

# Sistemic corticosteroid for central vein occlusion and macular edema

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## PURPOSE

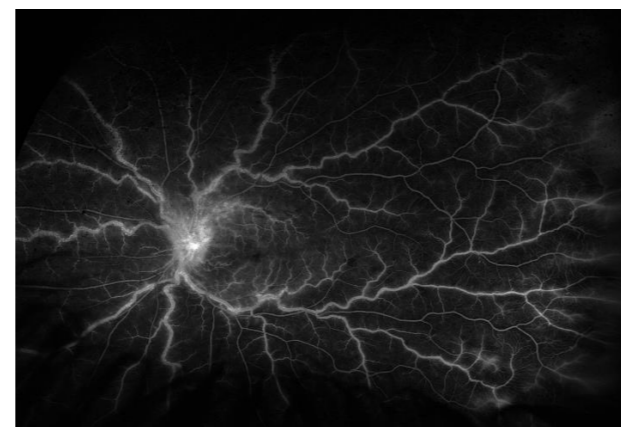
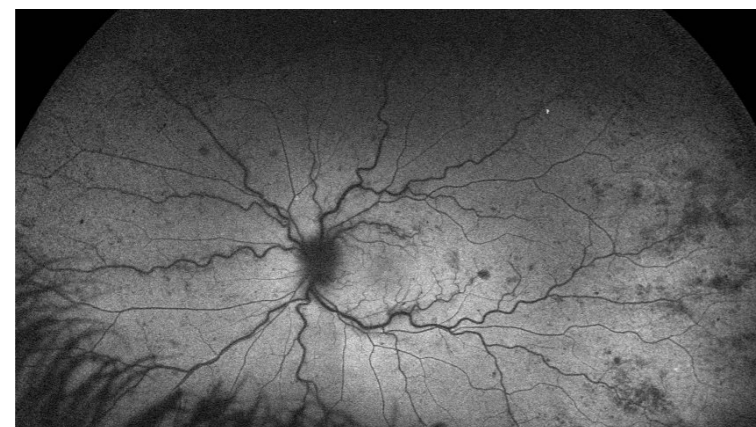
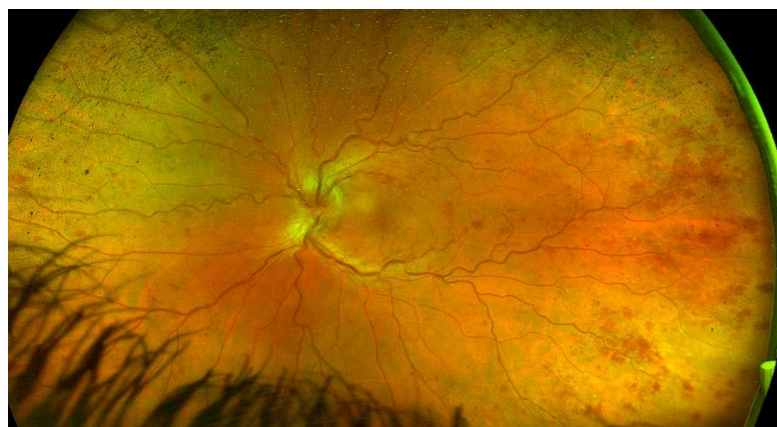
To document a peculiar case of macular edema secondary to central retinal vein occlusion (CRVO) in a young patient treated with oral prednisone.

## METHODS

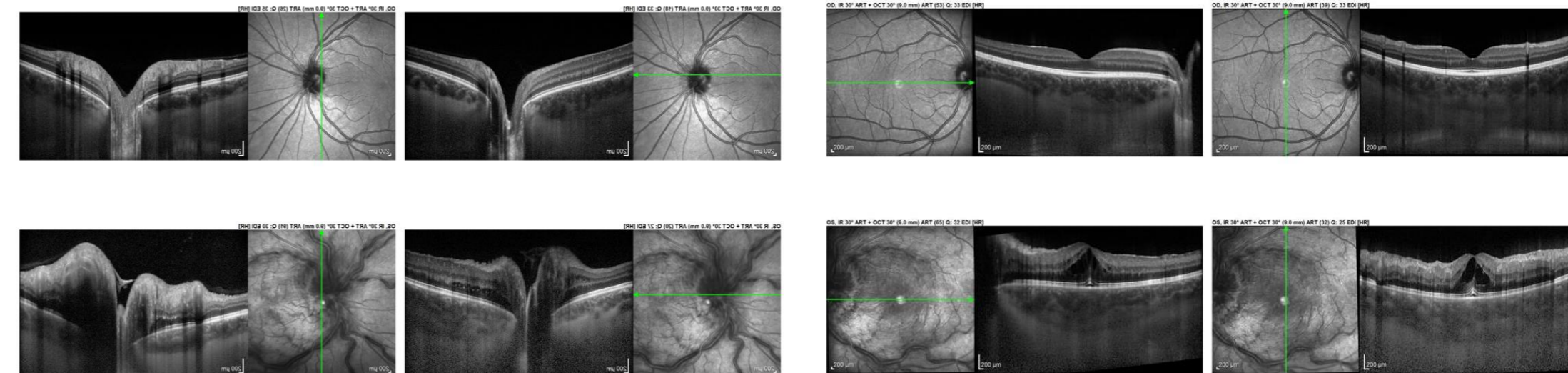
The case report was elaborated from the analysis of medical records of one reference hospital in Belo Horizonte / MG.

## CASE REPORT

A 29-year-old woman, without comorbidities and use of medications, presented complaining of sudden visual loss in the left eye. The visual acuity was 20/20 in the right eye and 20/60 in the left eye. Anterior segment examination was unremarkable. Fundus examination of the left eye revealed retinal hemorrhages, macular edema, vascular tortuosity and dilatation and optic disc edema. Fluorescein angiography showed a filling defect in the venous circulation with extravasation of contrast in peripheral and central vessels, affecting the macula.



Optical coherence tomography demonstrated optic disc edema and alteration of the macular architecture with macular edema. Serological tests without alterations. Magnetic resonance imaging and cranial computed tomography were unremarkable. The cerebrospinal fluid was noninflammatory with a normal opening pressure.



A hematological test was performed and revealed a mutation in the A1298C gene with a mild risk for thromboembolic vascular diseases.

The diagnosis was macular edema secondary to papillophlebitis, a subtype of CRVO. The patient was treated with systemic corticosteroid (prednisone) and showed excellent anatomical and functional response, with visual acuity 20/20 post treatment.

## DISCUSSION

CRVO is often associated with systemic vascular disease, being more common in elderly. The first line treatment for macular edema secondary to CRVO is intravitreal anti-VEGF. We report a patient with macular edema secondary to papillophlebitis, a subtype of CRVO that showed significant anatomical and functional improvement after treatment with oral corticosteroids.

## REFERENCE

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