

MACULAR PRERETINAL HEMORRHAGE AS FIRST SICKLE CELL RETINOPATHY MANIFESTATION: A CASE REPORT

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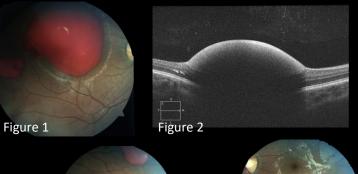
PURPOSE

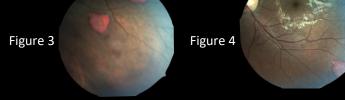
To describe a case of massive macular preretinal hemorrhage, an atypical manifestation of sickle cell disease in a young patient, with complete spontaneous resolution after 1 month.

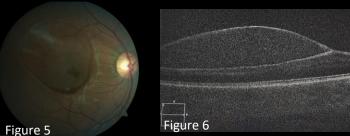
CASE REPORT

A 10-year-old male referred sudden vision loss in right eye (OD) for 5 days. His previous medical history was positive to SC hemoglobinopathy, without any treatment in course. The patient denied any episode of vomit, trauma or physical effort. Best corrected visual acuity (BCVA) was counting fingers in OD and 20/20 in left eye (OS). Anterior biomicroscopy was unremarkable. Fundus examination in OD revealed multiples preretinal hemorrhages and a massive subhyaloid hemorrhage in macular topography. (FIGURES 1, 2) In OS, salmon-patch hemorrhage was present in temporal and inferior retina (FIGUREs 3) Since the complaint of vision loss was recent, we adopted a conservative management. After 1 month, BCVA was 20/60 and increased to 20/20 after 2 months of follow-up, with complete resolution of hemorrhage (FIGURES 5,6). The patient was conducted to hematologist to evaluate treatment with hydroxiurea.

FIGURES







DISCUSSION

Non-proliferative sickle cell retinopathy is characterized by arteriolar and capillary occlusion, with accompanying signs such as salmon-patch hemorrhages, iridescentes spots and black sunburst lesions. Salmon-patchces are usually asymptomatic, well demarcated superficial intraretinal or preretinal hemorrhages in the mid-perioheral retina. Preretinal hemorrhage in macular topography is more commonly related to valsalva retinopathy. This case report highlights non-proliferative sickle cell retinopathy as a differential diagnosis of preretinal hemorrhage and conservative management may be an alternative in those cases, with fast resolution even in a massive preretinal hemorrhage event.

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