



## ORIGINAL ARTICLE

# Acute eclipse retinopathy: A small case series



Nur Khatib, Boris Knyazer, Tova Lifshitz, Jaime Levy\*

Department of Ophthalmology, Soroka University Medical Center, Faculty of Health Sciences, Ben-Gurion University of the Negev, Beer Sheva, Israel

Received 13 September 2013; accepted 1 October 2013  
Available online 22 January 2014

### KEYWORDS

Solar retinopathy;  
Optical coherence tomography;  
Visual loss;  
Fluorescein angiography;  
Retina

**Abstract** We present four young patients with acute severe solar retinopathy after observation of the total eclipse on January 4, 2011 without appropriate eye protection. Funduscopic findings were accompanied by optical coherence tomography (OCT) investigation of the macula. All our patients were young (range 14–29 years). In three of the four patients we have been able to repeat OCT evaluation revealing that the retinal changes were reversible, but delineating mild pathology in the retinal pigment epithelium and photoreceptors. Best-corrected visual acuity in the fourth case was 6/24. In addition, macular edema, which has been previously described in literature, could not be demonstrated by OCT. In the two cases we performed an early fluorescein angiogram, no pathology was seen.

© 2013 Spanish General Council of Optometry. Published by Elsevier España, S.L.U. All rights reserved.

### PALABRAS CLAVE

Retinopatía solar;  
Tomografía de coherencia óptica;  
Pérdida de visión;  
Angiografía fluoresceínica;  
Retina

### Retinopatía aguda causada por eclipse: pequeña serie de casos

**Resumen** Presentamos cuatro pacientes jóvenes con retinopatía solar severa y aguda, tras la observación de un eclipse total el 4 de Enero de 2011, sin protección ocular adecuada. Los hallazgos funduscópicos se acompañaron de una prueba de tomografía de coherencia óptica (TCO) de la mácula. Todos nuestros pacientes eran jóvenes (rango 14–29 años). En tres de los cuatro pacientes pudimos repetir la prueba de TCO, que reveló que los cambios en la retina eran reversibles, pero subrayaron una patología leve en el epitelio pigmentario retiniano y los foto-receptores. La agudeza visual mejor corregida último caso fue de 6/24. Además, no se pudo demostrar el edema macular mediante la TCO, que ha sido previamente descrito en la literatura. En los dos casos en que realizamos un angiograma fluoresceínico no se observó patología alguna.

© 2013 Spanish General Council of Optometry. Publicado por Elsevier España, S.L.U. Todos los derechos reservados.

\* Corresponding author at: Department of Ophthalmology, Soroka University Medical Center, P.O. Box 151, Beer-Sheva 84101, Israel. Tel.: +972 8 640 0379; fax: +972 8 627 5712; mobile: +972 050 675 0323.  
E-mail address: [ljaime@bgu.ac.il](mailto:ljaime@bgu.ac.il) (J. Levy).

## Introduction

Visual deterioration caused by watching a solar eclipse has been recognized from the time of Plato. Solar retinopathy is a well-recognized clinical entity of retinal damage caused by viewing the sun, induced by a photochemical process that may be enhanced by elevated tissue temperature. Although most cases are commonly attributed to solar eclipse viewing, damage from sun gazing has also been described in religious ritual participants, military personnel, people with mental disturbances, sunbathers and forced sun gazing.<sup>1-7</sup> As demonstrated in histopathological studies of solar retinal lesions, sun gazing causes fine structural anomalies in the outer segments of the photoreceptors and the retinal pigment epithelium (RPE) cells of the macula.<sup>8</sup> Symptoms usually develop within 1–4 h after exposure and include decreased vision, metamorphopsia, micropsia, and central or paracentral scotomas. Fundus examination typically shows a small yellow spot with a surrounding gray zone in the foveolar or parafoveolar area. Spontaneous evolution leads to the improvement of visual acuity.<sup>9-11</sup>

We present four young patients with acute severe solar retinopathy after observation of the total eclipse on January 4, 2011 without appropriate eye protection. Funduscopic findings were accompanied by optical coherence tomography (OCT) investigation of the macula.

## Patient descriptions

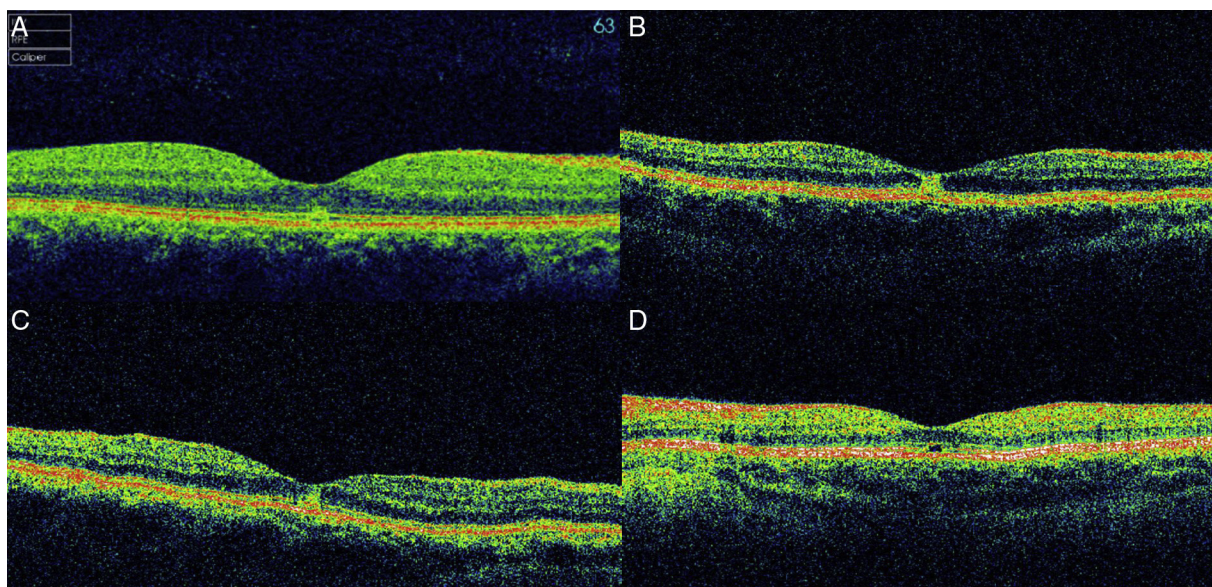
### Case 1

A 29-year-old man presented with complaints of blurred vision affecting the right eye. The onset of symptoms

was one day prior to presentation, when he had gazed at the eclipse without eye protection for a few minutes. On initial examination the best corrected visual acuity (BCVA) was 6/12 OD and 6/6 OS. Slit lamp fundus examination showed a small foveal defect in the right eye. Fluorescein angiography (FA) appeared normal with no hyperfluorescence. Spectral domain OCT (3D OCT-2000 Topcon, Tokyo, Japan) showed a small disruption in the inner segment-outer segment (IS/OS) band in the right fovea (Fig. 1A) and no abnormalities in the left eye. One week later BCVA was 6/9. Three months later BCVA returned to 6/6. No pigment abnormalities were observed in the right macula.

### Case 2

A 29-year-old woman presented with complaints of central scotoma and blurred vision of the right eye after watching the eclipse without eye protection two days before seeking examination. According to the patient, the exposure time was just a few seconds. On presentation BCVA was 6/12 OD and 6/6 OS. Fundus examination showed a small yellow round lesion in the fovea of right eye. Time-domain OCT (Stratus OCT, Carl Zeiss Meditec, Dublin, CA, USA) examination of the right eye showed a hyper-reflective area in the fovea affecting all retinal layers without increase in retinal thickness (Fig. 1B). FA was normal bilaterally. One month after the exposure BCVA was 6/6. Six months after the exposure BCVA remained 6/6. A small reddish demarcated spot was detected at the fovea. The revised OCT showed a very small hypo-reflective area at the inner hyper-reflective layer in the center of fovea.



**Figure 1** Optical coherence tomography (OCT) images of cases at presentation. In case 1 (A, spectral domain 3D OCT-2000, Topcon, Tokyo, Japan), there is a small disruption in the inner segment-outer segment (IS/OS) band in the fovea. In case 2 (B, time-domain Stratus OCT, Carl Zeiss Meditec, USA), a hyper-reflective area in the fovea affecting all retinal layers without increase in retinal thickness is detected. In case 3 (C, time-domain Stratus OCT, Carl Zeiss Meditec, USA), a small hyper-reflective area at the fovea can be appreciated. In case 4 (D, time-domain Stratus OCT, Carl Zeiss Meditec, USA), there is a defect in the inner hyper-reflective layer of the fovea.

Download English Version:

<https://daneshyari.com/en/article/2698678>

Download Persian Version:

<https://daneshyari.com/article/2698678>

[Daneshyari.com](https://daneshyari.com)