Proliferative or Not Proliferative?

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  — None

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  — None
Summary and Discussion

• This patient’s case presents only the second case described in the literature of HIV retinopathy presenting as peripheral ischemic retinopathy and neovascularization

• Treatment of HIV proliferative retinopathy includes PRP

• This case expands the previously documented scope of HIV manifestations in the eye
HPI

• 49 year old male with history of HIV on HAART
  – Referral from outside ophthalmologist for dense visually-significant epiretinal membrane in right eye
  – Presumed history of BRAO in this setting
• PMH: HIV on antiretrovirals with notably low CD4 count in the past; hypertension; hyperlipidemia; history of treated syphilis infection
Exam

Visual Acuity: OD 20/30, OS 20/20

Anterior Exam: Unremarkable, no cell in anterior chamber or anterior vitreous
Fluorescein Angiography, Right Eye
Fluorescein Angiography, Left Eye
Laboratory Work Up

- T pallidum titer 1:4, RPR + (treated)
- TB testing negative (T spot and Quantiferon)
- ACE borderline elevated
- Muramidase lysozyme normal
- Chest X-ray normal
- ANA negative
- Sickle cell screen negative
- A1c 6.0 – barely elevated
- CD4 count 472, HIV PCR RNA 40 copies/mL
Diagnosis?
Peripheral Ischemic Retinopathy – Proliferative Retinopathy from HIV

• No evidence of events or co-morbidities that usually lead to peripheral neovascularization
  – No clear indication of past retinal artery occlusion
  – No scarring to suggest CMV infection
• Likely that poorly controlled HIV in the past played the primary role in pathogenesis
• Treat with PRP
• 53 yo AA female with AIDS, with peripheral retinal neovascularization and no other cause for retinal ischemia, current CD4 462, HIV RNA copies <20/mL – CWS and diffuse IRH on initial AIDS diagnosis with enlarged FAZ

• Treatment with peripheral laser photocoagulation

• First reported case of proliferative retinopathy and vitreous hemorrhage as a direct association with HIV
Nonperfusion and Neovascularization
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