

A complication of ischemic branch retinal vein occlusion

A 48-year-old male with ischemic superotemporal branch retinal vein occlusion (BRVO) in the right eye with no known systemic disease had been managed with sectoral laser photocoagulation. His 55 degree multicolor fundus image on follow-up shows a large neovascularization of the disc exerting traction over the macula. Laser marks are seen superiorly. Optical coherence tomography angiography (OCTA) shows the neovascular frond and nonperfusion area. Owing to traction, the vascular architecture is distorted [Fig. 1].

Although retinal vein occlusion is common in the elderly, it is also seen in younger population.^[1] Younger patients with BRVO need a careful clinical evaluation for associated systemic diseases. They may have associated atherosclerosis, diabetes, or hypertension. Reports of hyperhomocysteinemia,^[2] hyperviscosity syndrome,^[3] connective tissue diseases,^[4] and thrombophilia^[5] with retinal vein occlusion in young patients are well known. If screening for these associations is inconclusive, a complete thrombophilic workup can be considered.

OCTA in retinal vein occlusion can show nonperfusion areas, collaterals, and neovascular fronds.^[6] During the follow-up of these patients, fundus photography and OCTA can help to individualize treatment and follow-up options. OCTA acts as a noninvasive method to predict the visual prognosis.

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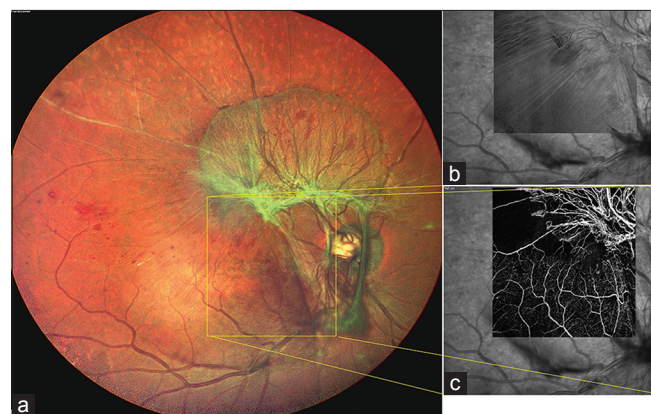


Figure 1: (a) Multicolor fundus photograph, (b) enface scan, (c) OCT angiography showing neovascularization of the disc and macular ischemia

Conflicts of interest

There are no conflicts of interest.

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