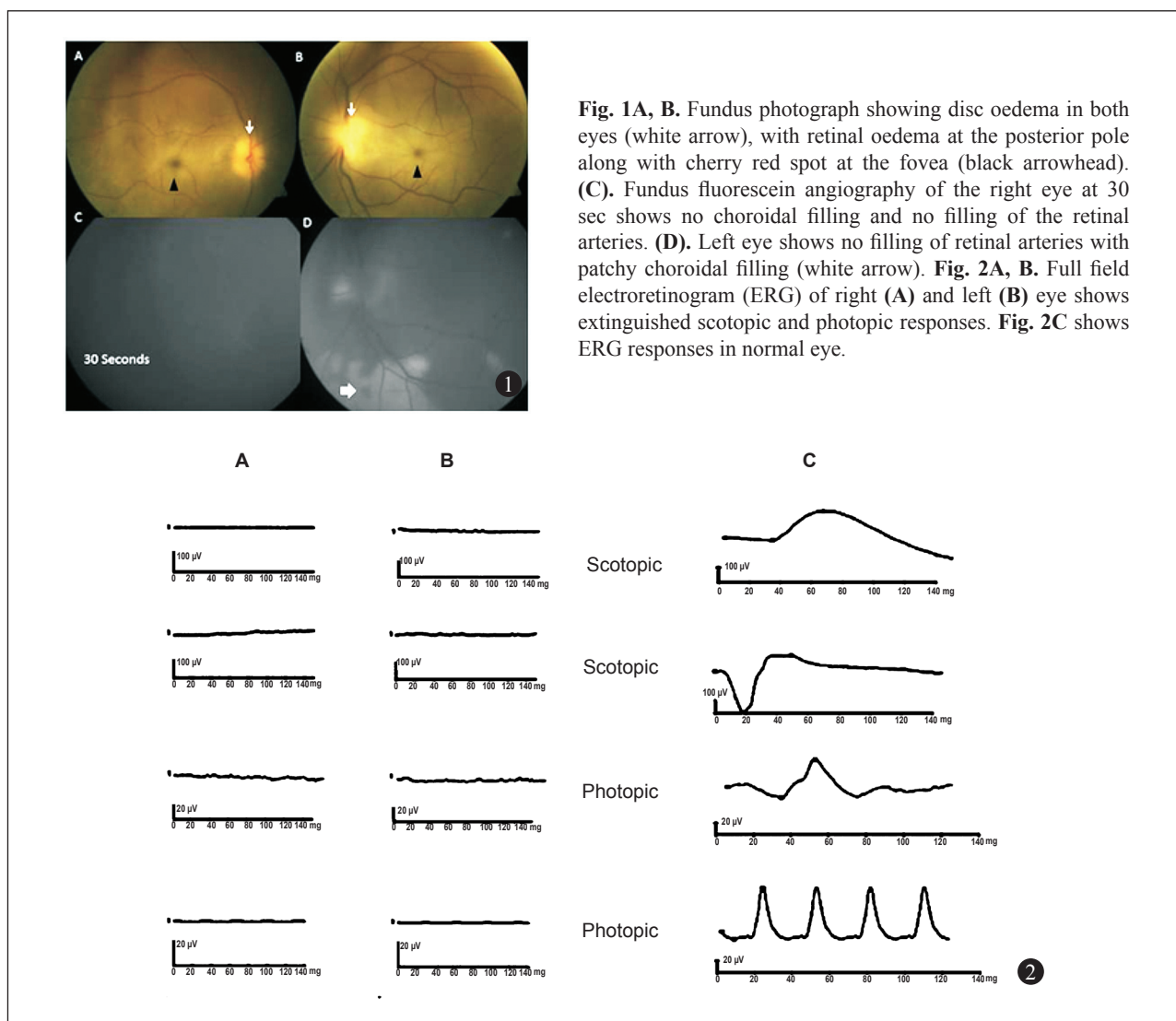


Clinical Images

Bilateral acute ophthalmic artery occlusion in a case of giant cell arteritis



A 52 year old female presented with complaints of sudden, painless loss of vision in both eyes (right eye followed by left eye with in a gap of 3 days) since preceding one week to Aditya Birla Sankara Nethralaya, Kolkata in August 2014. Her visual acuity in both

eyes was 'no perception of light'. She gave a history of fever, weight loss and scalp tenderness one month prior to the visual loss. She had tenderness on temporal artery palpation on right side. Fundus examination showed disc oedema in both eyes along with retinal

oedema at the posterior pole and a cherry red spot (Fig. 1A,B). Fundus fluorescein angiography showed no filling of retinal arteries at 30 sec after injection (Fig. 1 C, D). Full field electroretinography showed non-recordable scotopic and photopic responses. (Fig. 2). Erythrocyte sedimentation rate was 140 mm/h by Westergren method and C-reactive protein level was markedly elevated at 96 mg/l. She was diagnosed to be a case of bilateral ophthalmic artery occlusion with anterior ischaemic optic neuropathy secondary to giant cell arteritis (GCA). She was started on three days of pulse methyl prednisolone followed by oral systemic corticosteroids in consultation with her physician. At final follow up after three months there was no

improvement in visual acuity. This case highlights the importance of early diagnosis and prompt treatment of giant cell arteritis in order to prevent the blinding complications like ophthalmic artery occlusion, and in case of unilateral involvement, to save the other eye.

Rupak Roy^{1,*} & Kumar Saurabh²

¹Aditya Birla Sankara Nethralaya, 147, Mukundapur, E.M. Bypass, Kolkata 700 099, West Bengal &

²Shri Bhagwan Mahavir Vitreoretinal Services, 18, College Road, Sankara Nethralaya, Chennai 600 006, Tamil Nadu, India

**For correspondence:*
rayrupak@gmail.com