DIFFERENTIAL DIAGNOSIS OF RETINAL VASCULOPATHY IN A YOUNG PATIENT

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INTRODUCTION

Eales disease was first described in 1880 and 1882 by Henry Eales, a British ophthalmologist. It is an idiopathic inflamatory venous occlusion disease that affects healthy young adults, mostly male, with onset of symptoms between 20 and 30 years [1]. Nowadays it is more commonly reported in the Indian subcontinent[2].

As the ethiopathogenesis of Eales disease still remains an enigma, its clinical course can be caracterized by four overlapping stages: vasculitis, occlusion, retinal neovascularization and subsequent recurrent vitreous hemorrhage[2]. Diagnosis is predominantly clinical and requires exclusion of other systemic and ocular conditions that could mimic Eales' disease.

CASE REPORT

Male, 26 years-old, complaining of sudden painless decrease of visual acuity (VA) in the left eye (OS) one week before. The past clinical and ophthalmologic history was unremarkable. The Best Corrected Visual Acuity (BCVA) on the right eye (OD) was 20/20 and on the OS was 20/50. No alterations was observed on the biomicroscopy of both eyes (OU). The fundus examination of the OD was unremarkable.

However, on the peripheral retina was observed ghost vessels and areas o intra-retinal haemorrhages. On the OS, the fundus examination revealed intra-retinal haemorrhages along the Inferior Temporal Arcade (Picture 1) and areas of vasculitis associated with intra-retinal haemorrhages and localized vitreous haemorrhages on the peripheral retina.

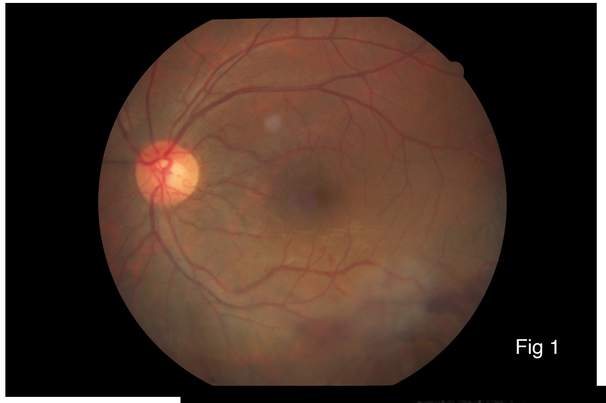

Fig 1

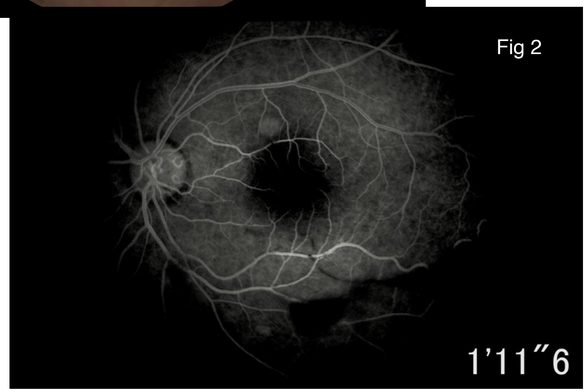

Fig 2

The patient was diagnosed with Occlusive Retinal Vasculopathy and submitted for etiological investigation. The investigation included Fluorescein Angiography (FA) of OU, which revealed areas of low blood perfusion (Figure 2) and retinal neovascularization (Figure 3). Infectious diseases' screening revealed Tuberculin Skin Test as the only positive test. The Hemoglobin Electrophoresis ruled out any Hemoglobin disease.

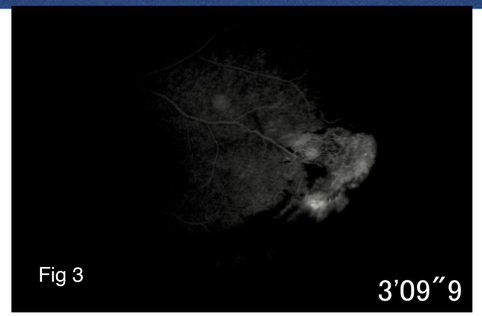

Fig 3

Auto-immune biomarkers were also screened and none were positive. The diagnostic of Eales' Diasease was made, and Pan Retinal Photocoagulation (PRP) of OU was performed. The patient remained with a BCVA on OD of 20/20 and 20/50 on OS.

DISCUSSION

This case demonstrates the importance of the logic of ocular and systemic propaedeutics in the study of the differential diagnoses of an uncommon disease and how this propaedeutics is important for a good visual outcome and a good control of the underlying pathology.

The treatment is symptomatic. The presente-day avilable modalities of tretment are corticosteroids, anti-VEGF therapy, photocoagulation with or without cryoablation and vitrectomy[2].

BIBLIOGRAPHY

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2. Das, T., et al. "Eales' disease: diagnosis and management." Eye 24.3 (2010): 472.