

# VISUAL OUTCOMES AFTER VITRECTOMY FOR TERSON SYNDROME BILATERAL SECONDARY TO HEMORRHAGIC STROKE

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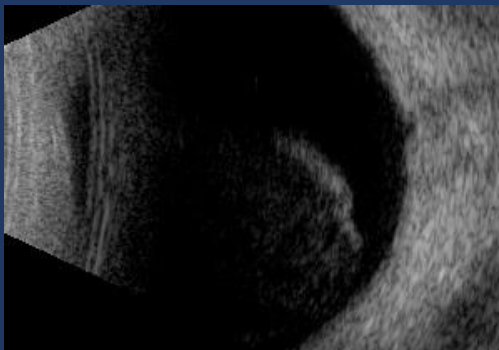
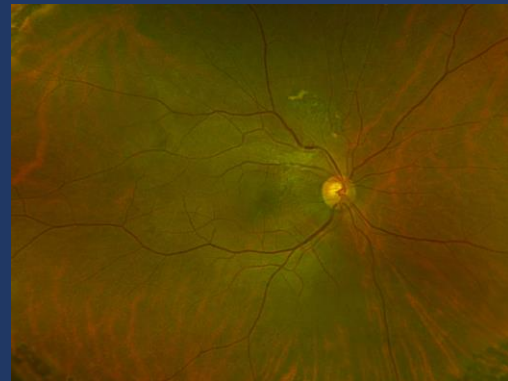
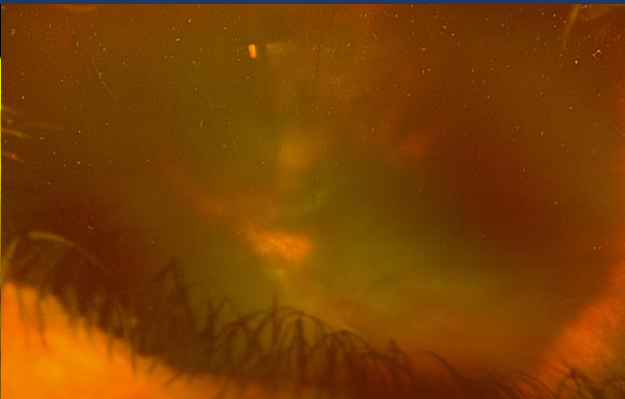
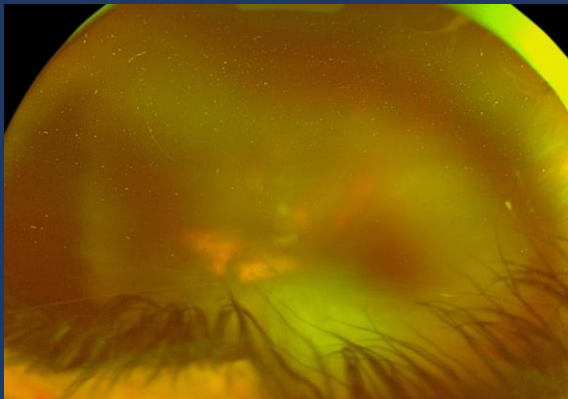
 **RETINA**  
**2023**  
47<sup>th</sup> BRAVS MEETING  
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# Clinical Case

- 57 year-old male
  - decreased visual acuity after being hospitalized for thirty days due to a hemorrhagic stroke
  - visual acuity with hand motion in both eyes
  - Biomicroscopy: media opacity and vitreous hemorrhage
  - fundoscopy: bilateral vitreous hemorrhage
  - Ultrasonography: no retinal detachment, hyperreflective sign in the vitreous and vitreous hemorrhage

# Management

- pars plana vitrectomy (PPV) in both eyes and instilled SF6 gas
- Patient returned after gas resorption with visual acuity 20/25 both eyes and retinography with transparent media and absence of vitreous hemorrhage.



# Discussion

- Terson Syndrome (TS) is described as an intraocular hemorrhage secondary to acutely elevated intracranial pressure.
- It is suspected that the acute intracranial hemorrhage causes an acute rise in the intraocular venous pressure, resulting in a rupture of peripapillary and retinal vessels.
- Ophthalmic evaluation should be considered promptly after intracranial hemorrhage. In many patients, ocular hemorrhage resolves spontaneously after a period of observation.
- Evidence argues that management of bilateral TS with early vitrectomy allows for rapid visual rehabilitation and avoidance of operative difficulties, as happened with the patient in the case.