

A rare presentation of Eales disease

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Financial interests: none

Background:

To describe a rare case of a patient with Eales disease presenting as an anterior ischemic optic neuropathy.

Patients & Methods:

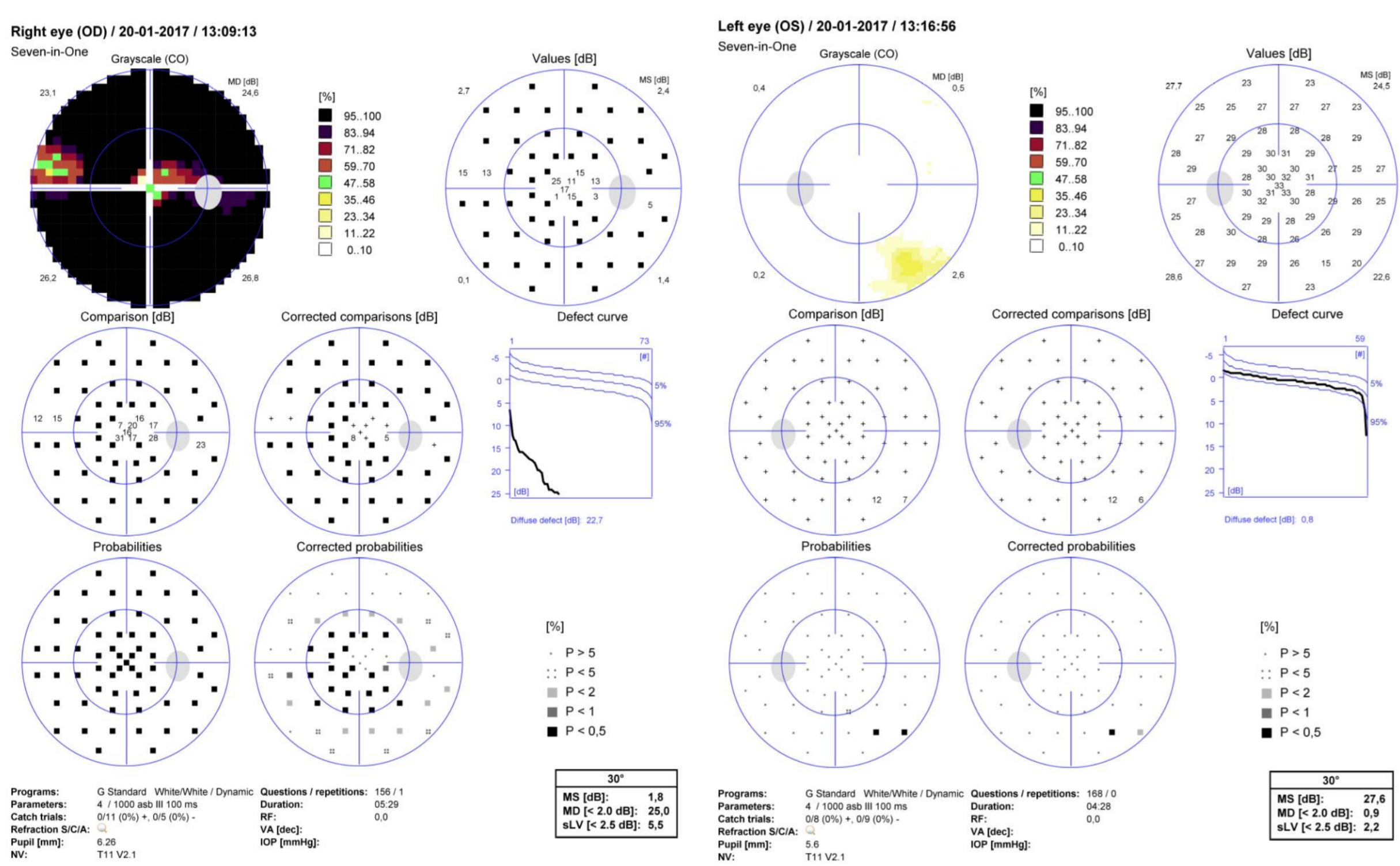
Patient case control

Results:

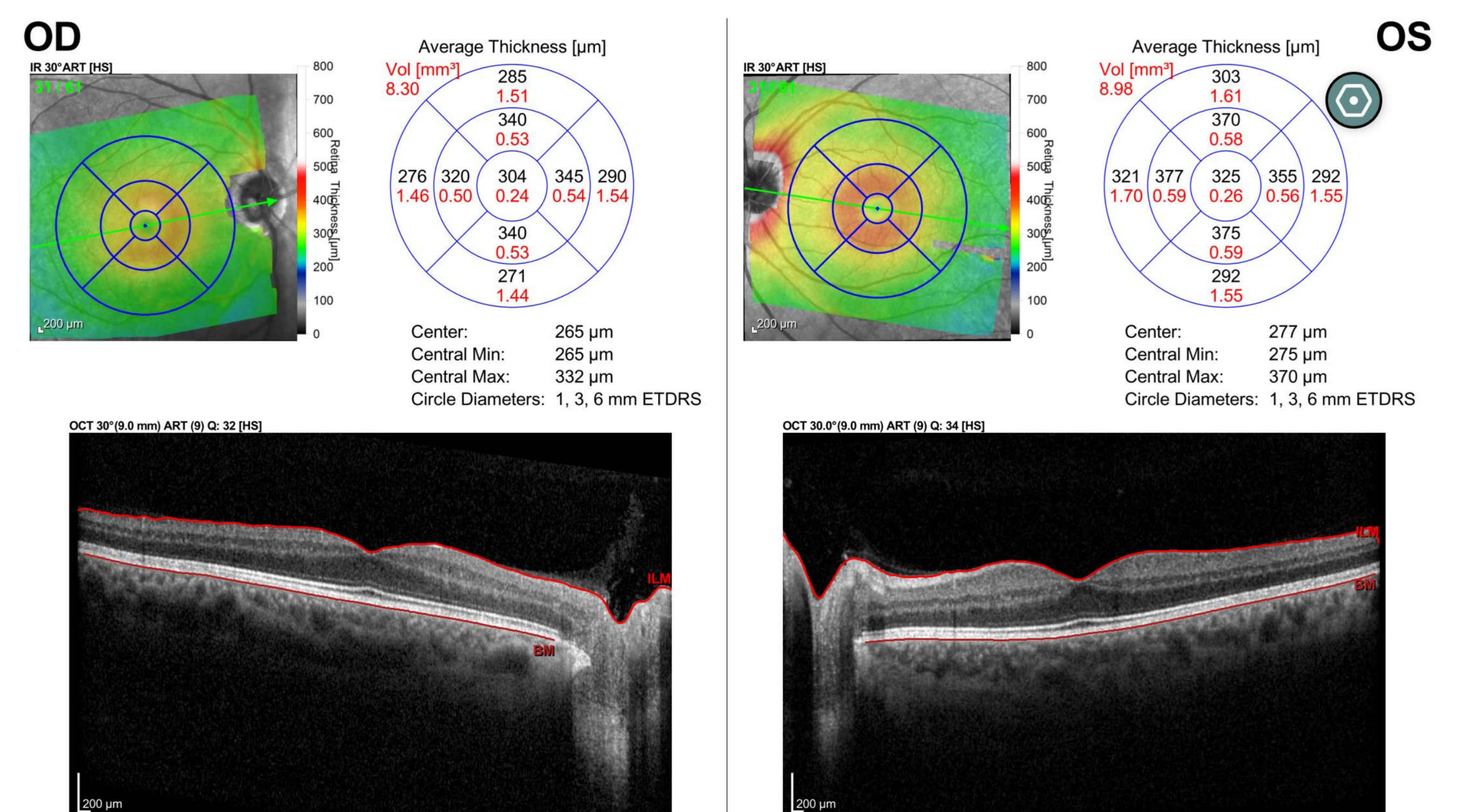
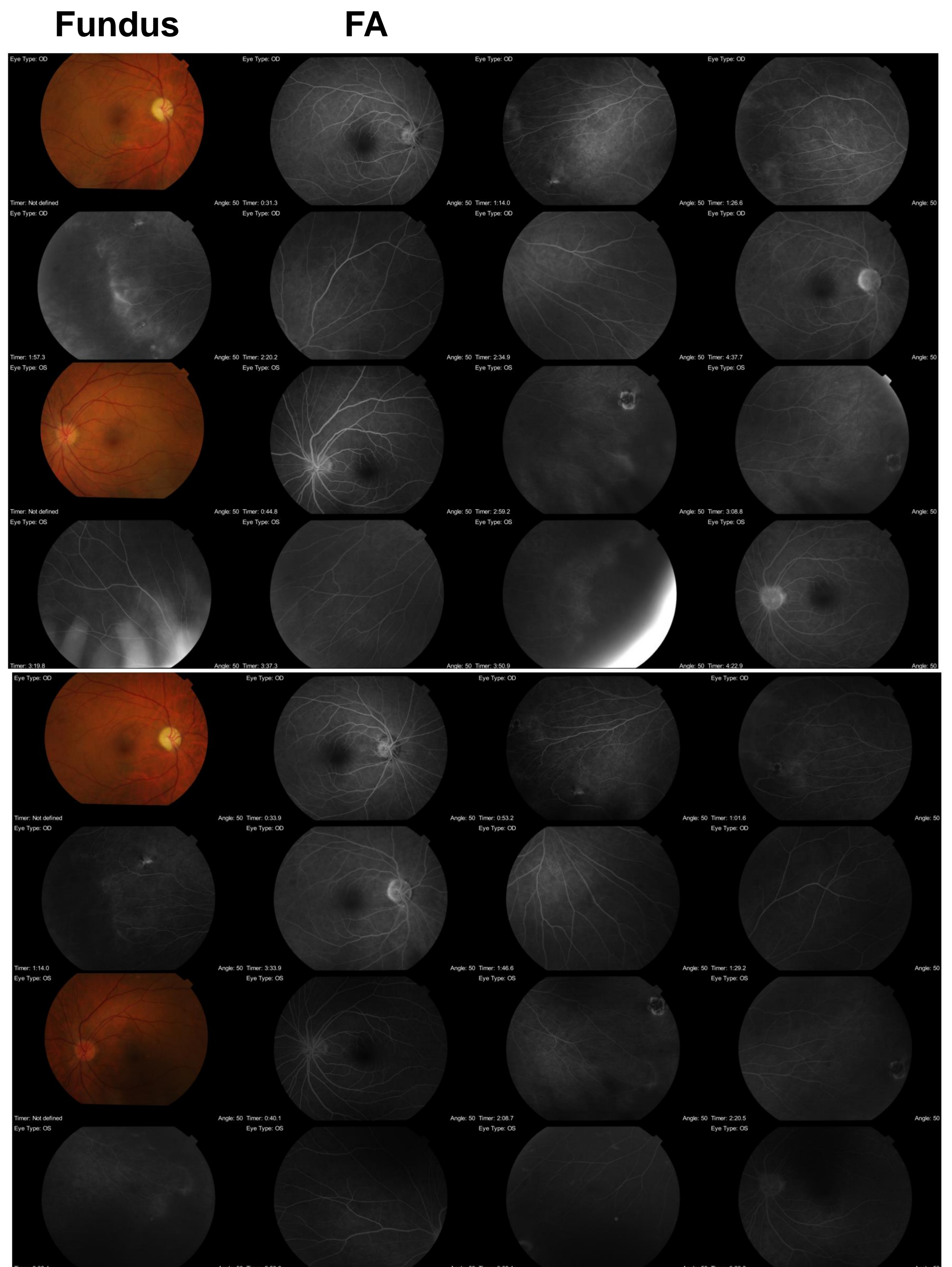
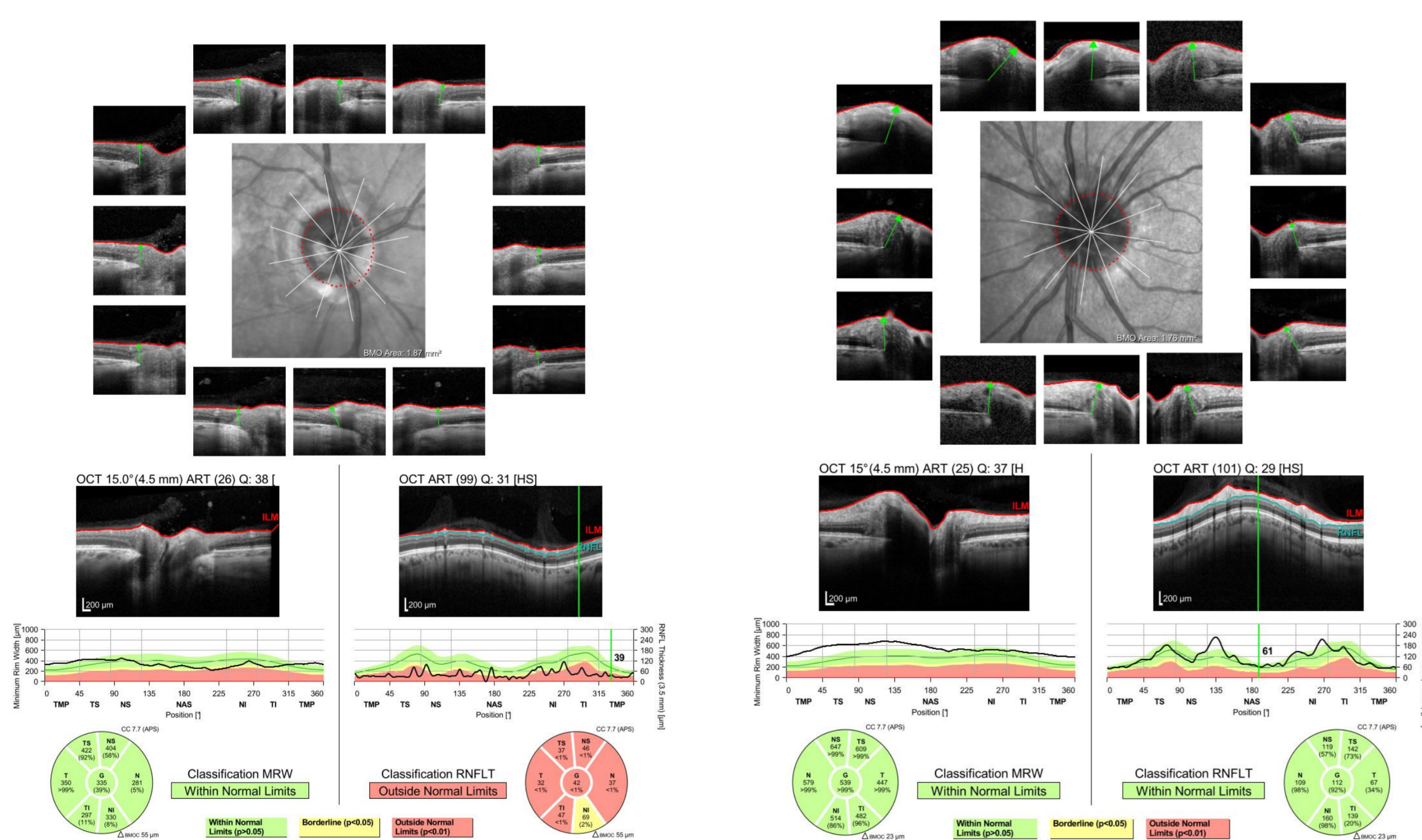
- 39-years-old male observed in the emergency department with complaints of an altitudinal defect in the right eye (RE).
- Treated in a private hospital with high dose EV and oral corticosteroids with no apparent recuperation.
- BCVA: of counting fingers at 30cm, **January 2017**
- Biomicroscopy: RAPD and optic disc edema
✓ Methylprednisolone 1g EV.
- Brain MRI, doppler ultrasound, blood analysis including auto-immune, thrombophilia panel and infectious agents were negative except for a positive antinuclear antibody (1/160), hyperhomocysteinemia, factor VIII elevation, hypercholesterolemia and hyperuricemia.
- BCVA 3/10 and the patient was sent to the uveitis department to exclude a possible vasculitis.
- Fluorescein angiography showed a bilateral temporal peripheric ischemic retinopathy with vasculitis and a marked capillary peripheric non-perfusion but no neovascularization.
- New exams were requested which revealed a positive Mantoux test.

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Visual fields



OCT



Therapy and Outcome:

A probable diagnosis of Eales disease was made and the patient is now on oral corticosteroids and started anti-bacillary therapy.

Conclusions:

Although Eales disease patients often present with symptoms of floaters, blurring or vitreous hemorrhage we should be aware of other infrequent manifestations of this disease.