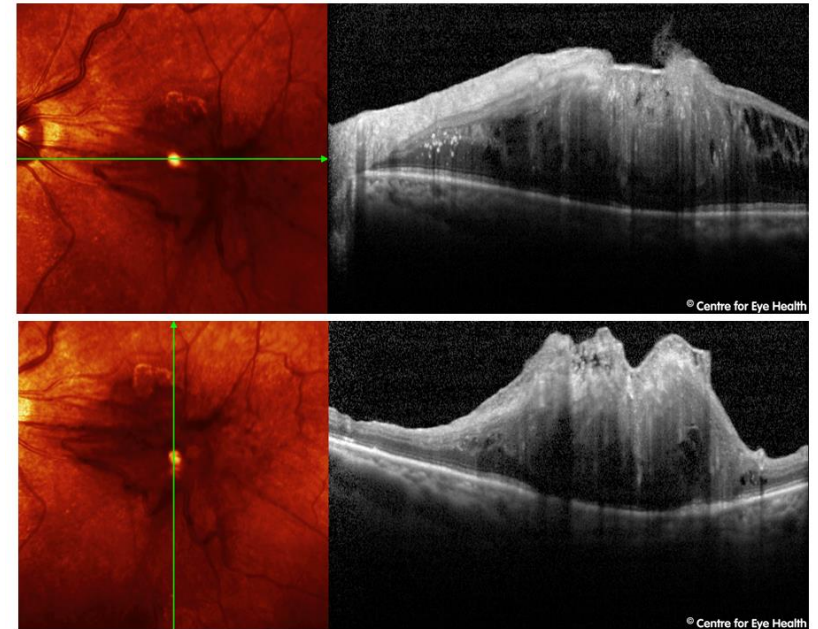




CFEH Facebook Case #37

A 69 year old Caucasian female presented for a macular assessment. She noted a history of acute vision loss in the left eye 10 years previously when undertaking heavy lifting. She has systemic hypertension which she reports to be under control with medication, and hypercholesterolaemia. She denies any history of trauma. Acuities are 6/7.5 in the right eye and counting fingers at 1.5m in the left. What is likely to have caused her acute vision loss and resultant current macular appearance?



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ANSWER

The patient's fibrotic scar was most likely due to a large macular haemorrhage. Given the patient history of acute vision loss while undertaking heavy lifting, this was most likely a Valsalva retinopathy.

Valsalva retinopathy is a preretinal haemorrhage that usually involves the macula. It is associated with a history of straining (eg coughing, vomiting, Valsalva manoeuvre, weight lifting etc). It is thought that closure of the glottis causes an acute rise in intrathoracic or intraabdominal and associated rapid increase in intraocular venous pressure, leading to capillary rupture.

The macular haemorrhage in some cases may resolve without intervention, returning the vision to normal or near normal. In cases where dense premacular haemorrhages affect vision. Nd:YAG laser may be used to puncture a hole in the posterior hyaloid and drain the blood into the vitreous cavity. This procedure has several potential complications however, including retinal detachment, ERM and macular hole formation.