



Central Retinal Vein Occlusion (CRVO) Associated to COVID-19 Infection

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Clinical Image

A 35-year-old female was referred to our department for sudden onset of blurred vision of the Left Eye (LE). Best corrected visual acuity of the LE was 20/1000. Anterior segment examination was normal. Fundus examination, fluorescein angiography and swept source optical coherence tomography findings concluded to the diagnosis of a non-ischemic CRVO of the LE. Right eye examination was unremarkable. Furthermore, the patient was positive to SARS-CoV-2 and symptomatic one week before the beginning of the symptomatology. An exhaustive workup including check for hypercoagulability, hematologic, immunologic and cardiac diseases came back normal. After two weeks of a regular follow up we noticed the disappearance of the CRVO signs and the macular edema with ad integrum restitution without any treatment. CRVO is one of the manifestations of COVID-19 infection. Cases reported varied in terms of presentation, severity, and management [1-5], in this case a spontaneous recovery was observed.

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Figure 1: (a) Fundus photography of the right eye was normal. Fundus photography of the LE showed retinal venous dilatation and tortuosity with retinal hemorrhages. (b, c) Fluorescein angiography of the LE showed delayed venous filling with no evidence of significant peripheral retinal vascular ischemia. (d) Swept source optical coherence tomography of the LE showed serous macular detachment with hyper reflective content.

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