

# CASE REPORT OF PRE-RETINAL HEMORRHAGE AND DIFFERENTIAL DIAGNOSIS IN YOUNG PATIENTS

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## PURPOSE

Describe a case report of one possible cause of pre-retinal hemorrhage: Valsalva retinopathy. It occurs due to a sudden increase in intrathoracic or intra-abdominal pressure. Described in 1972 by Duane, it results from the rupture of superficial capillaries of the retina due to the sudden increase in ocular venous pressure.

## RESULTS

Case report: A 36-year-old, caucasian, female, works as a prison guard, with recent complaint of subtle loss of visual acuity within an hour. Denied recent eye trauma or previous episodes. No systemic comorbidities. Use of oral contraceptives and recent historical of carrying the 18 kilogram daughter in her lap three hours ago. Acuity of 1.0 in the right eye and counts fingers in the left eye.

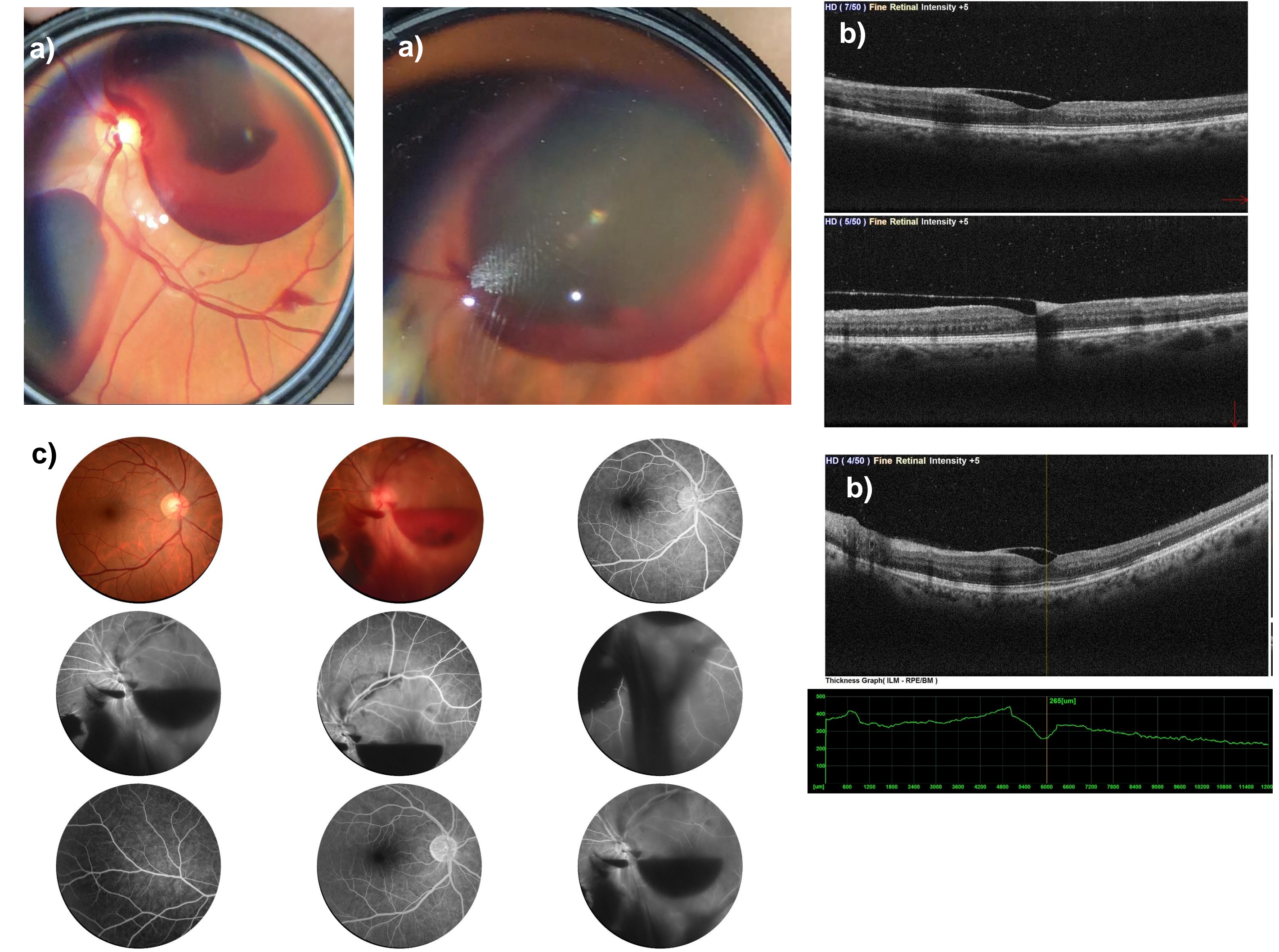
The fundus examination showed pre-retinal hemorrhage in the macular region up to justadiscal area of approximately 6 disc diameters and another hemorrhage of approximately 5 disc diameters in the inferior nasal retina (Figure1.a). Optical coherence tomography of the left eye showed partially detached posterior hyaloid with a subhyaloid hyperreflective material (Figure 1.b). It was also observed two discrete areas of soft exudates in the upper temporal arch and some bleeding spots in the inferior and superior retinal arches. Angiography showed hypofluorescence by blockage, without areas of leakage or hyperfluorescence (Figure1.c).

Considering the diagnosis of valsalva retinopathy, it was decided to follow up with serial examinations, but due to the use of contraceptives, the differential diagnosis of central retinal vein branch occlusion was also considered. After 7 days, the patient showed improvement in visual acuity to 0.9 and resorption of pre-retinal hemorrhage. Follow up with 1.0 vision and no complaints.

## DISCUSSION

Classic findings of Valsalva retinopathy are classic red dumbbell-shaped hemorrhage under the inner limiting membrane at or near the central macula and major round or oval bleeding may also occur. In almost all cases, the bleeding ends and the vision returns to normal.

Figure1. a) Funduscopy of right eye; b) Optical coherence tomography of right eye; c) Fundus fluorescein angiography



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