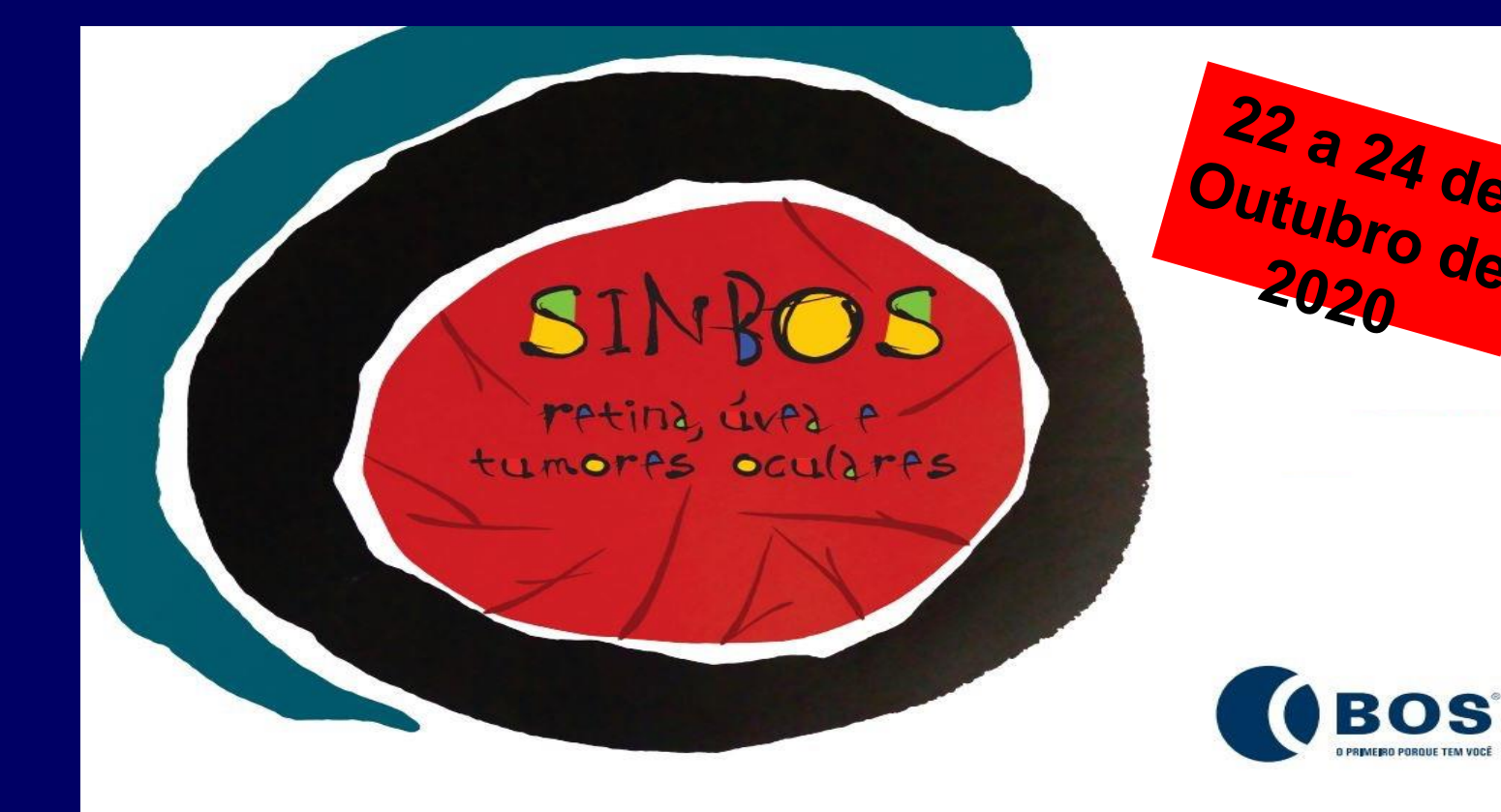




# Spontaneous Macular Bleeding in a 22-year-old Healthy Patient: case report



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**Purpose:** to describe a case of spontaneous macular hemorrhage in a healthy, young female patient.

**Methods:** Case report.

**Results:** 22-years-old, white, female, with no history of diseases or use of continuous medications, presented with sudden central scotoma on OD ten days after using the “morning after pill”. She denies any kind of physical effort or trauma and was breastfeeding her second son. VA was 20/200 OD and 20/25 OS Anterior segment was unremarkable. Fundus examination showed clear vitreous, intraretinal hemorrhage in the macula, including the fovea (Fig 1). FA showed no leakage (Fig 2) and OCT showed a hyperreflective lesion at the internal retina, corresponding to the retinal hemorrhage (Fig 3). Systemic work up was performed for myeloproliferative, infectious and rheumatic diseases and came out negative. After 3 months of follow-up VA was 20/50 OD, 20/40 OS and the hemorrhage reabsorbed completely. (Fig 4)

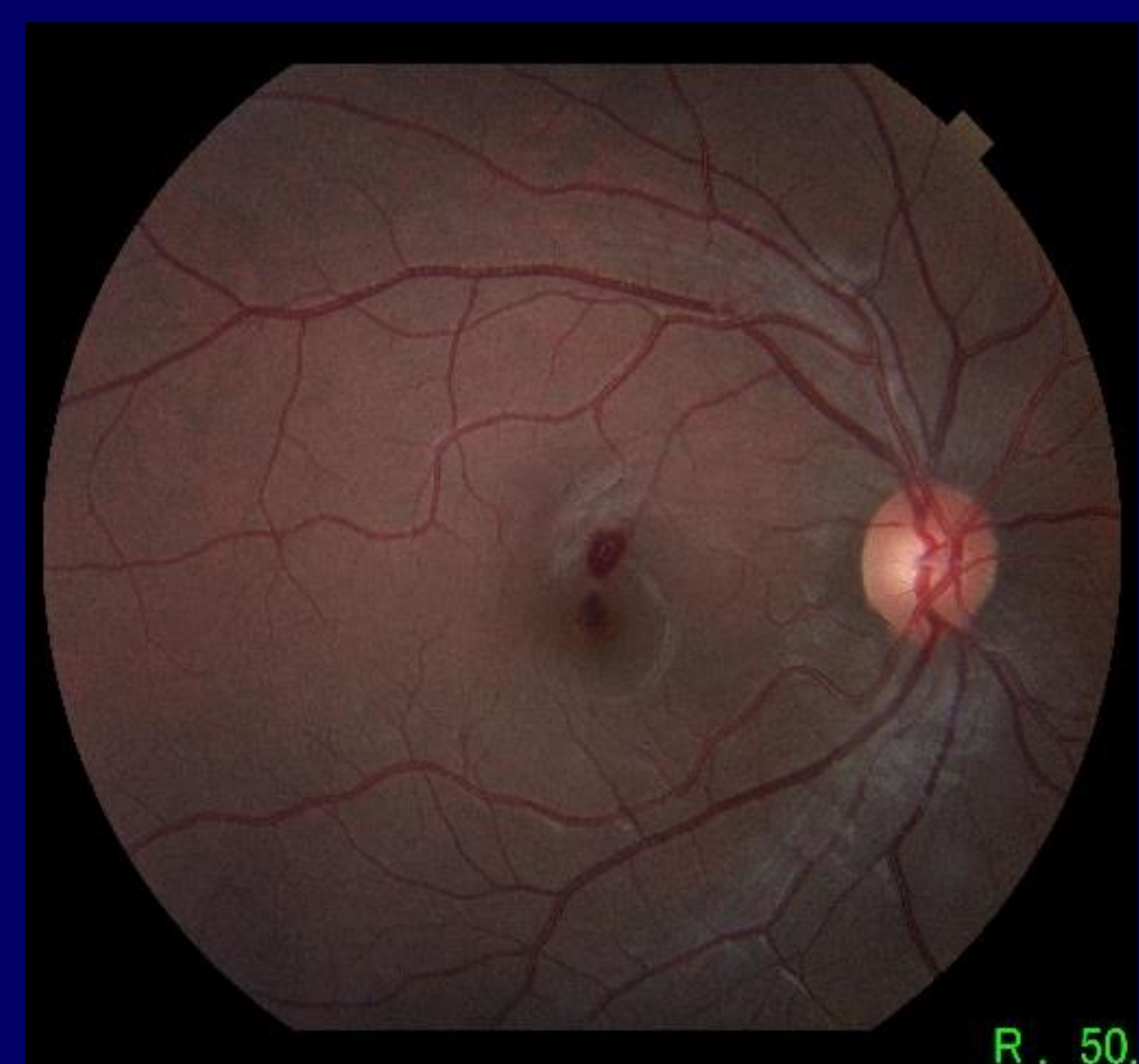


Fig. 1: Color fundus of the right eye showing macular hemorrhage, including the fovea.

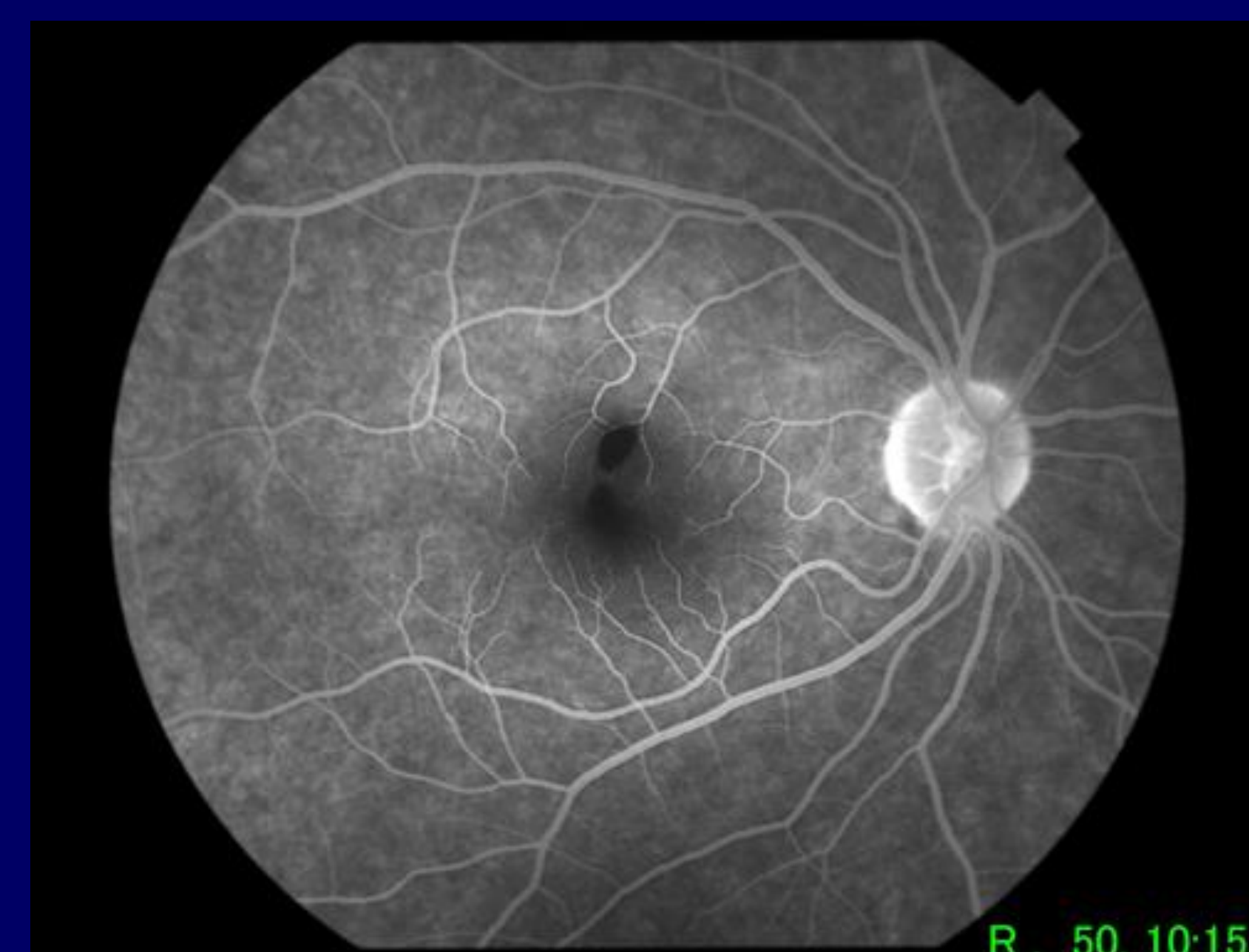


Fig. 2: Fluorescein angiography showing blocked hypofluorescence.



Fig. 3: OCT showing a hyperreflective material at the internal retina corresponding to the hemorrhage

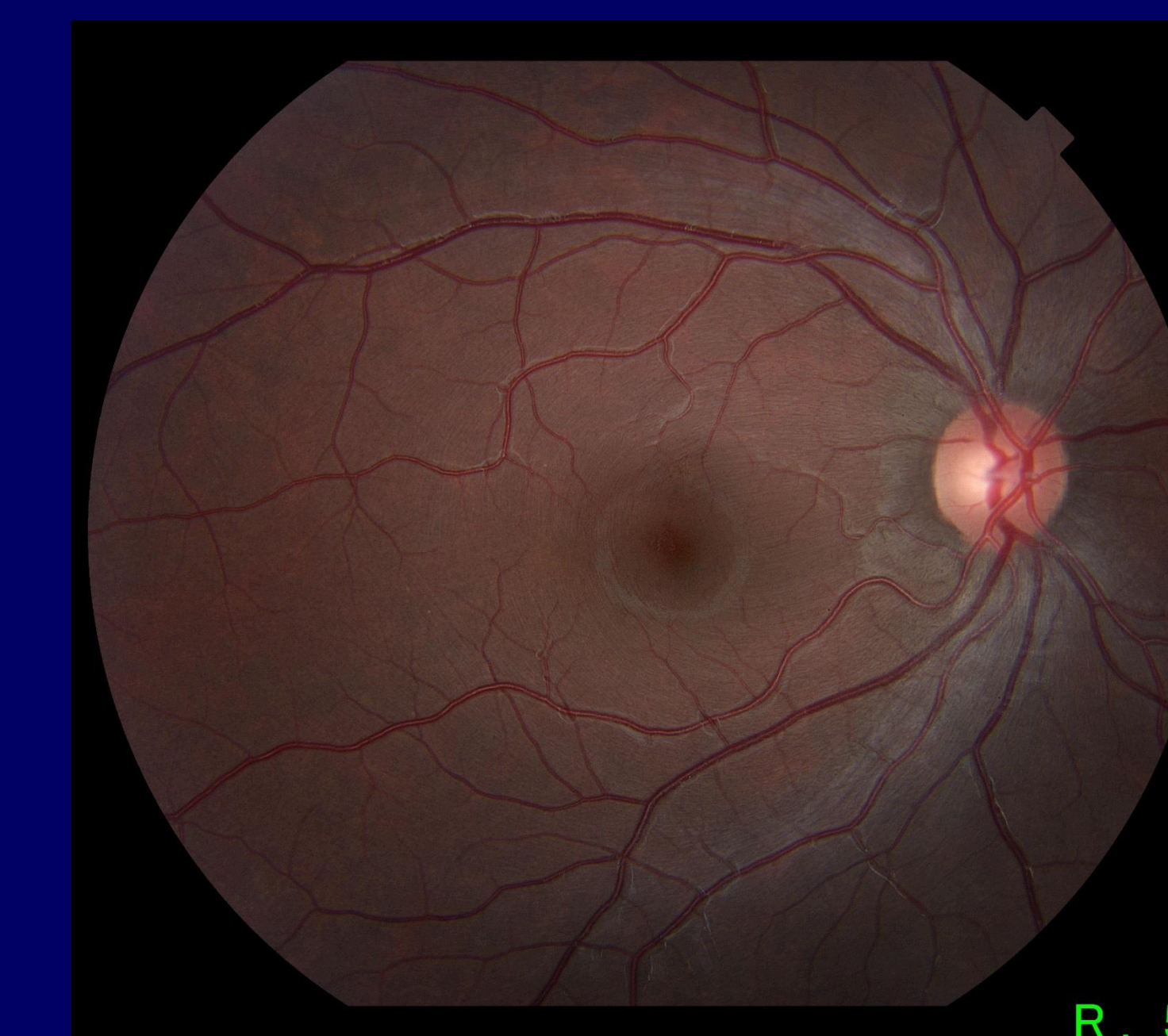


Fig. 4: Color fundus of the right eye after 3 months showing no hemorrhage.

**Discussion:** differential diagnosis, such as myeloproliferative diseases (leukemia), severe anemia, valsalva retinopathy, and vascular anomalies (less likely due to the absence of vascular alterations) were rule out. There is no report in the literature of such event after the use of the morning after pill, and, although it cannot be completely ruled out, it is most likely that the final diagnosis is idiopathic retinal hemorrhage.

**References:**

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