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Short communication

Arteriovenous malformation of the iris. Two cases[☆]



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ABSTRACT

Case report: A 50-year-old patient was seen during a regular follow up. The main complaint was decreased near-sight vision. Biomicroscopy showed a vascular malformation on the temporal sector of the iris in the left eye, diagnosed as an arteriovenous malformation. A second case of similar features is also presented.

Discussion: The vascular malformations of the iris may be asymptomatic and go unnoticed or cause recurrent spontaneous hyphemas. Treatment must be individualized and may range from observation to photocoagulation with laser, or even surgery.

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Malformación arteriovenosa iridiana. Dos casos

RESUMEN

Caso clínico: Paciente de 50 años que acudió a revisión rutinaria por presbicia. En la biomicroscopia destacaba una malformación vascular en sector temporal del iris del ojo izquierdo, siendo el resto de la exploración normal. La paciente fue diagnosticada de malformación arteriovenosa iridiana. Presentamos un segundo caso de características similares.

Discusión: Las malformaciones vasculares iridianas pueden ser asintomáticas, y pasar desapercibidas o producir hifemas por hemorragias espontáneas de repetición. El tratamiento debe ser individualizado e incluye desde la observación hasta la fotocoagulación con láser o la cirugía.

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Palabras clave:

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Introduction

Arteriovenous vascular malformations or anomalies of the iris (AVMI) are infrequent^{1,2} and can go unnoticed unless they produce symptoms – such as the case described herein – or express hyphema due to spontaneous repetitive hemorrhages in the anterior chamber.³⁻⁵ Broaddus et al.¹ described a case of iris varix, and classified iris vascular anomalies in 5 groups: capillary hemangioma, cavernous hemangioma, microhemangioma, arteriovenous malformations and iris varicose or iris varix.

AVMI are congenital anomalies that typically present as a single tortuous and dilated vessel that winds through the iris stroma, becoming visible in some areas from the root of the iris to the pupil sphincter, returning to the root after a meandering course. AVMI is regarded as an abnormal connection between arteries and veins that can course with iris stroma atrophy. In 50% of cases, patients can exhibit a sentinel vessel or dilatation of the regional episcleral vessels. The posterior pole of patients with AVMI must be studied closely to discard conditions such as proliferative diabetic retinopathy or central retinal vein occlusion.

Two clinic cases of unilateral and asymptomatic AVMI are presented below.

Clinic case reports

Case 1

Female, 50, who visited for routine checkup due to presbyopia. No relevant personal or familial history or known allergies were referred. Examination produced a visual acuity of 1.0 in both eyes (BE). Biomicroscopy revealed vascular malformation in the temporal sector of the left eye iris (Figs. 1 and 2), with the rest of the examination producing normal results. Gonioscopy was normal. Ocular fundus was normal in BE. Fluorescein angiography (FA) revealed the course of the iris vascular malformation (Fig. 3), without other relevant findings in the ocular

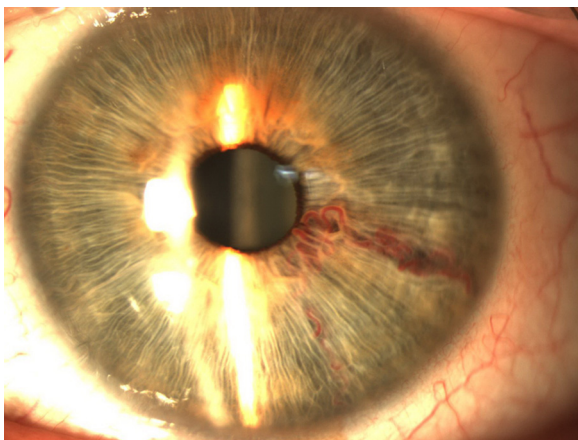


Fig. 1 – Case 1: anterior biomicroscopy showing vascular malformation in left eye temporal iris, reaching up to the pupil sphincter.

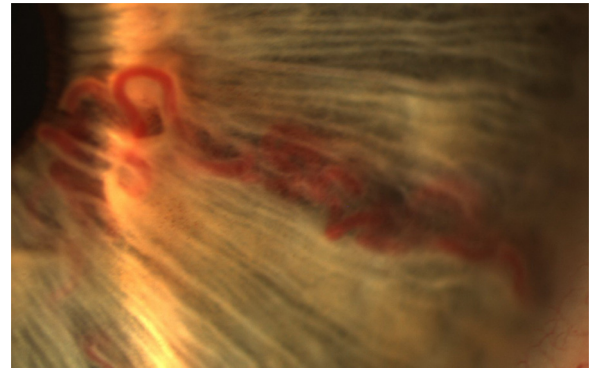


Fig. 2 – Case 1: detail of the iris vascular malformation.

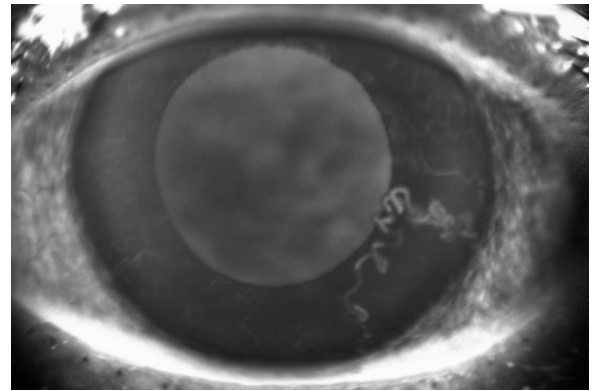


Fig. 3 – Case 1: fluorescein angiography showing the pathway of the vascular malformation.

fundus (Fig. 4). Ocular echography gave normal results, without stromal thickening or masses in the iris or other lesions behind the iris. The patient was diagnosed with AVMI, and referred to internal medicine to discard other systemic vascular malformations.

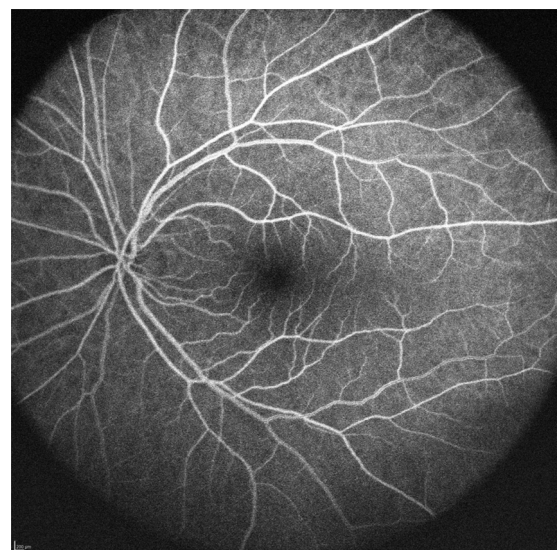


Fig. 4 – Case 1: normal fluorescein angiography of left eye fundus.

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