29

Lights off, lights on: Amaurosis fugax in polycythemia, can venesection help?

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ABSTRACT

Objective: We report a patient with amaurosis fugax and polycythemia who had improvement in ocular symptoms following venesection. **Method:** Case report. **Results:** A 29-year old male doctor had polycythemia and cerebellar infarct in the posterior inferior cerebellar artery and anterior inferior cerebellar artery territories. He underwent posterior fossa decompression and external ventricular drainage due to significant hydrocephalus. Computer tomography angiography (CTA) showed slightly smaller vertebral artery calibre over the right side representing hypoplastic changes. Ultrasound carotid Doppler and echocardiogram were normal. He presented 2 years later with 6 months sudden onset bilateral transient loss of vision 2-3 episodes a week, each episode lasting 15-20 minutes with slow recovery to normal vision and worsened when he was tired. There were no other ocular symptoms. Ocular and neurological examinations were otherwise unremarkable. No cerebellar signs were elicited. He underwent venesection 2 times within a month. Following each episode of venesection, there was improvement in ocular symptoms. Currently the frequency of transient vision loss had been reduced from 2-3 episodes every week to once a month. JAK2 mutation test for polycythemia rubra vera, anti-cardiolipin antibodies, and anti-beta-2-glycoprotein-1 were negative. **Conclusion:** Transient visual loss symptoms of amaurosis fugax may be improved with venesection in patients with polycythemia.

KEY WORDS:

Amaurosis fugax, polycythemia, venesection

30

Long-standing intraocular foreign body with no ocular inflammation - A case series

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ABSTRACT

Objective: To report two cases of long-standing intraocular foreign body (IOFB) with no ocular inflammation. **Method:** Case series. **Results:** Case 1- A 53 years old man, presented with reduced vision right eye (RE) for two months. He had a history of foreign body entered his RE during welding about 15 years ago; which he did not seek any treatment. On examination, RE vision was hand movement with white cataract. There were cornea scar and iris sphincteric tear at 9 o'clock. Left eye (LE) was unremarkable with vision 6/6. Intraocular pressure was normal bilaterally. Right phacoemulsification was performed two weeks later. Intraoperatively noticed metallic staining at the peripheral anterior capsule and a small metal piece intralenticularly. Posterior capsule was intact. Post-operatively vision was 6/6. Fundus was normal, no IOFB seen. Case 2- 18-year-old man, presented with LE foreign body sensation for one month. He had a history of pricked by a mechanical pencil at the age of 12; which was ignored. On examination, both visions were 6/6. There was a foreign body partially embedded in the cornea at 5 o'clock near the limbus, with some part of it exposed. Conjunctival fibrosis was seen surrounding the area. There was no infiltrate and no anterior chamber reaction. X-ray orbits showed no IOFB seen. During foreign body removal, 2mm broken pencil lead was removed. Post-operatively vision was 6/9, without signs of inflammation. **Conclusion:** This case series shows that long-standing IOFB may not cause serious ocular inflammation. Nevertheless, a thorough examination during a presentation is crucial to avoid serious complication of IOFB especially one containing iron that can cause siderosis bulbi.