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COMPLEXO HOSPITALAR PADRE BENTO DE GUARULHOS

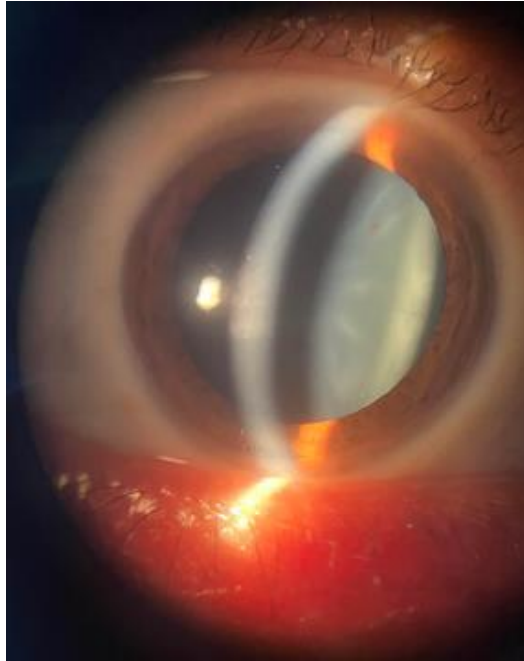
Frosted Branch Angiitis: A Case Report

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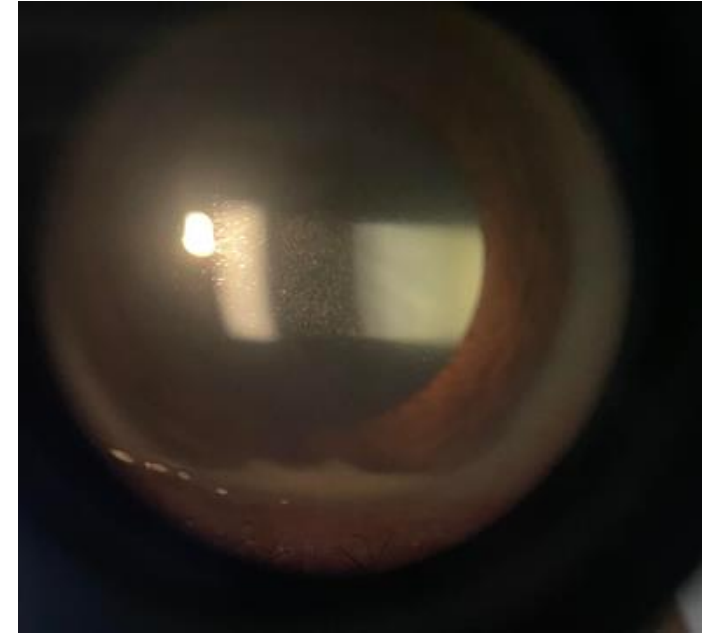
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CASE REPORT

- 38-year-old-male patient presented with sudden onset, painless decreased visual acuity in the left eye for one week. No ocular trauma related.
- Suffer of ulcerative pancolitis and HIV for two years, but in antiretroviral therapy for only a month.
- Had been submitted to a retinal surgery in the right eye, but didn't know further details
- Biomicroscopy:

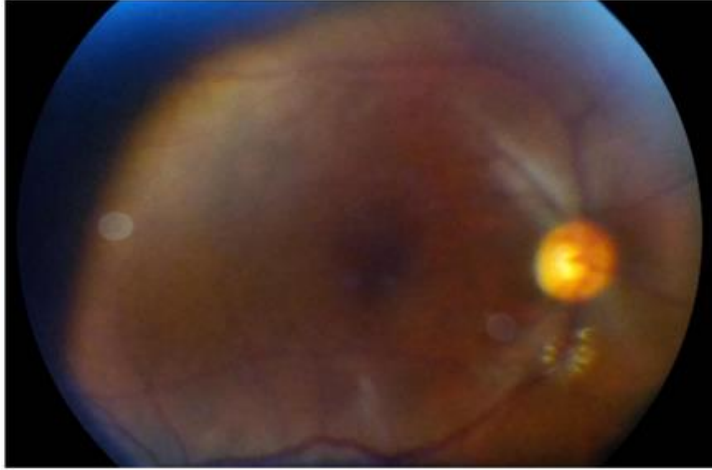


Right eye: Best Corrected Visual Acuity (BCVA): 20/100; normal eyelid, clear conjunctiva, transparent cornea, no anterior chamber reaction, trophic iris, photoreactive pupil, transparent crystalline

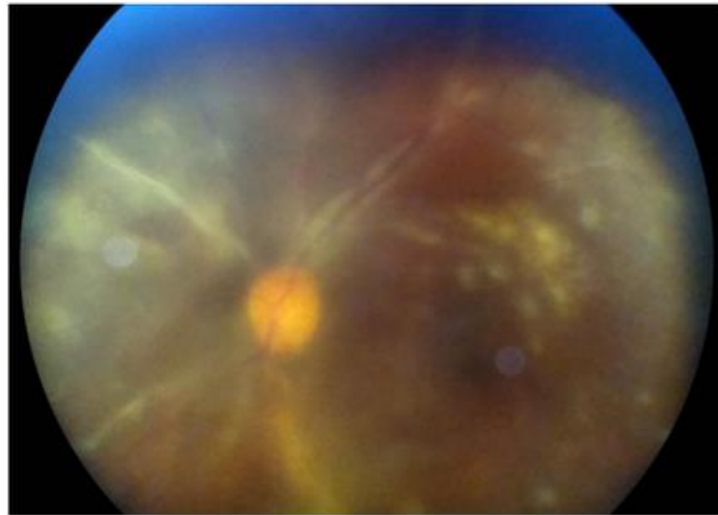
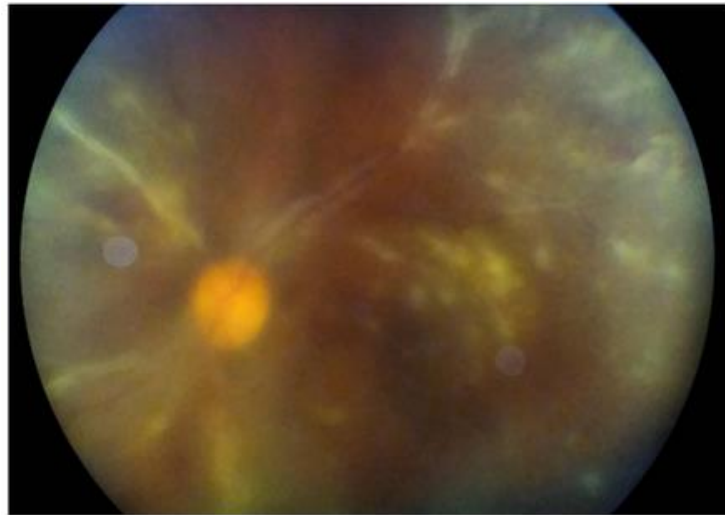


Left eye: BCVA one meter counting finger; normal eyelid, clear conjunctiva, filiform keratic precipitates, anterior chamber inflammation 4+, laminar hypopyon, photoreactive pupil, transparent crystalline

- Fundoscopy:



Right eye: normal optic disc and macula, no retina detachment, silicone oil.



Left eye: moderated vitreitis, hard exsudates and hemorrhages in whole retina, perivasculature sheathing, greater vascular tortuosity, pale and edematous retina.

- Blood investigations were normal except for HIV viral load, FTA-ABS (6,49) and VDRL (1/8).
- Patient was started on intravenous Ganciclovir, 325mg, twice a day for 14 days.



Left eye one week after initiated the treatment: BCVA improved and ranged from 20/100 to 20/150, as well as a significant improvement in the posterior segment with less intense vitritis and vasculitis, intraretinal hemorrhages in a fewer degree.

- One week after the end of the treatment, the patient presented with another sudden onset, painless, acuity visual loss in the left eye for the past 1 day. The presenting BCVA was 20/100 in the right eye and hand movements in the left eye. Anterior segment examination was normal, but fundus examination revealed retinal detachment with inferior tear, subfoveal fibrovascular proliferation (macular pucker) and macula off.
- Posterior vitrectomy surgery was performed and silicone oil 5000cs was injected.

- One month after the surgery the patient is still in follow-up, BCVA is 20/100 (+9,50DE -1,00 DC 170°) in the right eye and 20/400 (+9,50DE -0,75DC 20°) in the left eye.



Retinography left eye: clear vitreous, optic disc normal, subfoveal fibrovascular proliferation creating macular pucker, no vasculitis, discrete intraretinal hemorrhages in superior retina.



OCT left eye: RPE preserved. Subfoveal scarring

DISCUSSION

- Frosted Branch Angiitis is an acute panuveitis with severe vasculitis affecting the whole retina. Affects more female (52%) and is usually bilateral. It can also be called diffuse acute retinal periphlebitis, as veins are more affected than arteries.
- Classification:
 - Idiopathic: pathogenesis is unknown, but an immune-mediated mechanism is suggested.
 - Non-Idiopathic/Secondary: Cytomegalovirus retinitis, AIDS retinitis and Toxoplasmic chorioretinitis are the most frequent ocular associations, while lupus, Crohn's disease, large cell lymphoma and leukemia have been described as systemic disorders associated.
- Most common ocular symptom is acute visual loss. The grade of posterior segment inflammation is always severe - intense vitritis, retinal edema in all quadrants, hard exudates and hemorrhages.
- Capillary non perfusion, neovascular glaucoma, macular scarring and retinal detachment - most severe complications described.
- Systemic steroids should be initiated once treatable causes are excluded. Recovering of visual acuity starts approximately 2 to 3 weeks after treatment institution.