

Clinical Image

Occlusive Retinal Vasculitis With Neovascularization Associated With Multiple Sclerosis

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Clinical Image

A 25-year-old woman went to the eye casualty as an emergency for bilateral blurred vision. Slit lamp examination revealed bilateral granulomatous panuveitis, with cyclitic membrane in the anterior chamber and intense cataract. Spectral-domain optical coherence tomography (SD-OCT) presented bilateral serous retinal detachment and numerous cells in the vitreous. (Figure 1).

Blood samples, thorax scanner and a cerebral magnetic resonance imaging (MRI) were prescribed to find a possible etiology. Ophthalmoscopy and intravenous fluorescein angiography revealed vitritis, papillitis, occlusive retinal vasculitis on both eyes and an inactive neovessel in a large ischemic area (Figure 2 A, B).

Meanwhile, MRI was performed and revealed white matter lesions (Figure 3). Neurology testings including physical examination and lumbar puncture confirmed multiple sclerosis (MS) diagnosis.

MS is an autoimmune disease. Classically, demyelinating white matter lesions can be found in the brain or spinal cord [1]. It can

be associated with different ophthalmic manifestations like optic neuritis, ocular motor abnormalities and uveitis [2]. Uveitis can be the first clinical sign leading to the diagnosis of MS [3].

Retinal vascular sheathing, vitreous debris, granulomatous anterior uveitis and synechiae are classical ocular findings described in panuveitis associated with multiple sclerosis [4].

Occlusive retinal vasculitis associated with neovascularization, as shown in our case, is another rare entity which has been described. It can appear when there is severe periphlebitis leading to ischemia and neovascularization of the retina [5]. This clinical finding should also lead to a work up searching for a MS, including MRI to exclude white matter lesions.

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Conflicts of interest/Competing interests

There are no conflicts of interest

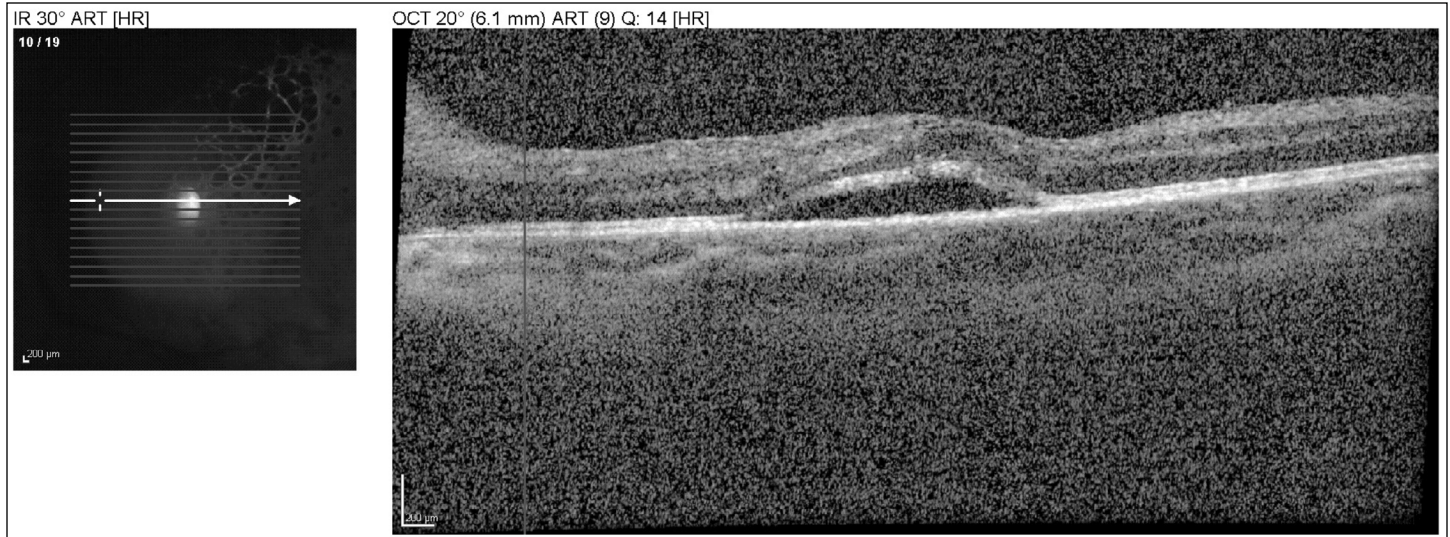


Figure 1: OCT showing retinal serous detachment and numerous cells in the vitreous. OCT, optical coherence tomography

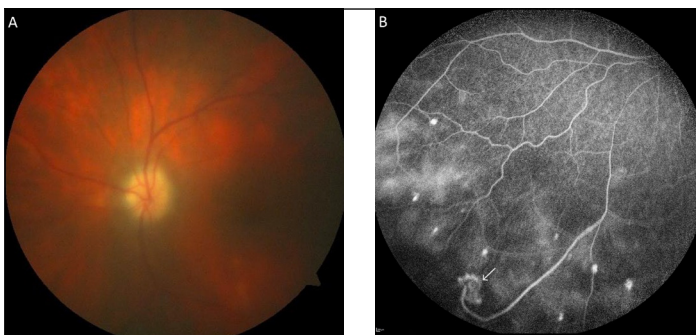


Figure 2: (A) Color fundus photography showing vitritis in the left eye. (B) Fluorescein angiography showing vasculitis and inactive neovessel (arrow).



Figure 3: White matter lesions (arrows) detected with MRI.

References

1. McDonald, WI., Compston, A., Edan, G., Goodkin, D., Hartung, HP., Paty, DW., et al. (2001) Recommended diagnostic criteria for multiple sclerosis: Guidelines from the international panel on the diagnosis of multiple sclerosis. *Ann Neurol*, 50(1):121-127.
2. AlBloushi, AF, Dheyab, AM., Al-Swaina, NF, Al-Obailan, M., Daif, AK., Abu El-Asrar, AM. (2021) Clinical findings and outcomes of uveitis associated with multiple sclerosis. *Eur J Ophthalmol*, 31(2):482-490.
3. Olsen, TG., Frederiksen, J. (2017) The association between multiple sclerosis and uveitis. *Surv Ophthalmol*, 62(1):89-95.
4. Cunningham, ET Jr, Pavesio, CE., Goldstein, DA., Forooghian, F, Zierhut, M. (2017) Multiple Sclerosis-Associated Uveitis. *Ocul Immunol Inflamm*, 25(3):299-301.
5. Vine, AK. (1992) Severe periphlebitis, peripheral retinal ischemia, and preretinal neovascularization in patients with multiple sclerosis. *Am J Ophthalmol*, 113(1):28-32.