

Macroaneurysm complicates a cataractous eye: OCT angiography confirms the diagnosis and monitors treatment

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ABSTRACT

Objective: To document the OCT angiographic findings of retinal macroaneurysm in a patient who had bilateral visually significant cataract and chronic renal failure. **Method:** Retrospective case review. **Results:** An 80-year-old man presented with a bilateral decreased vision for 2 years duration. He had end-stage renal failure with hypertension and previous stroke. Examination of the right eye showed counting fingers vision and left eye vision was 6/24. Dilated examination showed bilateral nuclear sclerotic and posterior subcapsular cataracts. The right macula was involved with a ring of hard exudates in the centre of which was an oval lesion. There was no other retinopathy change. The left eye fundus appeared normal. The right eye underwent macula optical coherence tomography (OCT) which showed hard exudates at the fovea. OCT angiography (OCTA) was performed in view of his renal impairment and was able to show a distinct fusiform lesion in the superficial layer corresponding to the oval lesion. This suggested a right retinal macroaneurysm of the superotemporal vessel. He received prompt laser photocoagulation. He also underwent left eye cataract surgery with favourable visual outcome. The features on OCT and OCTA are presented. **Conclusion:** OCTA is a useful new tool for diagnosis of retinovascular abnormalities including retinal macroaneurysm without the risks involved in fluorescein angiography. OCT can also be used to monitor the treatment response. Cataract surgery should be performed in the eye with the better retinal prognosis.

KEY WORDS:

Macroaneurysm, optical coherence tomography angiography, hard exudates, macula, cataract

Man blinded in one eye following industrial laser attack

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ABSTRACT

Objective: To report an unfortunate event of industrial laser injury leading to blindness in a youngster. **Method:** A healthy 20-year-old Indian gentleman presented with sudden loss of central vision after an industrial laser was shone into his left eye at his work place. He was not wearing any protective goggles at that time. Visual acuity of both eyes was good prior to the incident. On examination, the best corrected visual acuity of the right eye was 6/6 and the left eye was counting finger. There was no relative afferent pupillary defect. Anterior segments and intraocular pressures were normal bilaterally. Fundus examination of the left eye showed an oedematous macula with a macular hole and surrounding subretinal haemorrhage. Right eye fundus was normal. Optical coherence tomography (OCT) revealed macular oedema with subretinal collection in the left eye. He was given a trial of guttae nepafenac for the left eye. The patient underwent left trans-pars plana vitrectomy (TPPV) at a private hospital. **Results:** At one month follow up, there was no improvement of vision in the left eye. A macular scar was evident on fundus and OCT examinations. **Conclusion:** Retinal injuries due to laser devices can be hazardous and can lead to potential blindness.

KEY WORDS:

Industrial laser, blind, macular hole