, PCR of specimen positive for tubercle bacillus,diagnosis-tubercular peri vasculitis. 2<sup>nd</sup> case a 44 years old female with HM vision LE, RAPD and vit heamorrhage was found to have vision RE 6/6,NVD,multiple NVEs and sclerosed vessels. Investigations were normal, diagnosis - idiopathic occlusive vasculitis. Treatment - PRP RE, vitrectomy with silicon oil injection LE,no systemic steroid/ATT. 3rd an interesting case of a 24 years old female with decreased vision RE 2 days after uneventful LSCS, found to have VA PL+,RAPD and fundus showing combined arterial and venous occlusion with exudative RD, LE few retinal haemorrhages. She had high ESR,low Hb,low platelet count(34,000/cc) and low clotting factors,became unconscious, imaging showed saggital vein thrombosis with frontal lobe infarcts. Provisional diagnosis of amniotic fluid embolism causing DIC was made, differentials- thrombocytopenia related retinopathy and anaemic retinopathy. Patient survived the event, VA unimproved. Factors supporting the diagnosis - young lady with no systemic disease, loss of vision following C section, fundus picture explainable with retinal manifestations of DIC, decreased platelets, clotting factors,increased PT and cerebral venous thrombosis suggestive of DIC though visual loss due to DIC following amniotic fluid embolism is very rare. A 37 years old male with VA of PL+ sluggish pupils, posterior sub capsular cataract, IOP 56 mm of Hg, open angles both eyes, NVA RE was found to have bilateral CRVO. Glaucoma probably was the predisposing factor since systemic work up was normal. No family history of glaucoma.What is the cause of glaucoma? Patient underwent PRP RE, trabeculectomy BE and was put on anti glaucoma medications. Repeated Enquiry revealed the use of steroid skin ointment for six years. Steroids in any form on long term usage can cause secondary glaucoma, in our case lead to rare event of bilateral CRVO. A 50 years old female with idiopathic thrombocytopenic perpura on systemic steroid presented with decreased vision RE and fundus picture suggestive of bilateral fungal endophthalmitis, underwent vitreous tap, intra vitreal injection of Amphoterecin B. Systemic fluconazole was started. Condition deteriorated, underwent vitrectomy both eyes, improved but reported ten months later with retinal detachment and cataract LE, underwent cataract extraction with RD surgery. At 2 years review vision RE 6/36, LE1/60. What's challenging? Patient had platelet count of 9000/cc, post splenectomy status, h/o sub diaphragmatic abscess, bilateral fungal endophthalmitis,needs long term systemic steroid. Ocular prognosis is poor and management difficult. A 41/2 years old child referred for drainage of traumatic hyphema of 15 days duration RE was found to have hazy cornea, PL - ve, total hyphema, increased IOP and ciliary staphylomas. Provisional diagnosis of ? Retinoblastoma was made, confirmed by CT Orbits, CT showing orbital extension,CSF analysis was normal,however bone marrow involvement was present. Patient received 12 doses of high dose chemotherapy and RE enucleation with orbital implant. Adjuvant external beam radiation was given. Initial Clinical diagnosis of retinoblastoma was challenging.

### Biography

Lavanya G Rao is a comprehensive ophthalmologist with special interest in anterior segment diseases, medical retina, community and pediatric ophthalmology. She has served in academic institutions for more than 20 years and has contributed immensely to undergraduate and postgraduate ophthalmic teaching in medical college. Presently after retirement from Manipal university is a consultant at Dr AV Baliga memorial Hospital Udipi, India

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