



# Vision Loss in a Patient with Asteroid Hyalosis

## Retina Society Meeting 2020

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# Financial Disclosures

- None

# Summary

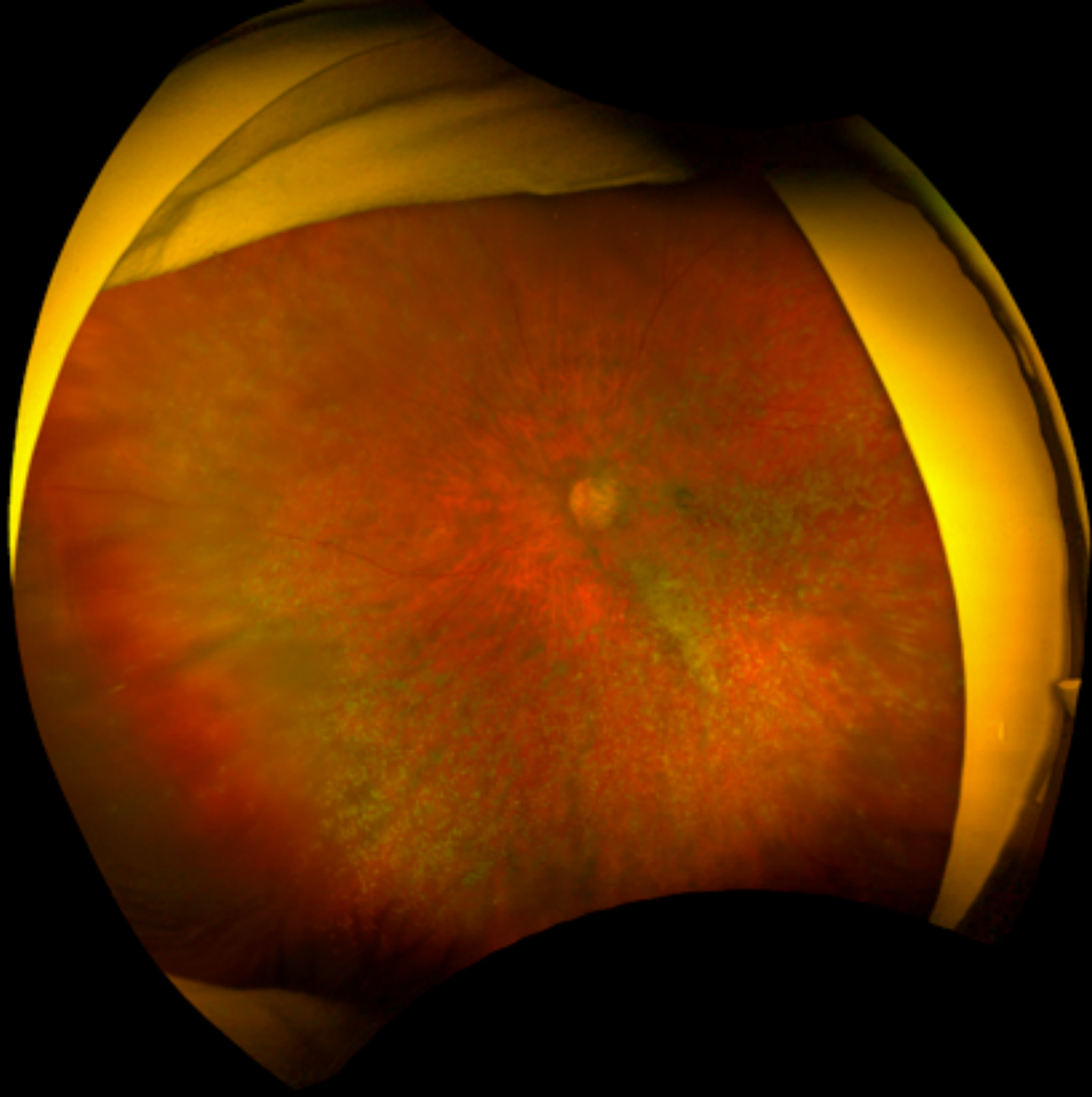
- This is a case of a 94 yr old woman with dense asteroid hyalosis who presented with progressive vision loss over the course of one day. The diagnosis was made utilizing multimodal imaging leading to timely management.

# 94 year old female

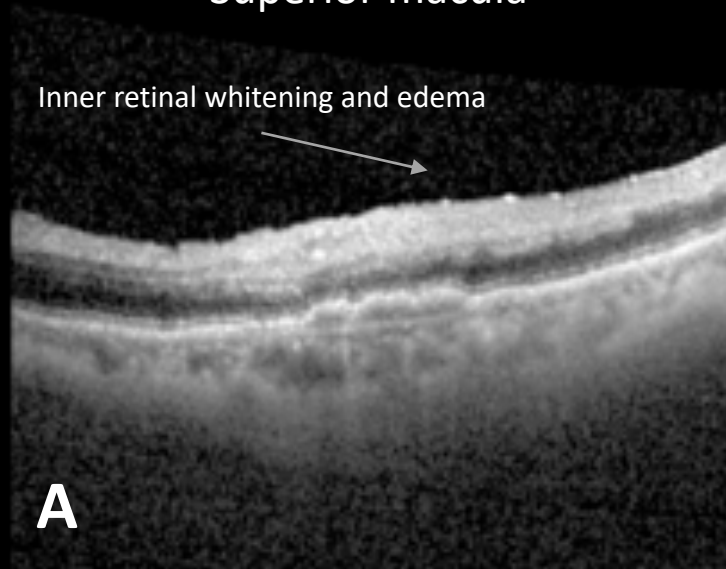
- Presents with 1 day of painless left vision loss
  - “darkening” of the vision of her left eye that gradually progressed the day before. The following day, she had complete loss of vision other than a small inferior area that prompted her to come to clinic.
- History of exudative AMD OU successfully treated with limited OCT guided injections in the setting of dense asteroid hyalosis OU
- Medical history includes hypertension and osteoporosis

	OD	OS
VA	20/70-2	CF infranasal
Tonometry	18	18
EOM	Full	Full
Confrontational fields	Full	Constriction sparing infranasal
Pupils		+APD

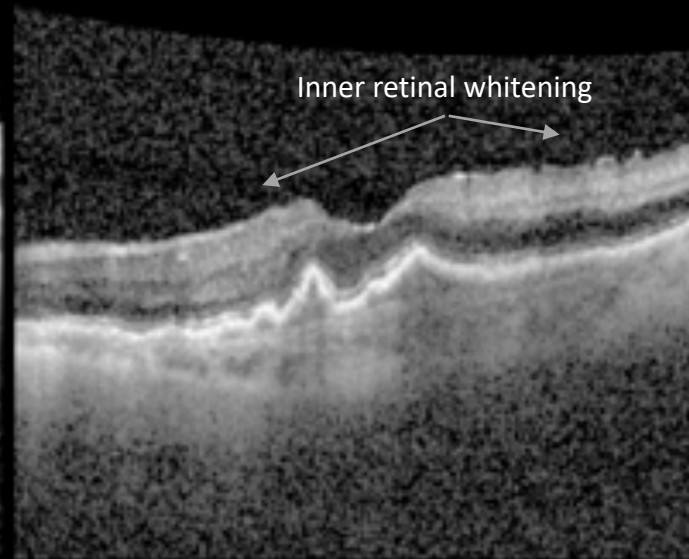
- As she was dilating, B-scan was available chairside done- no retinal detachment was seen



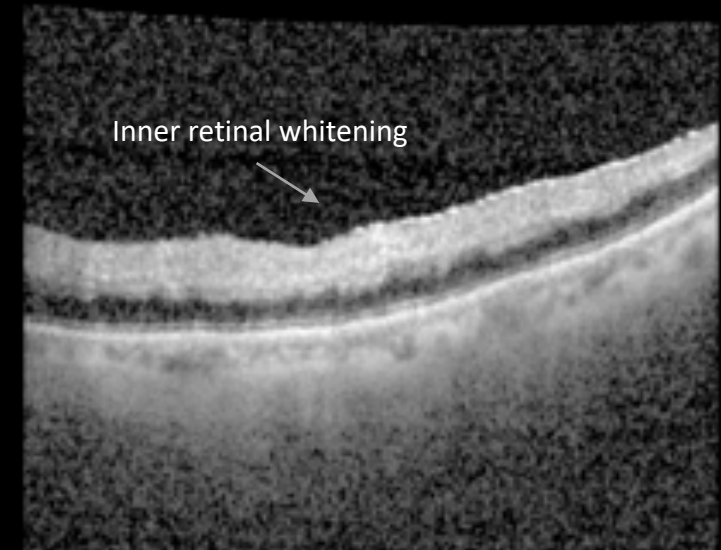
Superior macula



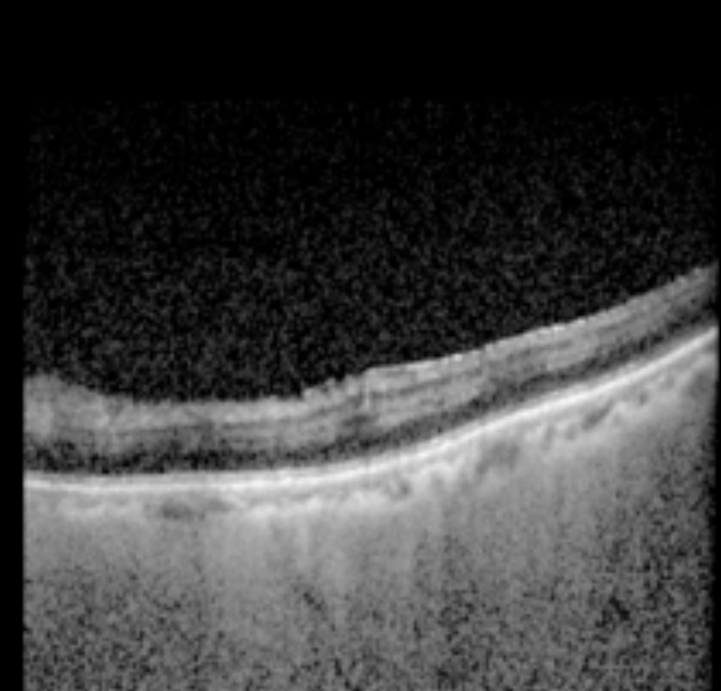
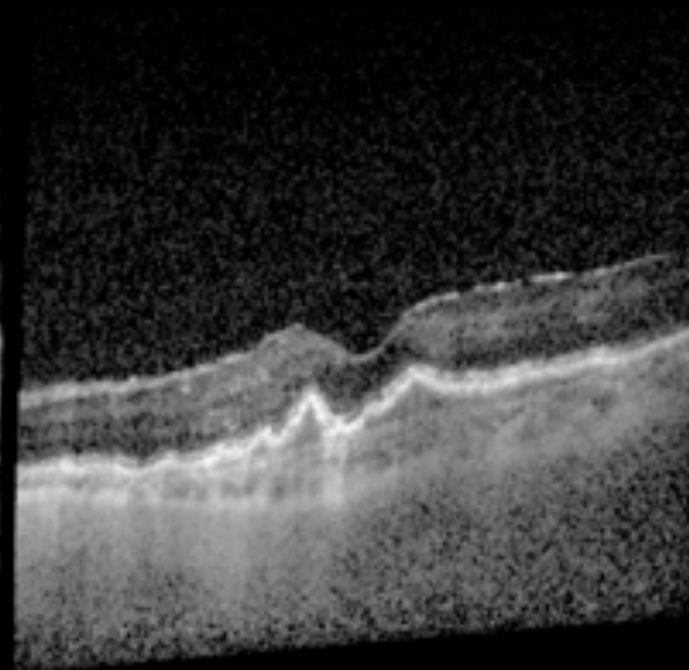
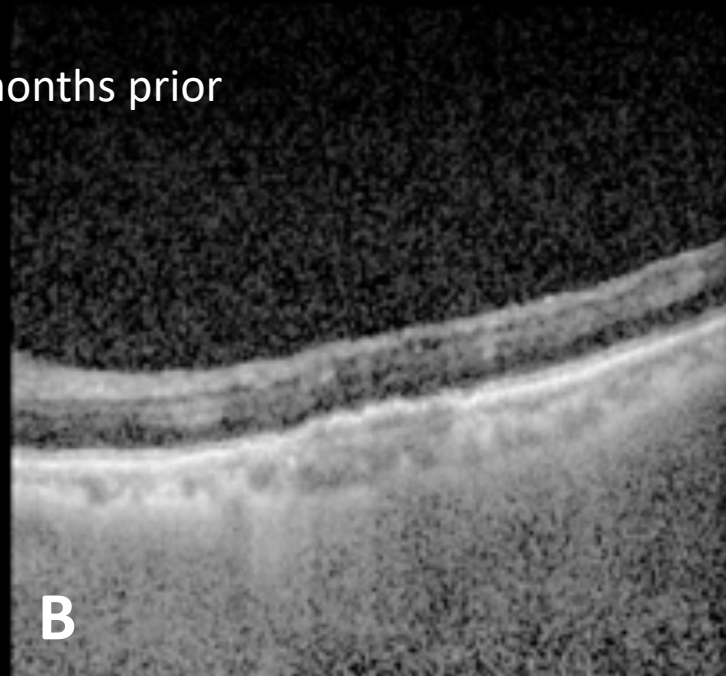
Fovea



Inferior macula



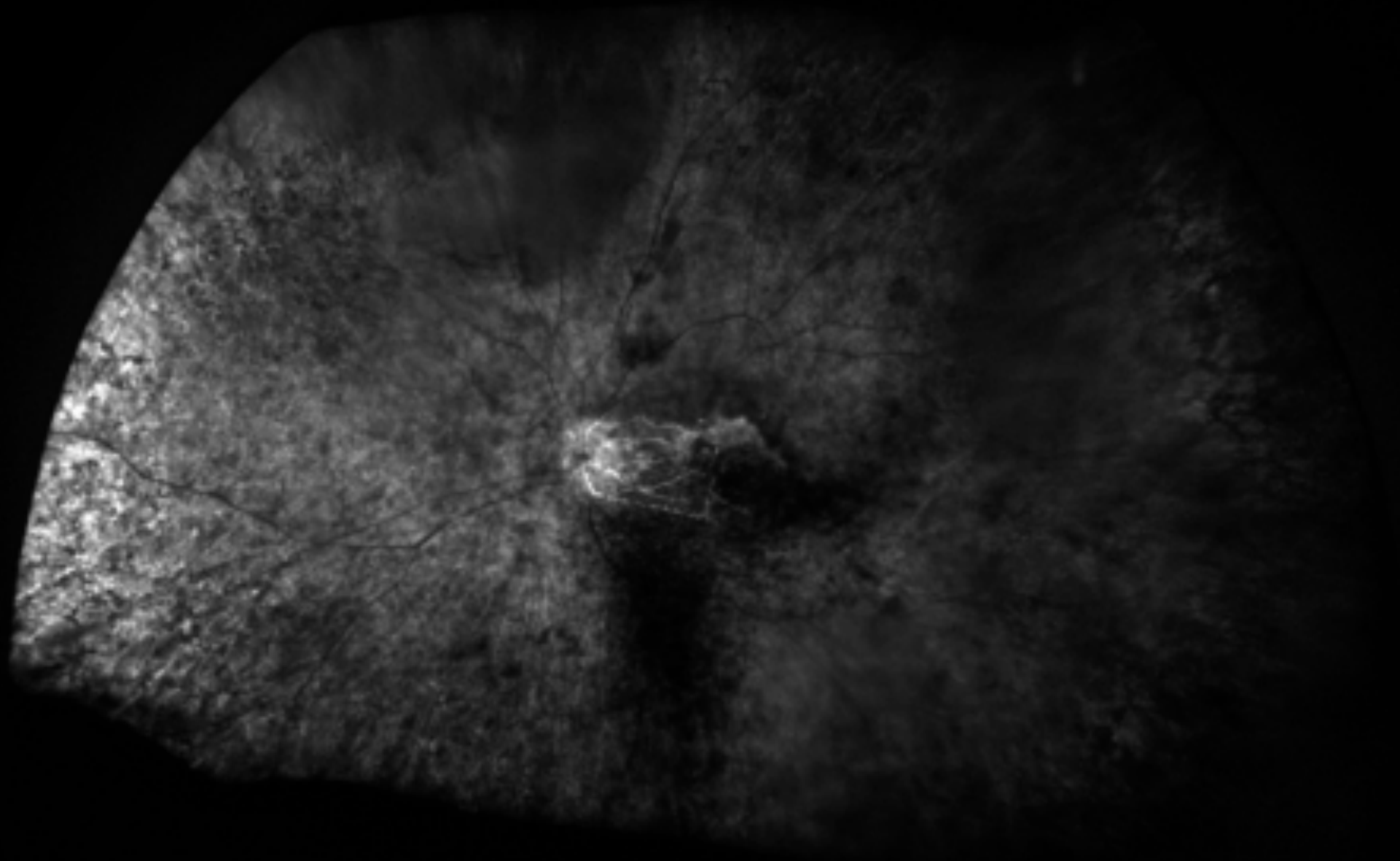
Two months prior



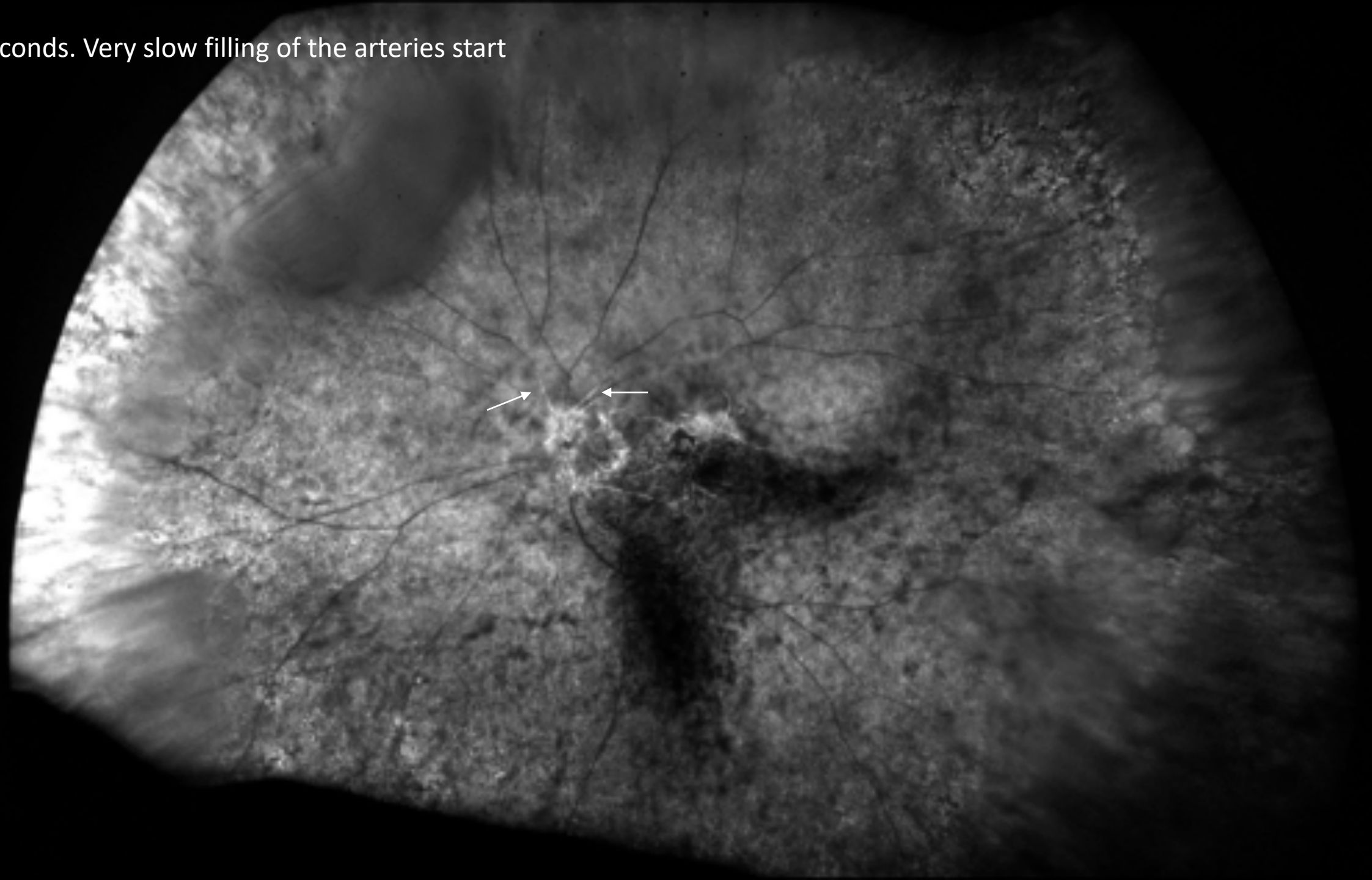


- Planned to get Fluorescein for definitive diagnosis of CRAO
- Ocular massage performed
- Plans for ED evaluation underway
  - Embolic Etiology
  - GCA

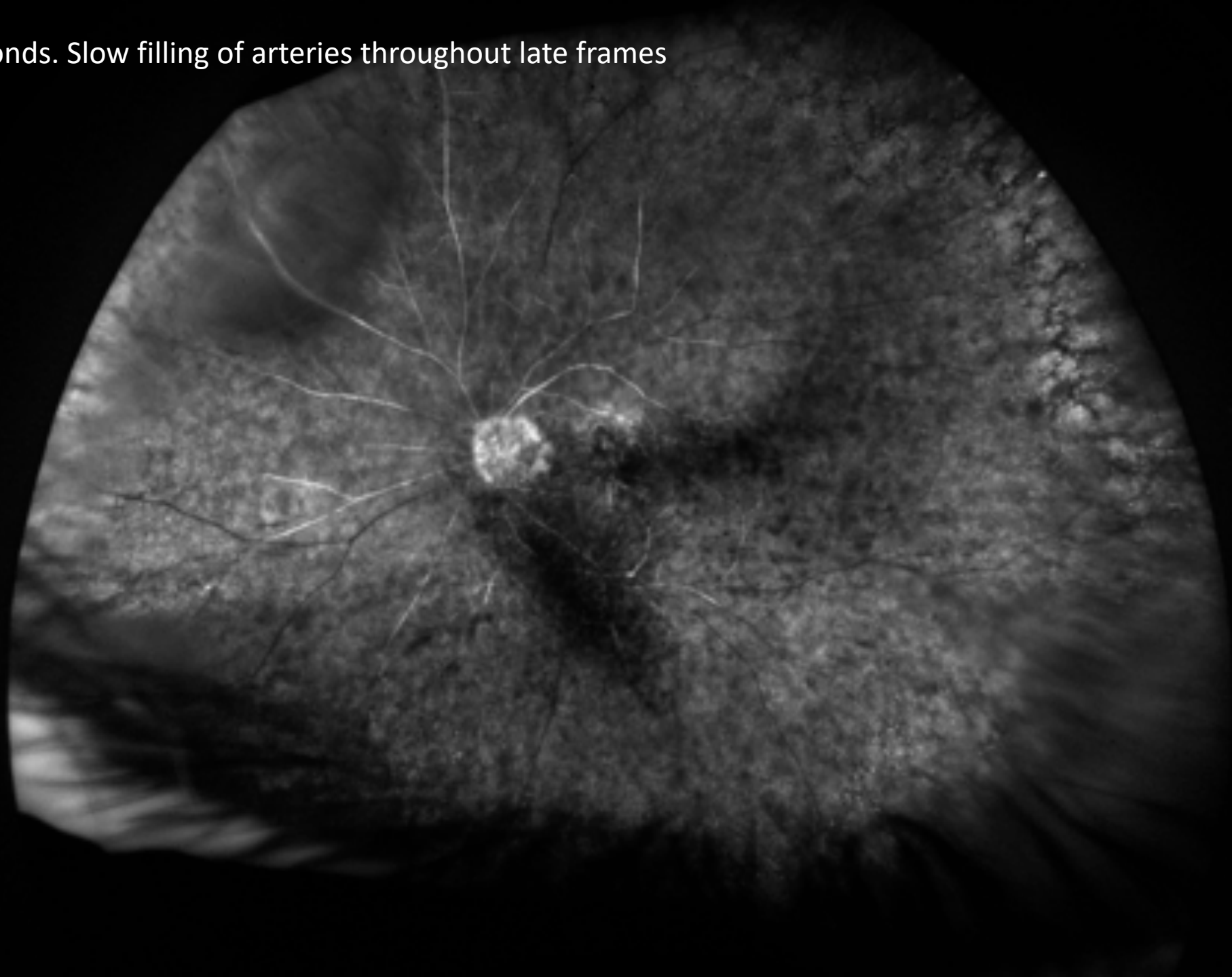
26 seconds. Some flow to the macula, otherwise no arterial flow



37 seconds. Very slow filling of the arteries start



2 min 30 seconds. Slow filling of arteries throughout late frames



# Sent to the ED

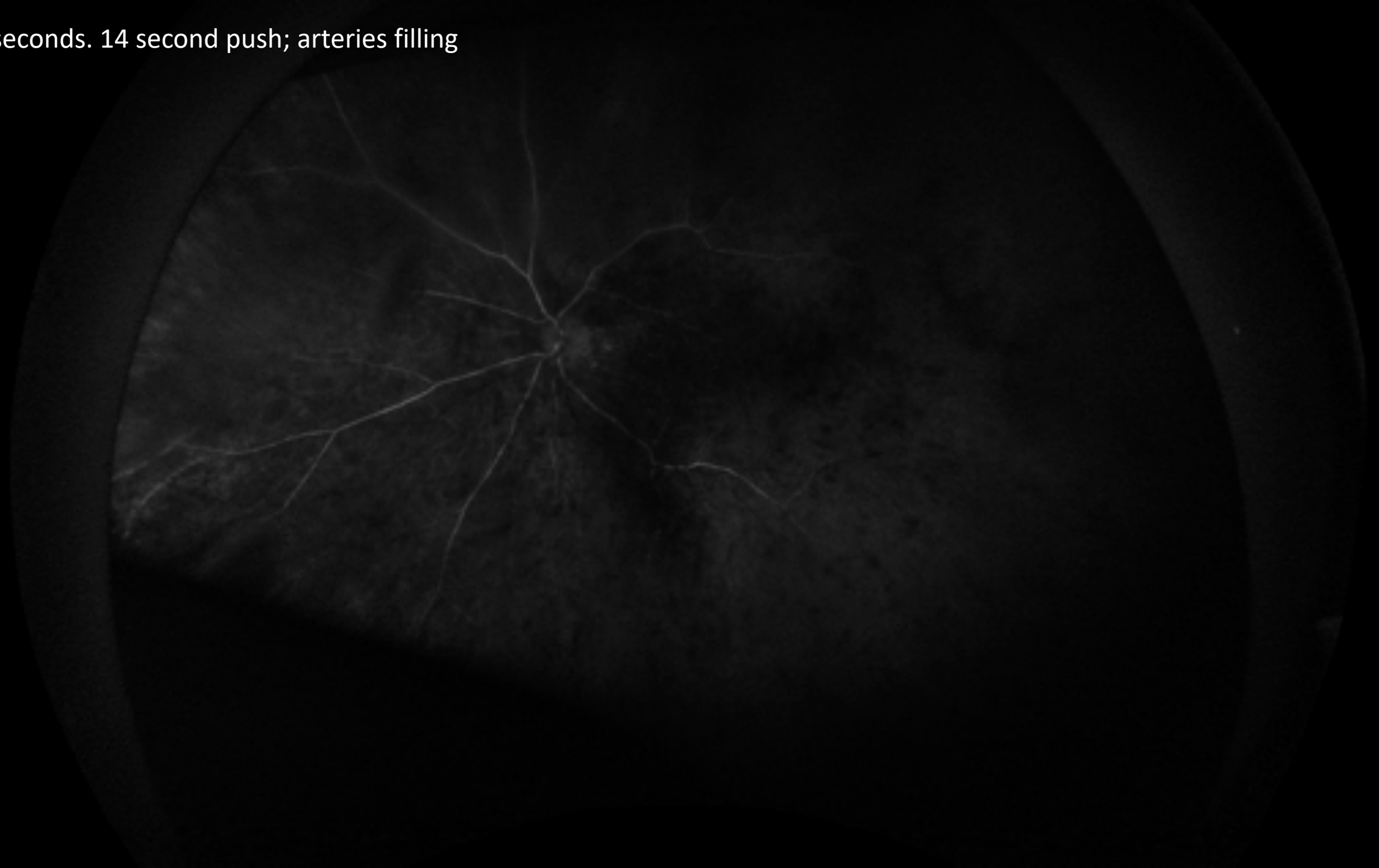
- Her GCA blood work up was negative.
- Her imaging included MRI and MRA of the head and neck which were notable for a subacute punctate posterior medial left superior frontal gyrus infarct, thought to likely be embolic.
- She received a transesophageal echo which demonstrated spontaneous echo in the left atrial appendage, a risk factor for thrombosis and subsequent embolus,
  - recommended to start apixaban for stroke prevention

4 Days Later

	OD	OS
VA	20/60+2	20/50-2
Tonometry	18	18
EOM	Full	Full
Confrontational fields	Full	Essentially full
Pupils		+APD

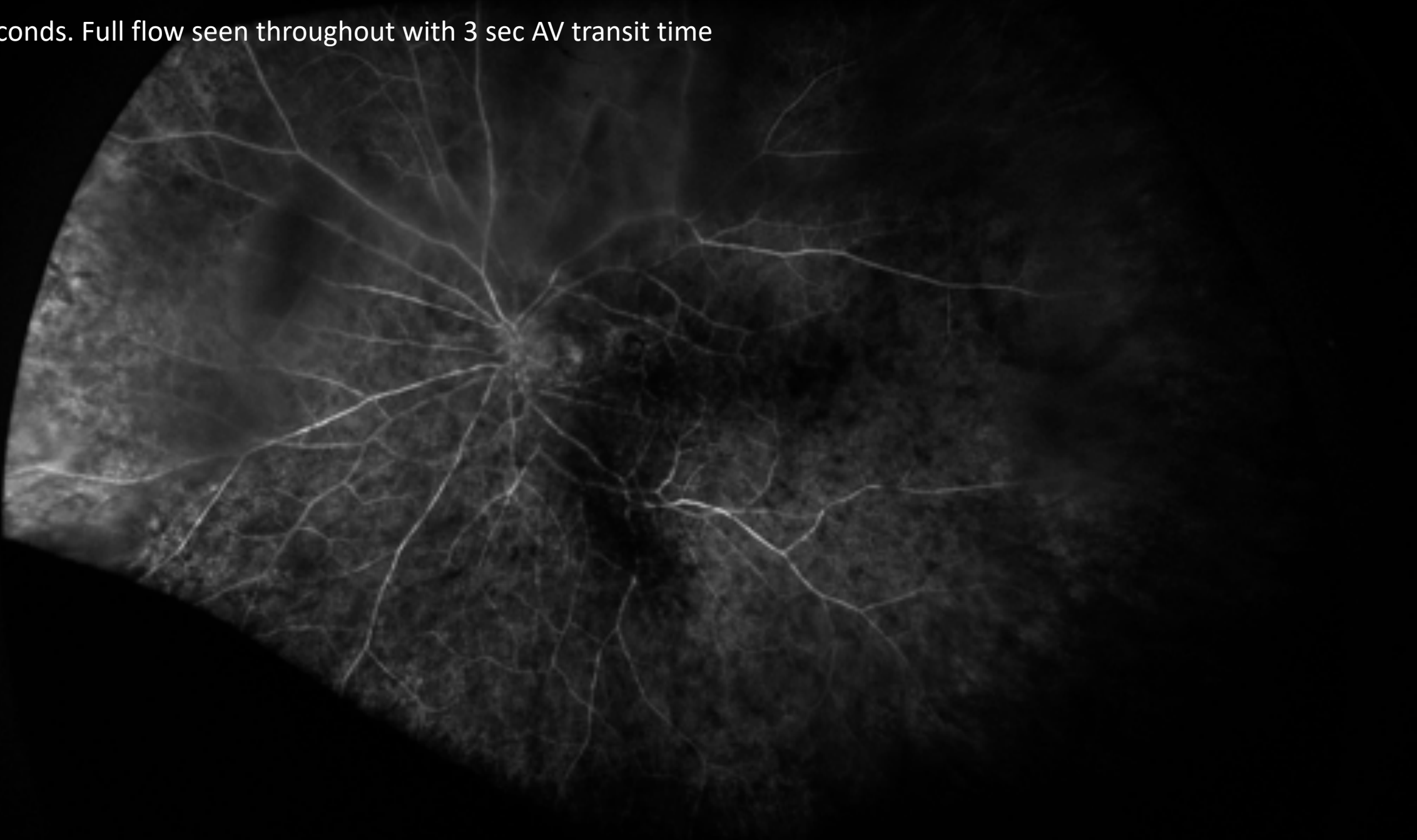
“Did you mean to push on my eye at the last visit?  
That’s when I noticed that I began to see more light”

22 seconds. 14 second push; arteries filling





28 seconds. Full flow seen throughout with 3 sec AV transit time



# Summary

- Value of multimodal imaging in the setting of vision loss and asteroid hyalosis
- ED evaluation for CRAO
  - A recent meta-analysis of patients with a CRAO showed a 30% rate of acute cerebral ischemia on MRI imaging within seven days of the diagnosis.
  - current recommendations include emergent evaluation with brain and cardiac imaging to risk stratify and start treatment aimed at secondary prevention of further cerebrovascular accidents after the diagnosis of a CRAO.
- Ocular massage and full recovery of vision in this patient after timely diagnosis

# Acknowledgements

- Tim Janetos, MD, MBA
- Olga German MD

# References

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