TERSON SYNDROME: A CASE REPORT

PAULO KIN TAKARA MD[1], MONIQUE VIANA DE SOUSA MD[1], JANAINA LUCILA BRABO MD[1], IONE FEIJÃO ALEXIM MD[1]

1. Hospital Alemão Oswaldo Cruz

Purpose:

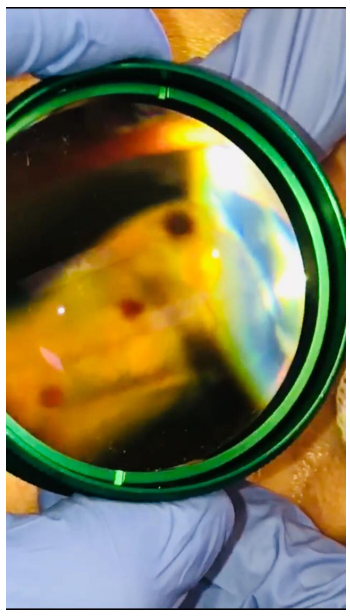
To show the retinal involvement in a patient with subarachnoid hemorrhage. (SAH)

Case Report:

A 65-year-old woman admitted to the intensive care unit of Hospital Alemao Oswaldo Cruz for the treatment of acute subarachnoid hemorrhage, had red eye, and an ophthalmological evaluation was requested. Upon examination, a sedated patient presented with hyposphagma and chemosis in the right eye, and no changes in the left eye. Fundoscopy showed multiple hemorrhage points in the middle periphery of both eyes, and the hypothesis of terson syndrome was raised.

Discussion:

Terson syndrome is recognized as intraocular hemorrhage associated with subarachnoid hemorrhage, intracerebral hemorrhage, or traumatic brain injury. Hemorrhage may be present in the vitreous, sub-hyaloid or intraretina/sub-internal limiting membrane.
Terson syndrome has been described most commonly in subarachnoid hemorrhages due to ruptured cerebral aneurysms. Although early studies attempted to link this syndrome with aneurysms of the anterior communicating artery, statistical analysis has not correlated it with a specific aneurysmal location. Other reports include such causes as strangulation, trauma, hypertension, tumor, and perioperative and postoperative intracranial bleeding.
Hemorrhages usually resolve spontaneously within six to twelve months and hence conservative management is the rule.
Epiretinal membrane is the most common sequelae of Terson syndrome, with an incidence of 15-78%. Vision loss is usually reversible but permanent impairment of vision can occur.



Picture: dilated fundoscopic exam showing numerous hemorrhage points in the midperiphery

Conclusion:

This case shows the importance of fundoscopy in patients with subarachnoid hemorrhage, even in the absence of visual complaints. Neurological outcomes and mortality rate are worse in patients with SAH and Terson syndrome than patients with SAH alone.

References:

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