



A CASE OF UNILATERAL COMBINED CRAO AND CRVO WITH MACULAR DETACHMENT SECONDARY TO SLE

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ABSTRACT Presentation of unilateral combined central retinal artery occlusion and central retinal vein occlusion in systemic lupus erythematosus is extremely rare. Here in we report a case of 18 year old female presented with sudden diminution of vision in left eye with vision PL+ PR inaccurate. Diagnosis of unilateral combined CRAO and CRVO was suggested by ocular presentation and fundus examination. Laboratory studies showed positive results of antinuclear antibody, Decreased levels of C3,C4 complement,Protein-C,Protein-S. Severe vaso occlusive retinopathy may be earlier manifestation of SLE

KEYWORDS : Combined CRAO and CRVO, SLE

INTRODUCTION:

SLE is a chronic, autoimmune, connective tissue disorder affecting multiple organ systems often with relapsing and remitting clinical course by production and deposition of autoimmune complexes, antibody in tissues.

Ocular manifestations - Occurring in up to one third of patients – can be associated with significant morbidity and also a marker for overall systemic disease activity.

SLE can affect the periorbita, ocular adnexa, eye & optic nerve.

Most visually devastating sequelae occur secondary to Retinal Vaso-occlusion & optic nerve involvement.

CASE HISTORY:

An 18 year old female patient presented with sudden diminution of vision in left eye following high grade fever with chills and rigor, headache, pedal edema and left cervical lymphadenopathy for 15 days which was diagnosed as Left Pyelonephritis.

Ophthalmological Findings:

Best corrected Visual Acuity: Right eye: 6/6, Left eye: PL+, PR Inaccurate.

On Slit Lamp Examination:

Both eyes Anterior Segment was normal except for left eye pupil-Round reacting to light RAPD Grade-2.

Fundus Examination:

Right Eye: Normal Fundus.



Figure 1: Fundus picture of left eye showing hyperemic disc optic disc with blurred margins, congested vessels. Vessels over the disc with Retinal pallor and macular. Macular detachment

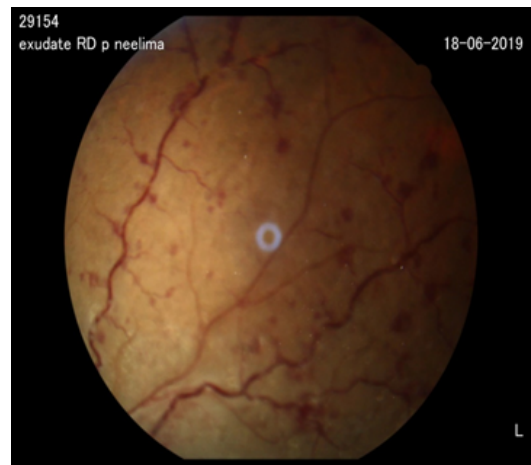


Figure 2: Fundus picture of left eye showing multiple retinal hemorrhages present all over the retina

Left eye: Media- Slightly hazy due to vitreous hemorrhage.

Optic disc- Hyperemic, Blurred margins, size & shape-Normal.

CDR& NRR – Could not be made out.

Vessels over the disc are congested. Venous engorgement present with AV ratio of 2:4 Retinal pallor present, multiple retinal hemorrhages present all over the retina. Macular Detachment present.

INVESTIGATIONS:

- HIV, HBsAG, HCV: Negative
- HB: 6.4gm%, ESR: 150mm/hr
- Sr. Iron- 18µg/dL, Sr. Ferritin- 496.9
- RBC: 1.6 million cells/cumm
- TLC: 4000 cells/cumm, DLC: P 62, L 33, E4
- Platelet Count- 77,000 cells/cumm
- Decreased C3- 28 mg/dL
- Decreased C4- 7.5 mg/dL
- Anti-ds DNA- 800 IU/ml (Positive) Increased
- CUE: Traces of albumin, Pus cells: 2-4, Epithelial cells: 1-3.
- ANA- 3.602 Ratio (Positive)
- Decreased Protein-C- 68.5%
- Decreased Protein-S- 54.6%
- 24hr Urine Protein: 310 mg/24hrs (10-140 mg/24hrs)
- Peripheral Smear: S/O Microcytic Hypochromic anemia of moderate degree with Neutrophilic Leukocytosis & Thrombocytopenia.
- Direct and Indirect Coombs Test: Negative
- Raised RA Factor: 33.3 IU/mL
- USG Abdomen: S/O Left Pyelonephritis.
- FNAC of Left Cervical Lymphnode: Smear suggestive of Non-specific Lymphadenitis.

DISCUSSION:

This is a case of unilateral Combined CRAO and CRVO with Macular Detachment – A rare manifestation of SLE. It has been associated with a worse visual prognosis.

Ocular Manifestations of SLE:

Most frequent - Keratoconjunctivitis Sicca
Episcleritis/Scleritis
Lupus Retinopathy

CONCLUSION:

This is a rare case of unilateral combined CRAO and CRVO with Macular Detachment secondary to SLE with manifestations of Lupus Nephritis.

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