

Clinical Case

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Interests conflict

- None

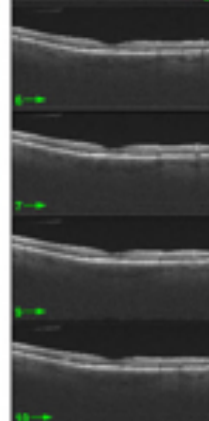
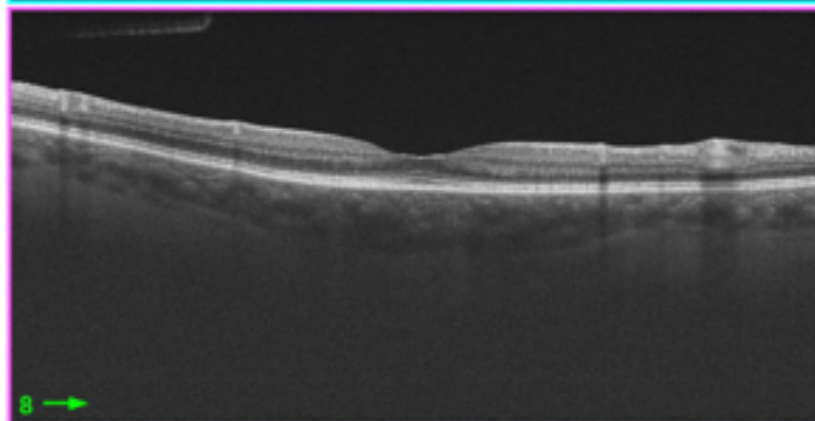
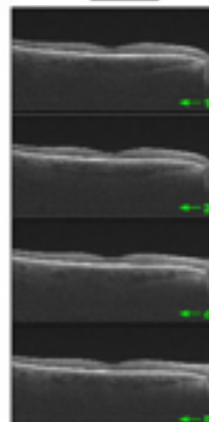
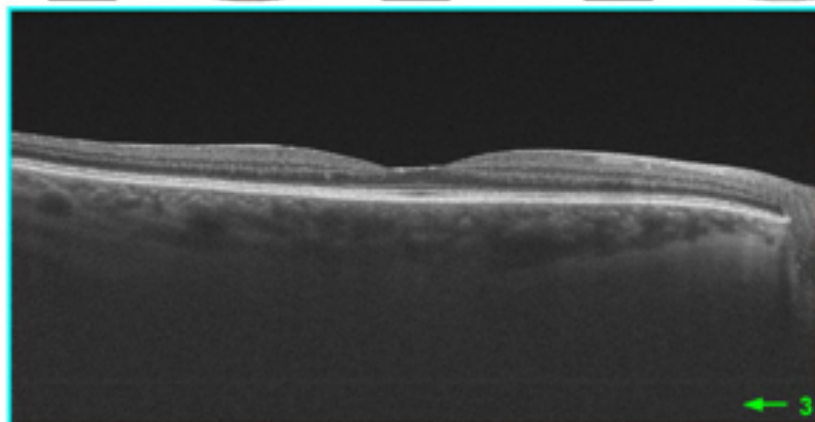
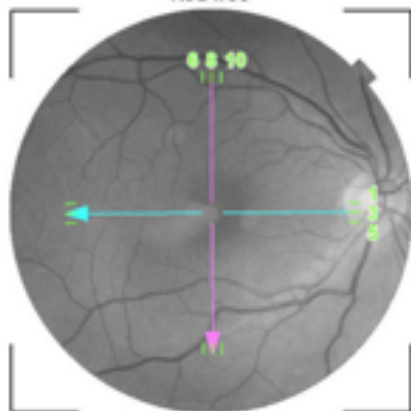
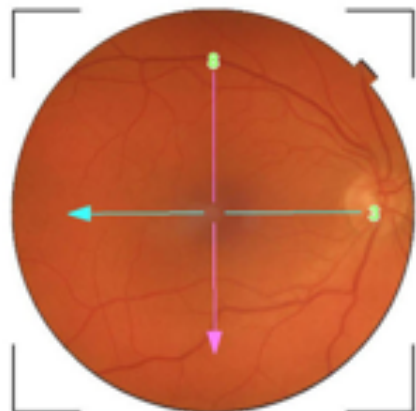
Clinical Case

- W, F , 62 y/o, a small change in vision in her left eyes for 30 days.
- Light arterial hypertension.
- No other systemic condition.
- Visual acuity RE- 20/20; LE 20/20.

OD(R)TopQ Image Quality: **96** mode: Fine(2.0.7)
Capture Date: 5/16/2019 O.E.M:1.000x

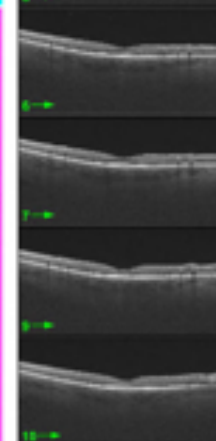
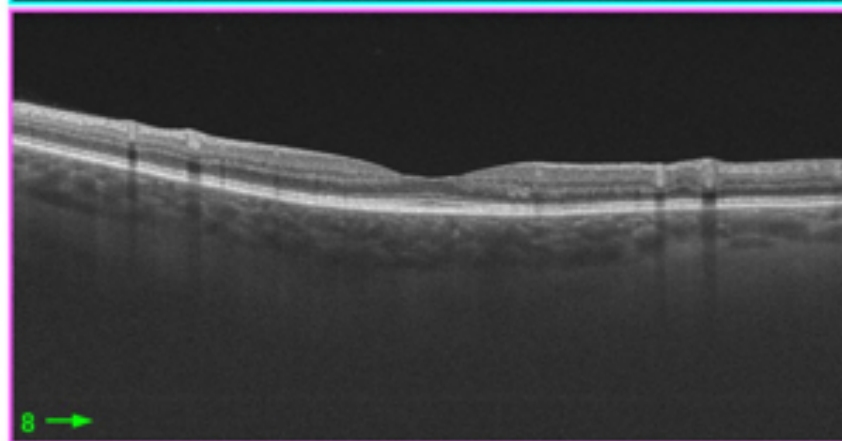
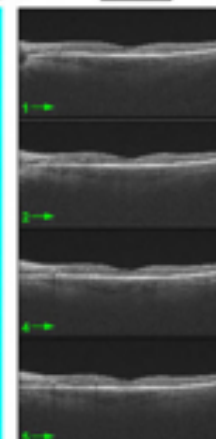
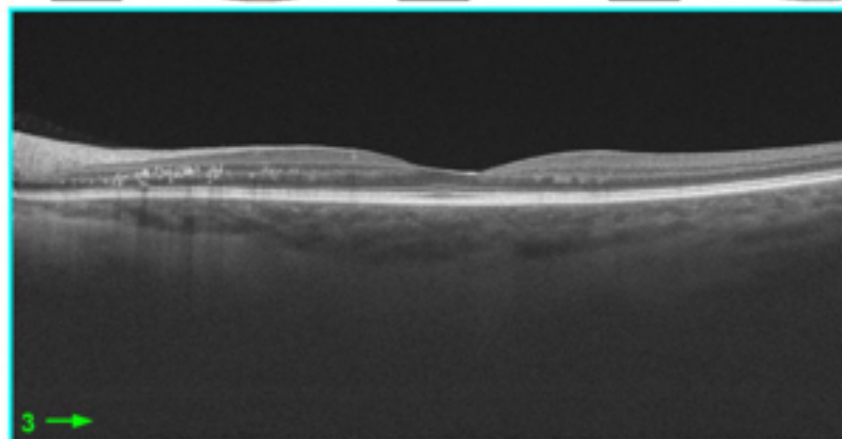
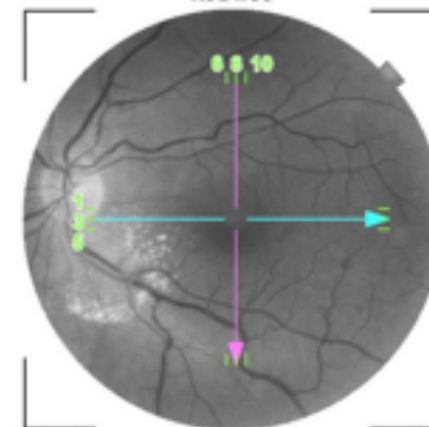
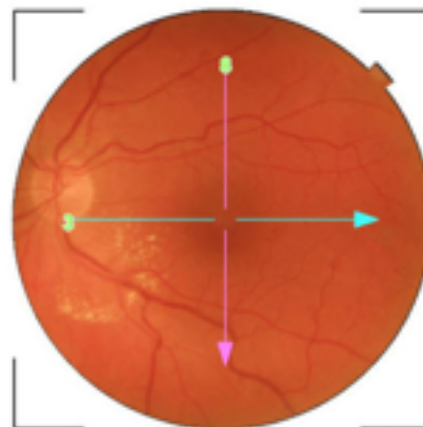
Scan : 5Line Cross(9.0mm - 1024)

Red-free

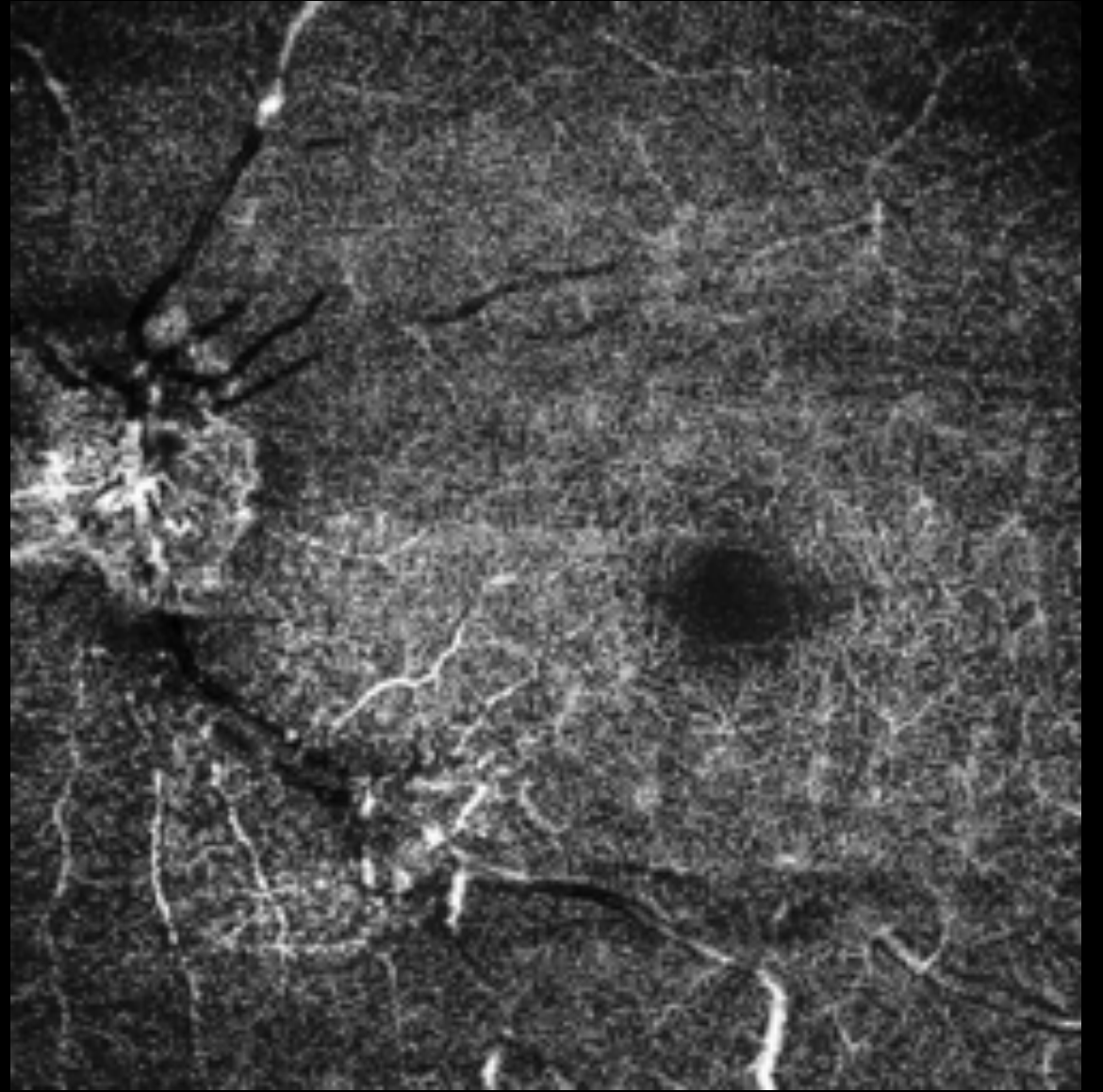
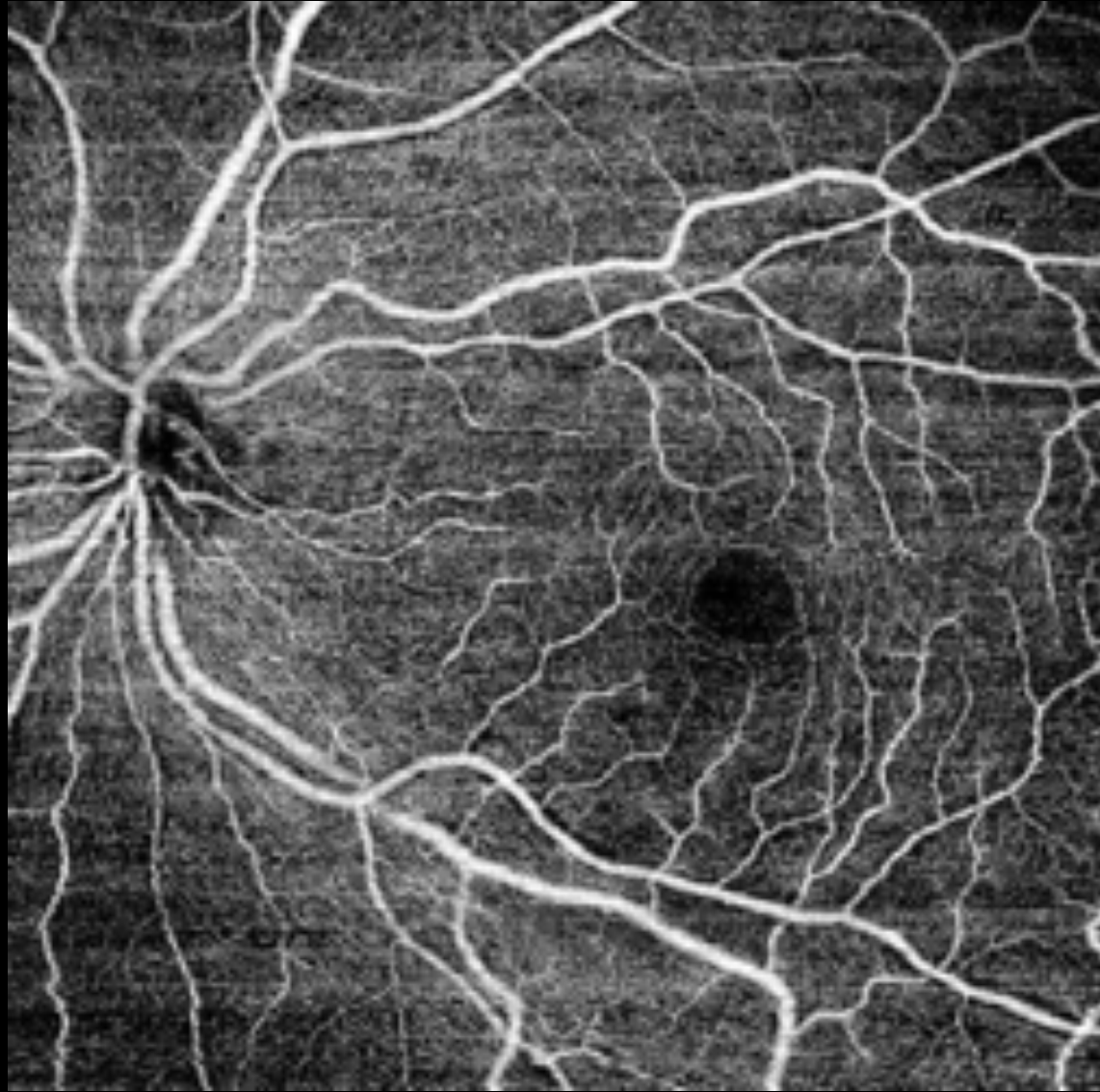
**OS(L)**TopQ Image Quality: **98** mode: Fine(2.0.7)
Capture Date: 7/26/2018 O.E.M:1.000x

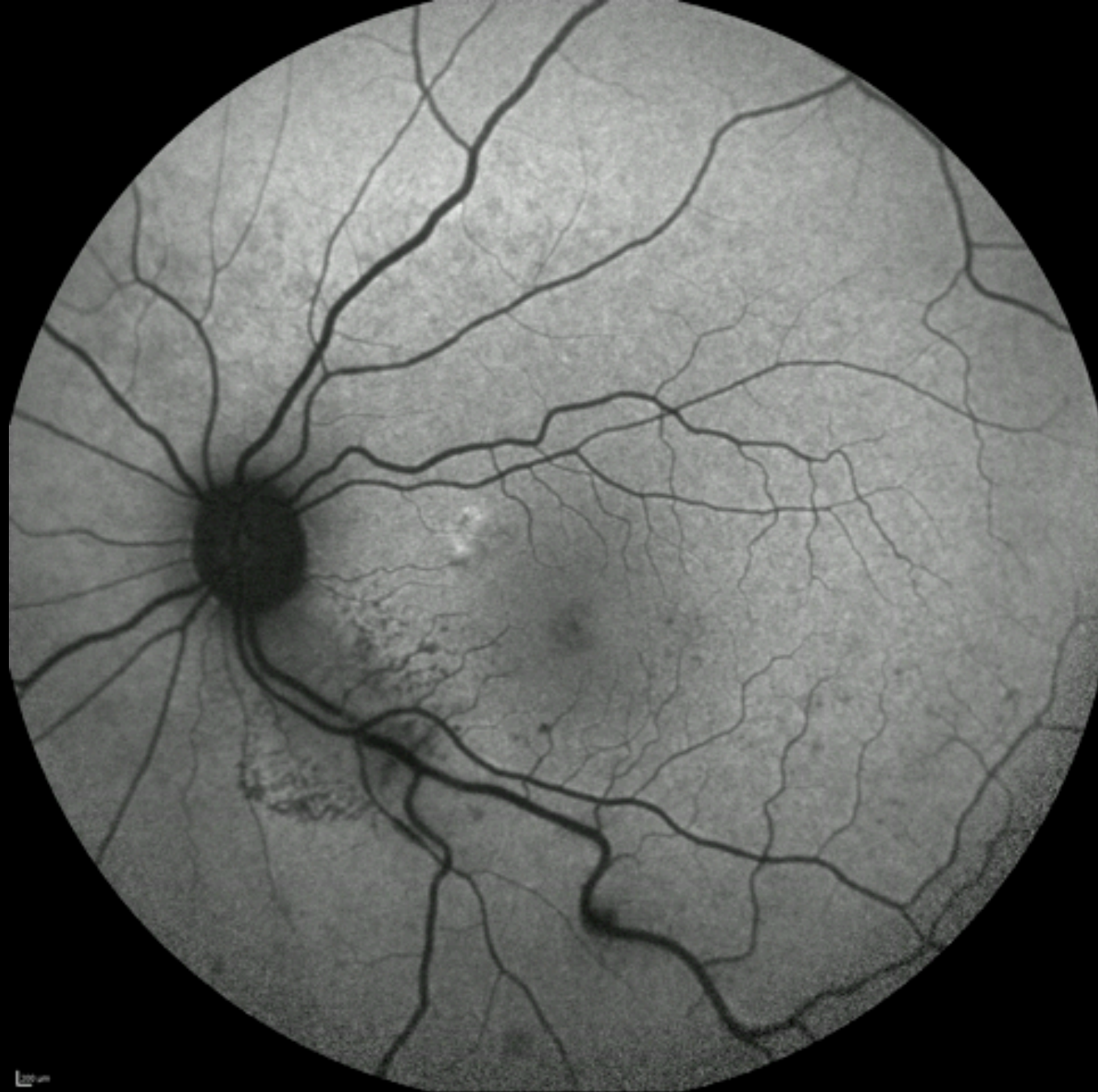
Scan : 5Line Cross(9.0mm - 1024)

Red-free









100 µm

11/8/2018, OS
FA @ 10.25 55° ART(46) (HR)

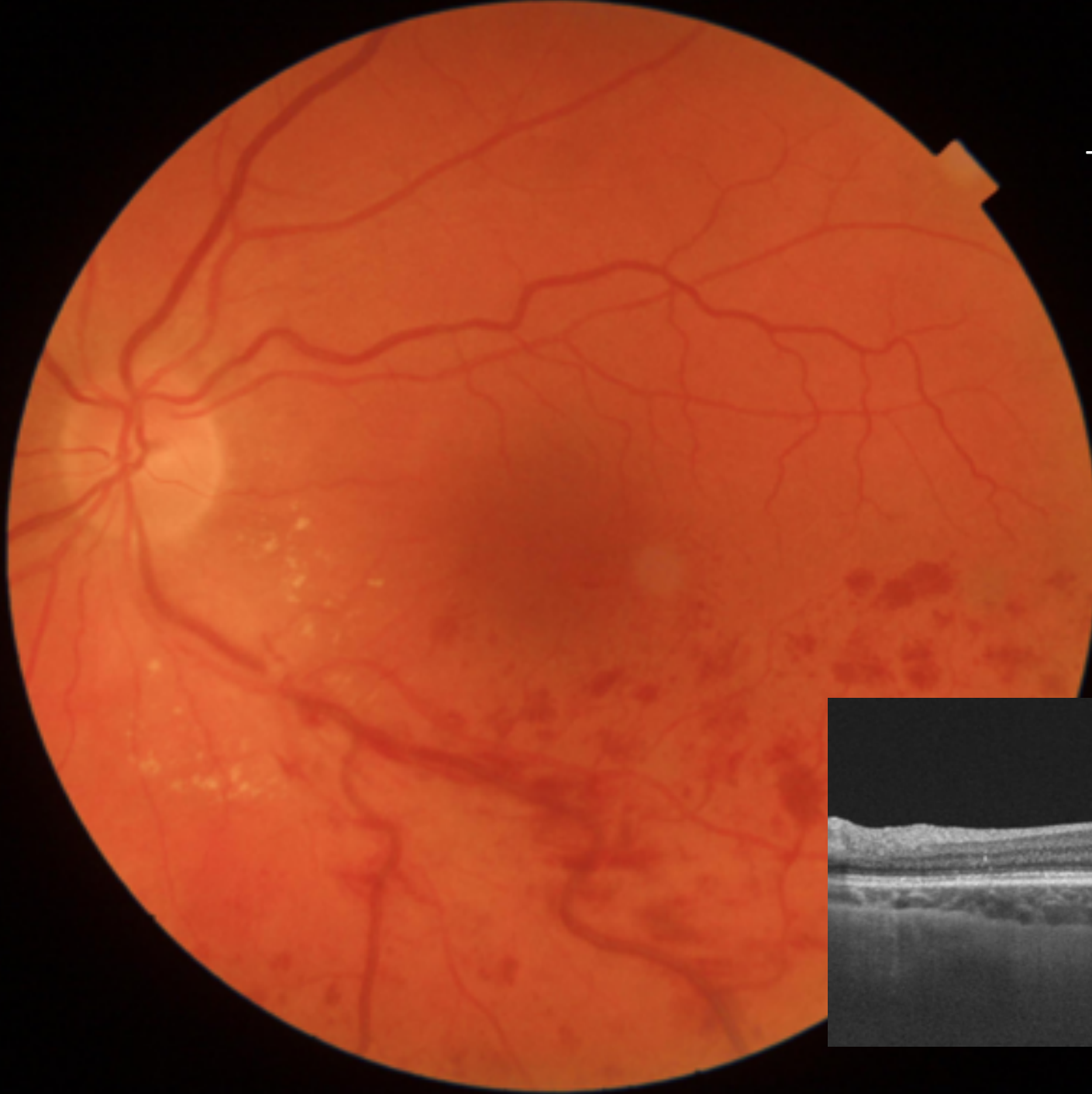


100 µm

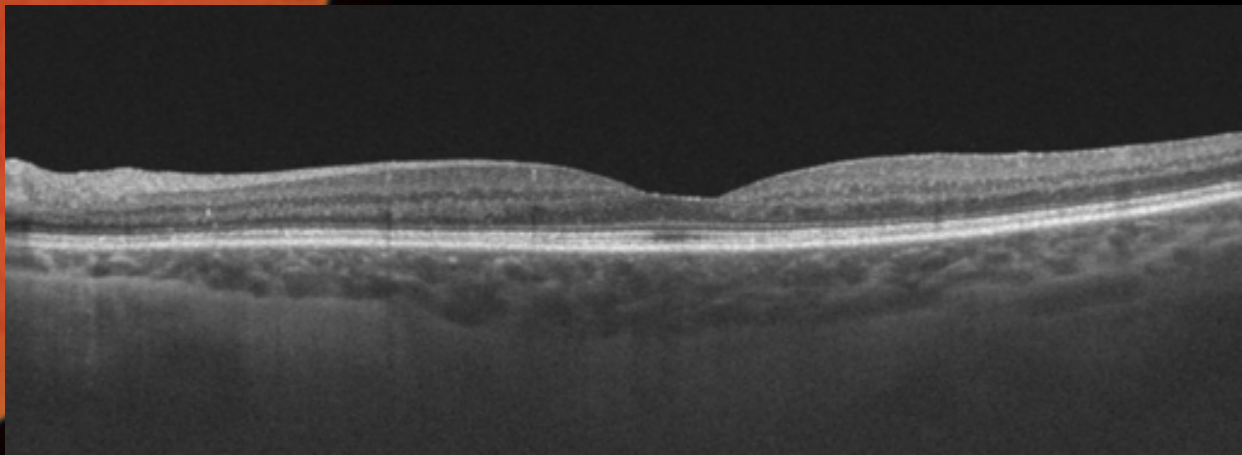
17/8/2018, OS
E.A. 0.10 75.55° ARTIUM DRI







Two weeks later

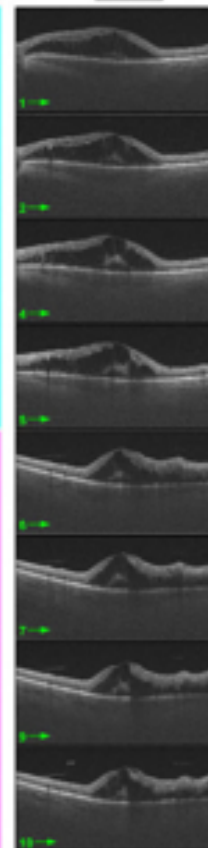
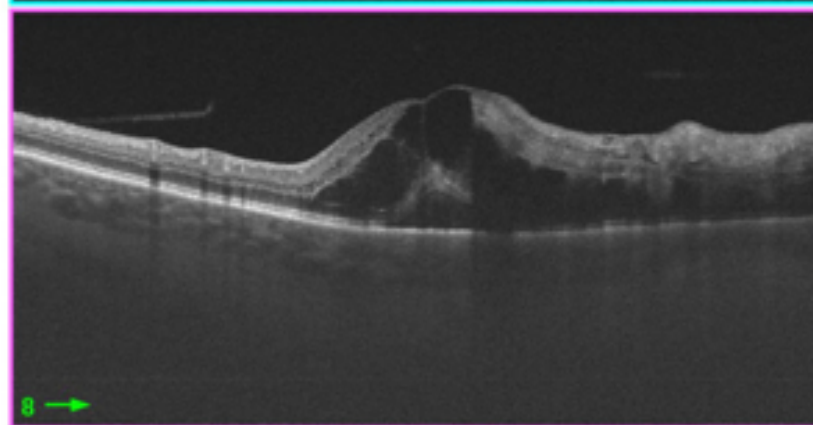
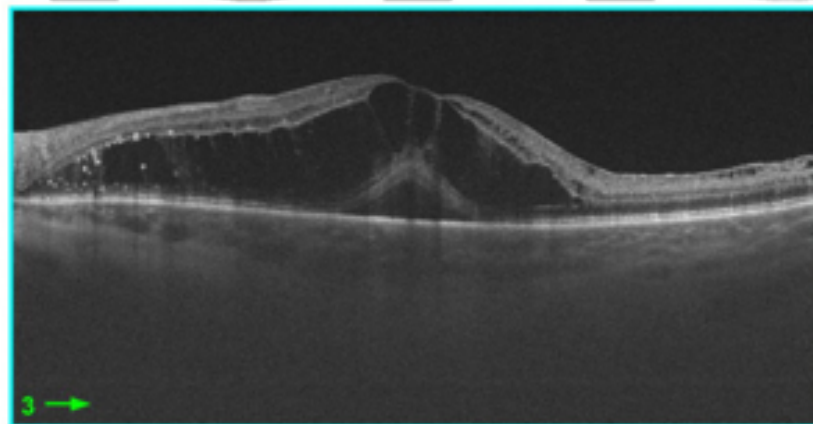
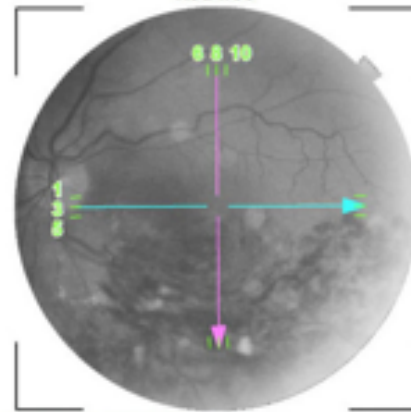
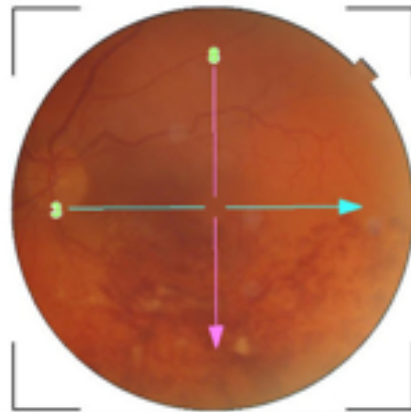


OS(L)

TopQ Image Quality: 62 mode: Fine(2.0.7)
Capture Date: 2/20/2019 O.E.M:1.000x

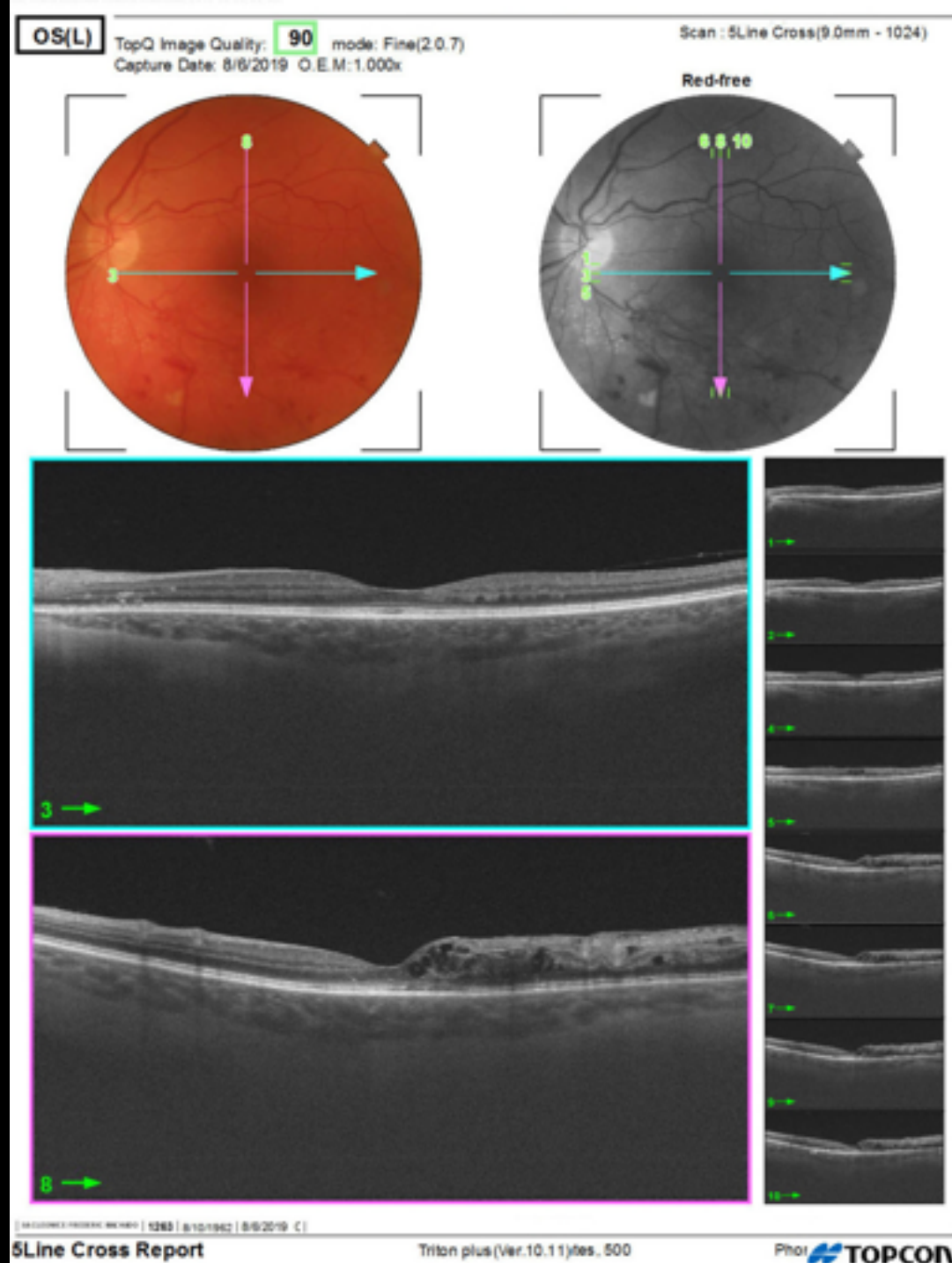
Scan : 5Line Cross(9.0mm - 1024)

Red-free



One month later..

After 3 doses of Anti-VEGF



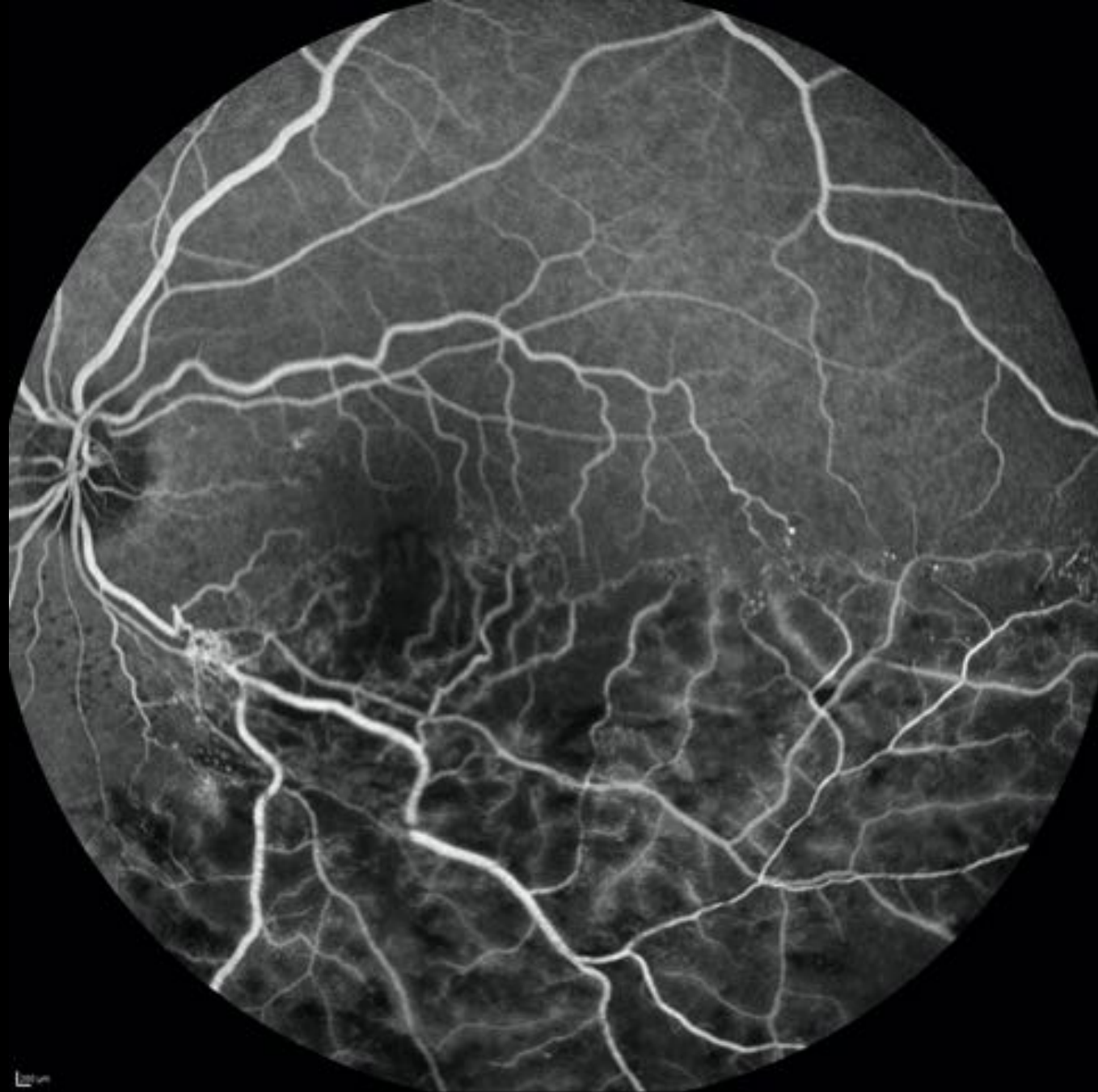


200 µm



100 µm

20/8/2013, 05
FA @ 34.35 59° [4R]



100 µm

20/8/2019, 09
FA 1 02 00 55° ART(4) [46]

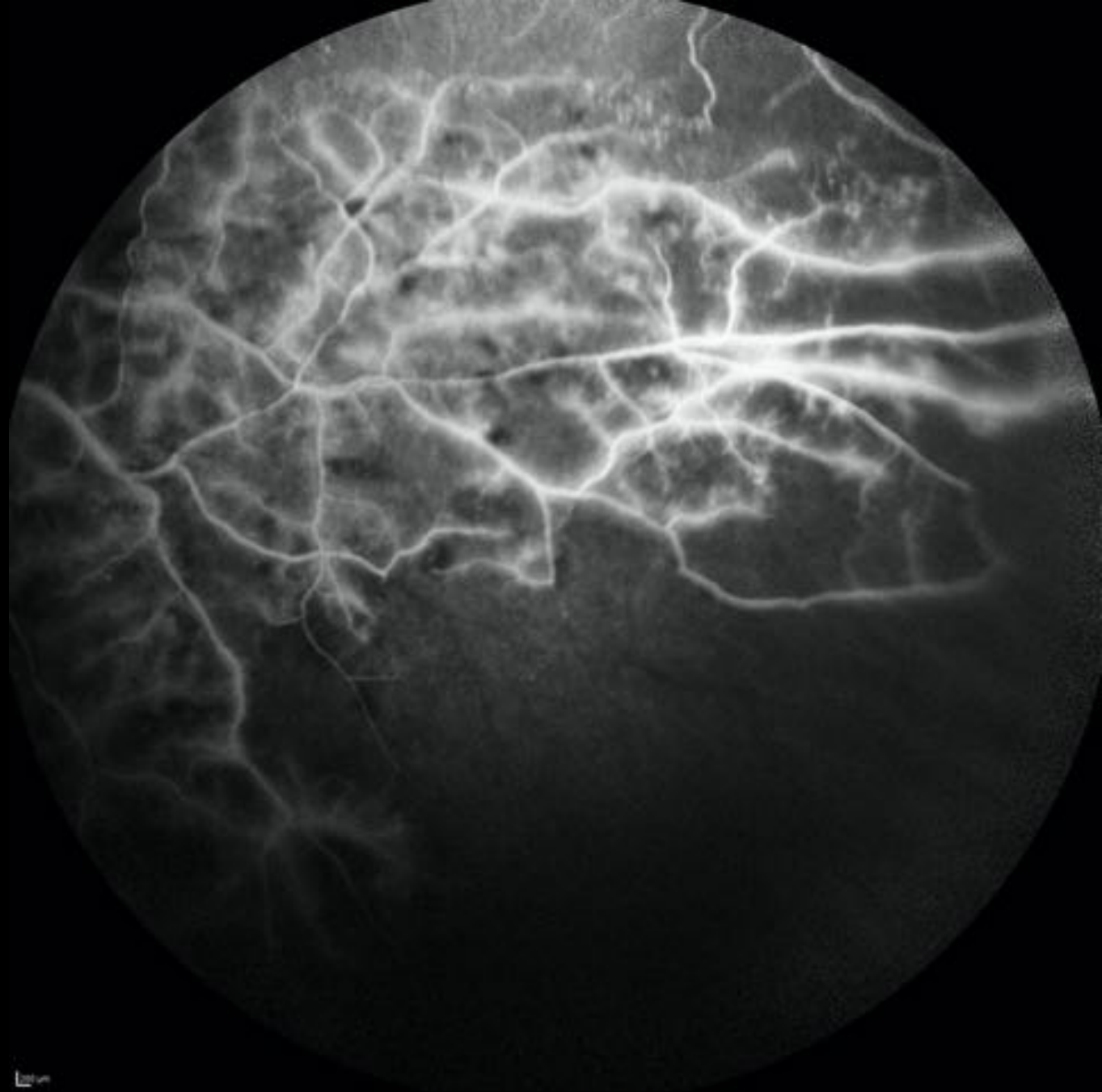
HEIDELBERG
RETINA



100 µm

2018/2019, OG
FA 2 38.76 55° ART(10) [HR]

HEC018510
8/20/2017 10



100 um

2019/2019_05

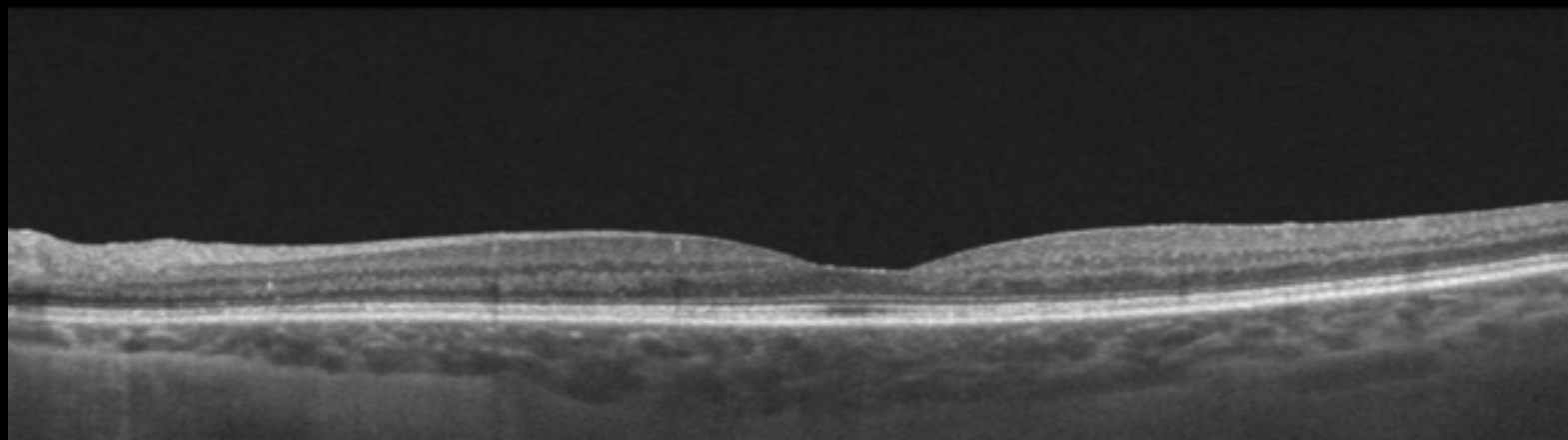
PA 1.48.01.55° ART(27) [HR]

HECCEBID
8/20/2019



Layers 5→

Averaging success rate 16/16



FOCAL RETINAL PHLEBITIS

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JOHN A. SORENSON, MD,* EMMETT T. CUNNINGHAM, Jr, MD, PhD, MPH,‡§
LAWRENCE A. YANNUZZI, MD†

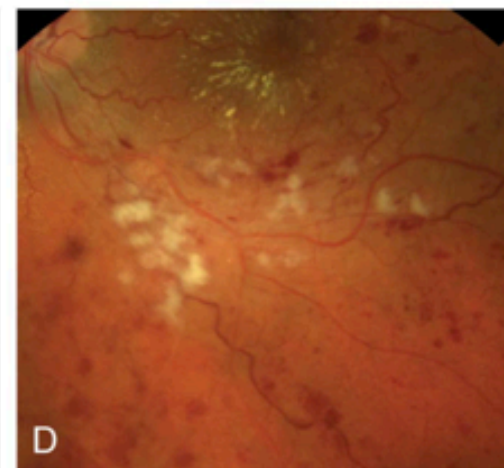
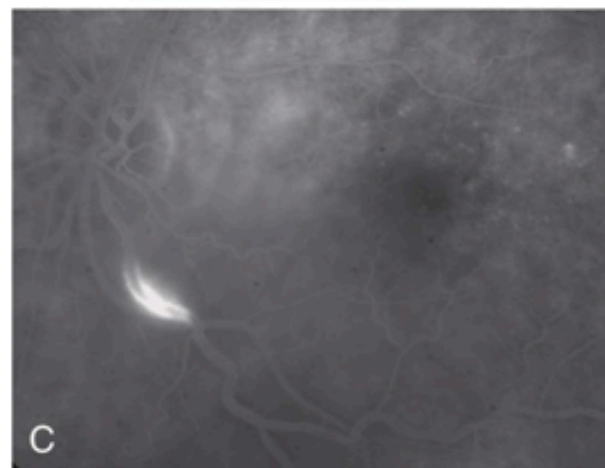
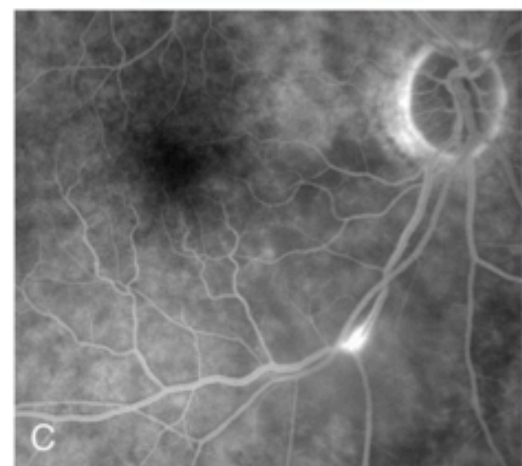
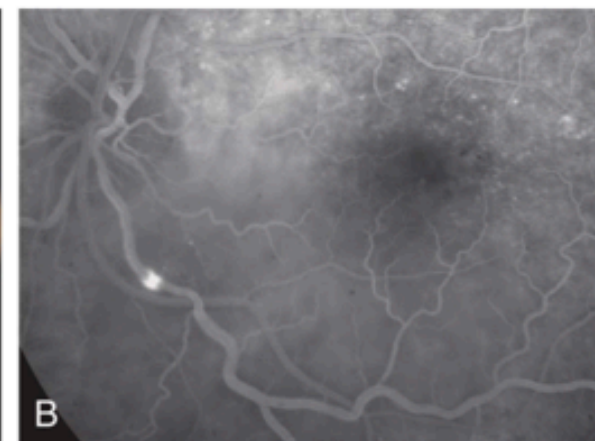
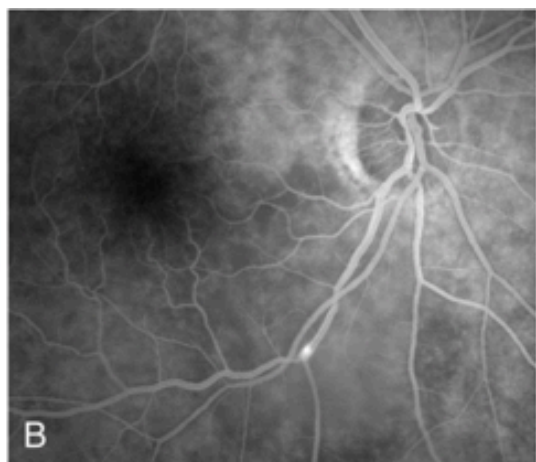
Purpose: To report three cases of solitary, focal retinal phlebitis.

Methods: An observational case series.

Results: Three eyes in three patients were noted to have unilateral decreased vision, macular edema, and a focal retinal phlebitis, which was not at an arteriovenous crossing. All three patients developed a branch retinal vein occlusion at the site of inflammation. These patients had no other evidence of intraocular inflammation, including vitritis, retinitis, retinal vasculitis, or choroiditis, nor was there any systemic disorder associated with inflammation, infection, or coagulation identified.

Conclusion: Focal retinal phlebitis appears to be an uncommon and unique entity that produces macular edema and ultimately branch retinal vein occlusion. In our patients, the focal phlebitis and venous occlusion did not occur at an arteriovenous crossing, which is the typical site for branch retinal venous occlusive disease. This suggests that our cases represent a distinct clinical entity, which starts with a focal abnormality in the wall of a retinal venule, resulting in surrounding exudation and, ultimately, ends with branch retinal vein occlusion.

RETINA 32:120–126, 2012



Thank you!!!!