SEVERE SICKLE CELL RETINOPATHY TREATED WITH ARGON LASER PHOTOCOAGULATION

YAMAUCHI, RH[4] ; OLIVEIRA, FT[1] ; YAMAUCHI,R[3] ; NEVES ASF[2] ; LUJAN SA[6] ; LUCATI L[7] ; TAVARES V[8] ; OGASAWARA MM[5]

[1] Fellow in Retina and Vítreo, Hospital CEMA-SP [2] Specialist in Retina and Vítreo, Hospital CEMA-SP [3] Resident in Ophthalmology, Hospital CEMA-SP

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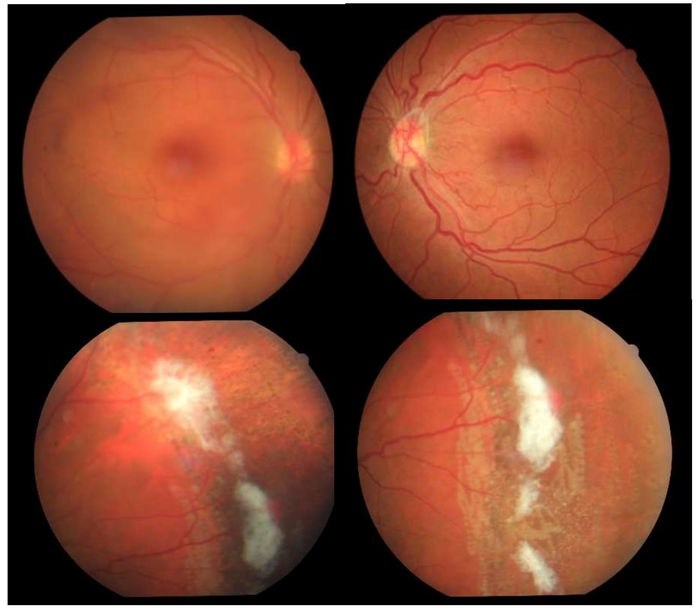
PURPOSE

Describe a case of severe proliferative sickle cell retinopathy with low visual acuity, which evolved with a favorable response after therapeutic intervention with argon laser photocoagulation.

METHODS

Information was obtained through review of medical records, multimodal imaging of the retina and literature review



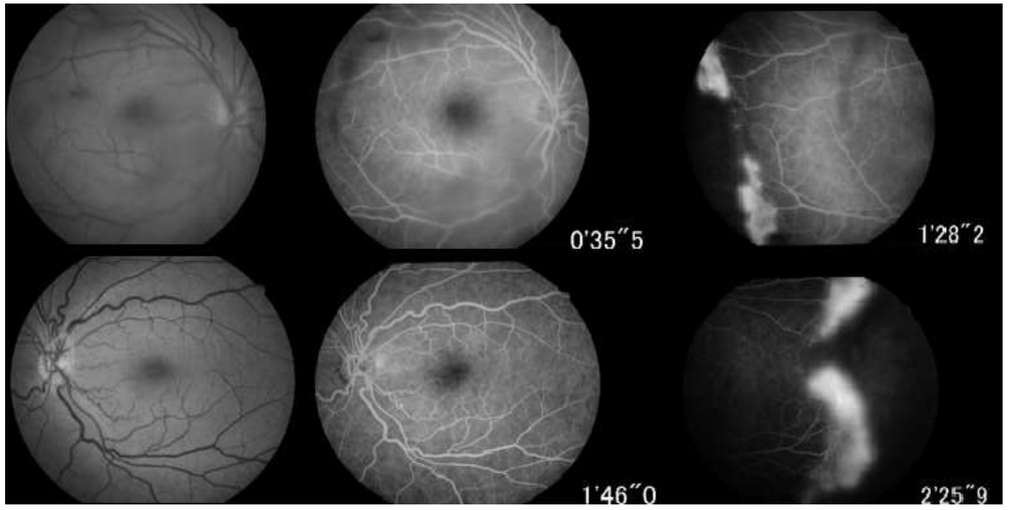
RESULTS

S.M., male, 42 age, with low acuity and blurring vision, today, in the right eye. Visual acuity 0.4 OR; 0.8 OS. IOP 14 OR;12 OS. Normal biomicroscopy.

OR fundoscopy: vitreous hemorrhage 1+/4+, tortuous vessels with some vessel crossings, applied retina with white lesions (fibrovascular proliferation in upper and lower temporal periphery). OS: similar peripheral changes, presence of adhered vitreous and thickening of the peripapillary posterior hyaloid.

OD angiography with fluorescein: areas of hypofluorescence due to hypoperfusion in the periphery. In both eyes: hyperfluorescence due to leakage in the periphery.

Follow up: he underwent 5 photocoagulation sessions, and after 26 months, he has no more episodes of vitreous hemorrhage.



DISCUSSION

Sickle cell anemia is considered by the WHO as the most common hemoglobinopathy in the world. There is a mutation of the globin gene on chromosome 11, forming a hemoglobin S. The presence of hemoglobin S can cause vascular occlusive phenomena and hemolysis. The most important ophthalmological alterations related to sickle cell anemia occur mainly due to the obstruction of the retinal vessels.