A Case Report of Unilateral Eales Disase

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Abstract

Eales disease is an idiopathic inflammatory occlusive retinal vasculopathy affecting young adults, charecterised by peripheral periphlebitis, retinal ischemia and neovascularisaion leading to recurrent vitreous hemorrhage.it is commonly associated with hypersensitivity to mycobacterium tuberculosis. Management includes corticosteroids, laser photocogulation and vitrectomy depending on disease stage.

Key-words: Peripheral Periphlebitis, Retinal Ischemia and neovascularisaion

INTRODUCTION

Eales' disease is an idiopathic occlusive vasculitis involving the mid-peripheral retina that is characterized by retinal venous inflammation (periphlebitis), vascular occlusion, and subsequent retinal neovascularization. A hallmark of Eales' disease is recurrent vitreous hemorrhage. Eales' disease mainly affects young males in their second decade of life. No definite cause for Eales disease has been found to date and it is considered idiopathic.

CASE REPORT

A 23-year-old male came with complaints of gradual painless loss of vision in RE for the last four months. H/O similar episodes of loss of vision in RE for 5 years on and off for which he was given conservative management and vision was improved. No h/o any systemic co morbidities /ocular injuries /ocular surgeries. Personal history / family history – not significant.

- O/E Patient C/C/C. Vitals – stable. On G/E – NAD.
- O/E - BCVA RE- 3/60, LE- 6/9. Both eyes anterior segment – normal

Right Eye Fundus

Media – hazy, optic disc –normal, macular edema with sheathing of vessels, tractional bands superiorly, with peripheral neo vascularization and chorioretinal scars inferiorly.

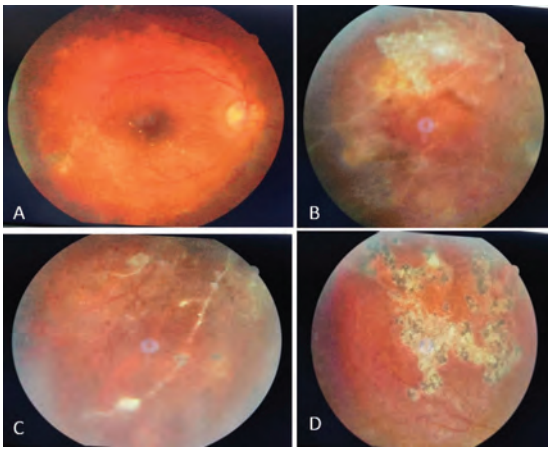

Figure 1: (A) Right eye Fundus image showing hazy media with normal with normal optic disc, macular edema. (B) and (C) Showing tractional band with neovacular areas. (D) showing chorioretinal scars

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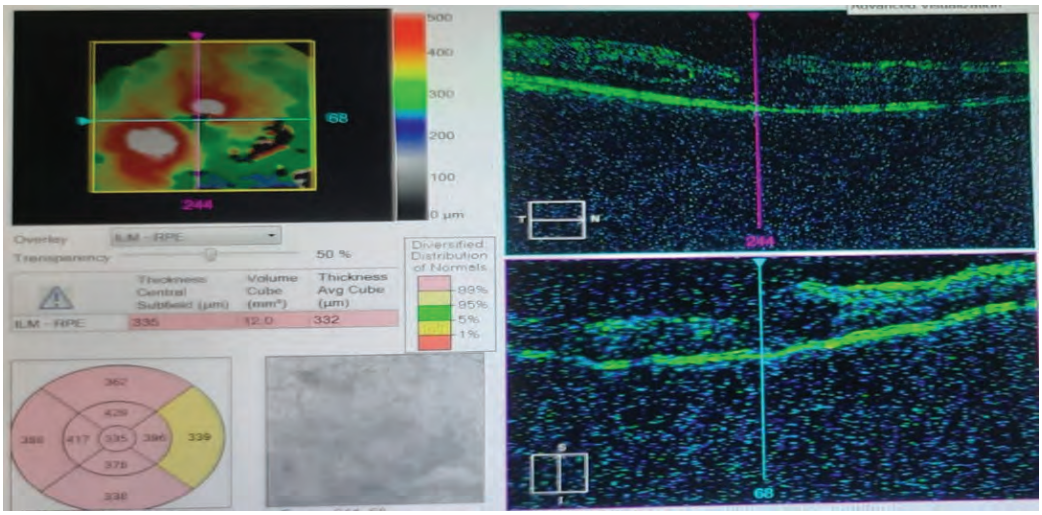

Figure 2: OCT of right eye showing macular edema.

Left Eye Fundus: media clear, optic disc normal, vessels normal, macula healthy

OCT – Right Eye: showing intra retinal fluid, macular edema.

INVESTIGATIONS

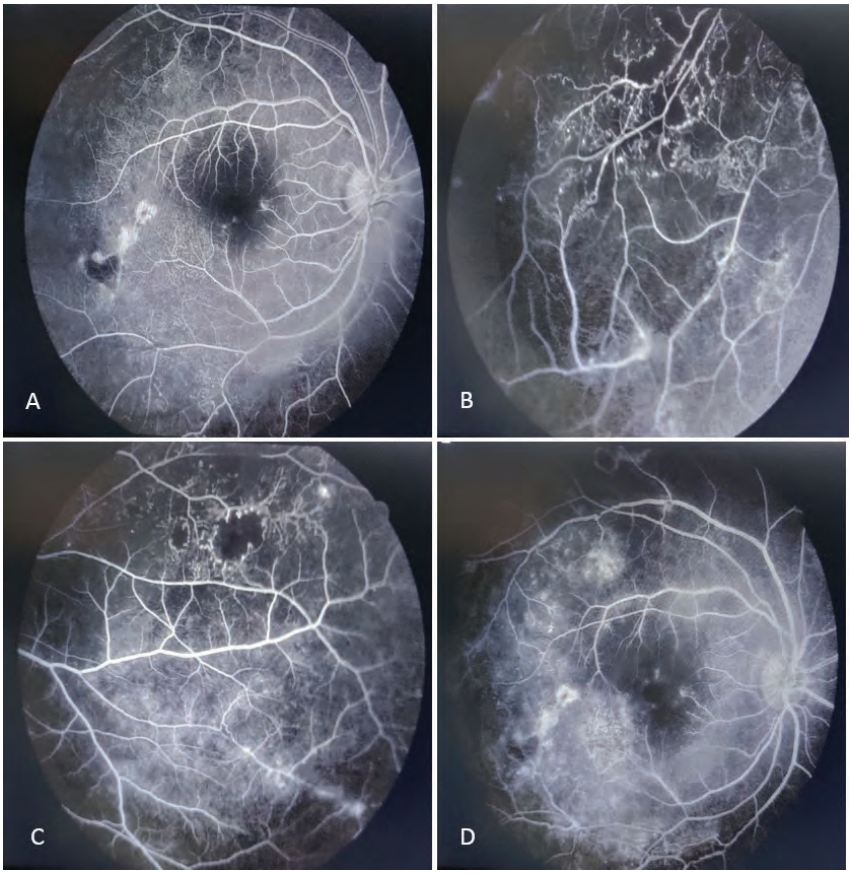

Figure 3: (A) showing early leaking due to inflamed vessels and (B) and (C) Showing capillary non perfusion areas (D) Showing increase in intensity of leaks in late stages.

SYSTEMIC INVESTIGATIONS

All are in normal limits except for raised serum homocysteine and elevated lipid profile.

FFA: Right eye shows early phase of straining wih areas of capillary non perfusion, inflamed vessels showing extravasation of the dye.the early arteriovenous phase showing hyper flourescnce and leakage at late phase indicating peripheral neovascularization.

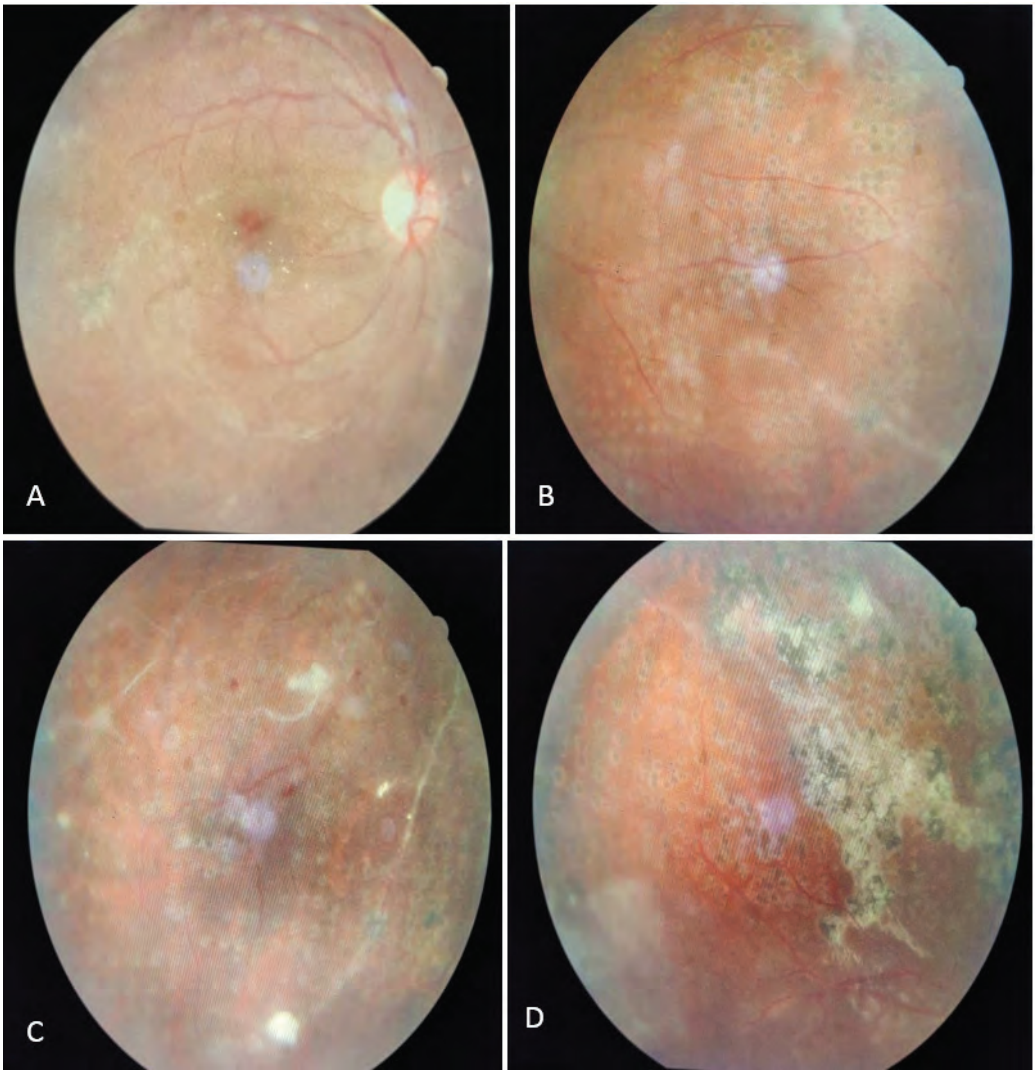

Figure 4: (A) (B) (C) and (D) Showing the images after pan retinal photo coagulation.

DISCUSSION

Eales' disease is a diagnosis of exclusion and requires evaluation for ocular and systemic conditions associated with retinal periphlebitis, neovascularization and recurrent vitreous hemorrhage.Due to clinical overlap with Eales' disease findings, there is no standardized staging; however, three phases are typically recognized:

- Early Stage-Inflammatory stage
- Intermediate Stage – ischemic stage
- Late Stage – Proliferative stage

Based on the medical history , the fundus aspects and other paraclinical aspects the diagnosis of eales' disease was established in right eye.

Patient was treated initially with oral corticosteroids and planned for peripheral laser photocoagulation once the inflammation has subsided and laser was done in 3 sessions with BCVA IN RE - 6/36

CONCLUSION

Corticosteroids are the main stay of treatment for the inflammatory stage.Photocoagulation is the mainstay of treatment in the proliferative stage.Patients who undergone laser therapy had statistically better vision at final visit when compared to who did not receive laser treatment .In this case patient was having active inflammation with proliferation of new vessels , oral steroids and laser peripheral photo coagulation has resulted in significant improvement of vision.Particularity in this case is that unilaterality of eales' since 5 years after onset.

Declaration of patient consent: The authors confirm that all necessary patient consent forms have been obtained.In these forms, the patient provided consent for their images and clinical information to be reported in the journal. The patient understand that their names and initials will not be published and that every effort will be made to maintain anonymity,although complete confidentiality cannot be guaranteed.

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Nil.

CONFLICTS OF INTEREST

There are no conflicts of interest.

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