

# CASE REPORT: GLAUCOMA SECONDARY TO MIXED OCCLUSION

Leon Grupenmacher, Alex Grupenmacher, Eric Vieira, Jéssica Calixto Calil Penteado, Ivan Cabral Contiero, Karina Canto

## PURPOSE

Report the case of a 62-year-old patient with mixed occlusion

## CASE REPORT/RESULT

A 62-year-old male patient presented sudden low visual acuity in his left eye (OE) on September 12th. Denies previous similar conditions or other associated symptoms. Visual acuity counts fingers 1m temporal in LE. Biomicroscopy and intraocular pressure were normal. Left eye fundus showed optic nerve edema, cotton wool spots, parafoveal pallor and diffuse intraretinal hemorrhages. Presented to the emergency later with severe left hemifacial pain. Visual acuity of hand movement. Biomicroscopy with iris neovessels and intraocular pressure of 36. Fundus maintained. Patient diagnosed with neovascular glaucoma. Treatment with antiglaucoma medications initiated and vitrectomy with prior anti-VEGF injection indicated. Patient presented increased IOP after the procedure, requiring emergency trabeculectomy.

## METHODS

Analysis of medical records and imaging exams.

## DISCUSSION

Mixed retinal occlusion is a rare vascular phenomenon. It presents with sudden and painless visual loss. Affects patients around the 4th decade, with no gender predilection. Systemic arterial hypertension, diabetes mellitus, coagulopathies are some of the comorbidities that may be present. It is believed that arterial and venous occlusion may be responsible for the primary triggering event. Affects arterial territory, with tortuosity and venous dilation, macular and disc edema, retinal hemorrhages and delayed arteriovenous filling. Optical coherence tomography (OCT) can show PAMM. 81% of patients develop Rubeosis iridis early – leading to neovascular glaucoma. Diagnosis is clinical and complementary examination. There is no effective specific treatment. Multidisciplinary monitoring is important. Intravitreal corticosteroid injection showed benefit in macular edema. In patients with neovascularization, aggressive treatment with panphotocoagulation is recommended. The visual prognosis in these cases is poor.



## REFERENCE

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