Giant cell arteritis related arteritic anterior ischemic optic neuropathy: Clinico-pathological correlation

A 63-year-old male presented with sudden painless vision loss in his right eye of 2 day duration. He had no perception of light, Relative afferent pupillary defect (RAPD), pale disc edema along with an inferotemporal branch retinal artery occlusion [Fig. 1a-d]. Clinical diagnosis of arteritic anterior ischemic optic neuropathy was made, and systemic examination revealed repeated bouts of fever and right sided scalp tenderness.[1,2] Right side temporal artery biopsy revealed giant cell arteritis. The patient was treated with intravenous pulse steroids and immunosuppressive therapy.[2,3] In cases of severe vision loss with pale disc edema, giant cell arteritis should be kept in mind.[4,5]

Declaration of patient consent

The authors certify that they have obtained all appropriate patient consent forms. In the form the patient(s) has/have given his/her/their consent for his/her/their images and other clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

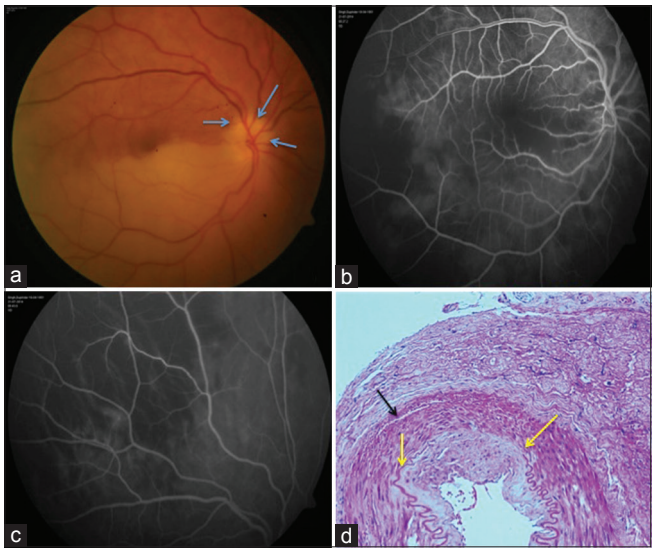

Figure 1: (a) showing pale disc edema (blue arrows) with an inferotemporal branch retinal artery occlusion, (b and c) showing "wedge shaped" equatorial choroidal infarcts on fluorescein angiogram, and (d) right side temporal artery biopsy at 200× magnification showing intimal proliferation with breaks in the internal elastic lamina (yellow arrows) with extravasation of red blood cells in the tunica media (black arrow) with minimal inflammatory cells, suggestive of vasculitis

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Conflicts of interest

There are no conflicts of interest.

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References

1. Hayreh SS, Podhasky PA, Zimmerman B.Ocular manifestations of giant cell arteritis. Am J Ophthalmol 1998;125:509-20.
2. Wayand CM, Bartley GB.Giant cell arteritis: New concepts inpathogenesis and implications of management.Am J Ophthalmol1997;123:392-5.
3. Guevara M, Kollipara CS. Recent advances ingiant cell arteritis. CurrRheumatol Rep 2018;20:25.
4. HayrehSS. Management of ischaemic optic neuropathy. Indian J Ophthalmol 2011;59:123-36.
5. Attaseth T, Vanikieti K, Poonyathalang A, Preechawat P, Jindahra P, Wattanatranon D. Anterior ischemic optic neuropathydue tobiopsy-provengiant cell arteritisin Thai patients.ClinOphthalmol 2015;9:1071-5.

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