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Case Report
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A Case of Repetitious Central Retinal Vein Occlusion(CRVO) in a Patient with Anti-phospholipide Antibody Sendrome (APAS)

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Abstract

APAS, an autoimmune disease, is associated with features of increased hypercoagulability such as thrombosis, recurrent spontaneous abortions, thrombocytopenia, neurologic symptoms, and positive antiphospholipid antibodies. Ocular manifestations of APAS are episcleritis or scleritis, rubeosis, retinal artery or vein occlusion, optic neuropathy, retinal vasculitis, cilioretinal artery occlusion, choroidal infarction, vitreous hemorrhage, amaurosis fugax, and ocular motility defects. We present a case of repetitous central retinal vein occlusion related with APAS.

Keywords: Central retinal vein occlusion; APAS; Dexamethasone implant; Anti-VEGF

Introduction

Purpose

To assess the etiology, treatment and follow up of a patient applied with central retinal vein occlusion.

Methods

The patient applied to our clinic with visual loss in right eye. Following detailed ophthalmologic examination Optic Coherence Tomography (OCT) and Fundus Fluorescein Angiography (FFA) were performed. The Central Retinal Vein Occlusion (CRVO) was diagnosed with all results.

Case Presentation

A 28-year-old female patient applied to our clinic with visual loss at right eye. At first examination findings were as follows: visual acuity 3 meters finger counting OD and 1.0 OS. Anterior segment examination was unremarkable. There were hemorrages, exudates, venous engorgement in four quadrants correlated with central retinal venous occlusion at right eye in fundus examination. She had not any systemic disease and there was no special information in her history. After diagnosis of CRVO dexamethasone implant was injected to the right eye. The patient was guided for hematology and rheumatology consultations. Follow up was planned for every month. After one month visual acuity was 0.2 OD and fundus findings started to improve. No etiology was found at the result of consultations. At the third month of follow up there was no neovascularization neither anterior segment nor posteriorundan segment. Also ischemic region was not observed in FFA examination. At the twelveth month of follow up visual acuity of patient decreased to 2 meters finger counting OD. Fundus examination was correlated with CRVO. There was no ischemia in FFA. Dexamethasone implant was adviced to patient but şeh did not want. The patient was consulted to hematology and rheumatology again. At the result of rhematology assessment anti-phospholipid antibody syndrome (AFAS) was diagnosed. Two anti-VEGF injections were performed to patient. At the last control visual acuity was 0.4 OD.

Result

APAS, an autoimmune disease, is associated with features of increased hypercoagulability such as thrombosis, recurrent spontaneous abortions, thrombocytopenia, neurologic symptoms, and positive antiphospholipid antibodies [1,2]. Ocular manifestations of APAS are episcleritis or scleritis, rubeosis, retinal artery or vein occlusion, optic neuropathy, retinal vasculitis, cilioretinal artery occlusion, choroidal infarction, vitreous hemorrhage, amaurosis fugax, and ocular motility defects. According to the revised Sapporo criteria, the presence of lupus anticoagulant, IgG anticardiolipin, and anti-B2 glycoprotein-I antibody is considered to be the laboratory criteria for

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the diagnosis of APAS [3-5]. The presence of IgG antiphospholipids was associated with a higher incidence of occlusive vasculitis in the eye. The various treatment modalities were laser photocoagulation, topical corticosteroids, and bevacizumab. The etiology should be investigated in all patients younger than 50 years old with central retinal vein occlusion. The strict follow up has been needed for these patients.

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