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Case report

Bilateral serous retinal detachment complicating preeclampsia

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ABSTRACT

Preeclampsia is an obstetric complication that affects approximately 5% of pregnant women. The visual system may be affected with variable manifestations and variable intensity. The retinal detachment in preeclampsia is usually bilateral and serous, and its pathogenesis may be related to the choroidal ischemia secondary to arteriolar vasospasm. We report a case of 36-year-old woman who developed severe preeclampsia in her first pregnancy with blurred vision secondary to bilateral serous retinal detachment.

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1. Introduction

Pregnancy is associated with many physiologic and pathologic changes. One of the most important pathologic changes is the preeclampsia/eclampsia syndrome, also known as “toxemia of pregnancy”. It is a multisystem disorder affecting many body systems and cause of maternal and fetal morbidity as well as mortality. Visual symptoms concern up to 25% of patients with severe preeclampsia, and various ocular manifestations have been described. Serous retinal detachment (SRD) is an unusual cause of visual loss in preeclampsia. A case of a patient who developed severe preeclampsia in association with bilateral SRD is presented.

2. Case report

A 36-year-old primiparous woman presented to the emergency at 34 weeks of gestation with headache and generalized edema and blurred vision in both eyes. Past medical history was unremarkable. General examination found high blood pressure at 220/130 mmHg, heart rate at 95 beats per minute (bpm), and fetal heart rate was 130 bpm. Dipstick urinary proteinuria was detected (3+), 24-h urinary protein was 1.9g/l, and liver enzyme level was elevated. The patient was hospitalized and a cesarean section was decided. By the first postpartum day, blood pressure returned to normal levels, and edema started regressing, but visual symptoms

persisted. It was prescribed furosemide 40 mg/day, and she was kept at bed rest. Ophthalmologic examination found a visual acuity (VA) at 6/9 on the right eye and 6/30 on the left one. Anterior segment was normal. Fundus examination revealed bullous serous retinal detachment in both eyes (Fig. 1). Optical coherence tomography (OCT), an examination that shows images like almost histologic section of retina, confirmed retinal serous detachment with foveal uprising in the left eye (Fig. 2). Acetazolamide per os was then started at 250 mg 3 times a day. Two weeks later, her VA had improved to 6/6 in both eyes. Fundus examination (Fig. 3) and macular OCT (Fig. 4) showed complete resorption of the retinal serous detachment. Fluorescein angiography performed, one month postpartum, to look for choroidal sequelae such as choroidal ischemia that would be manifested by a delay and an irregular filling of choroidal vessels with fluorescein, and fluorescein diffusion through the vascular wall which reflects their hyper permeability; in our case, fluorescein angiography was normal, indicating complete recovery of choroidal blood flow. No ocular complications were found during six months follow-up.

3. Discussion

Preeclampsia is a hypertensive disease of pregnancy due to abnormal utero-placental circulation. Hypoperfusion of the placenta and hypoxia of the intervillous space are responsible for placental dysfunction. Trophoblastic factors are released in the maternal circulation and are responsible for general maternal endothelial dysfunction that characterize preeclampsia [1,2]. Clinically, preeclampsia is defined as the new onset of hypertension with blood pressure $\geq 140/90$ mmHg, and proteinuria ≥ 300

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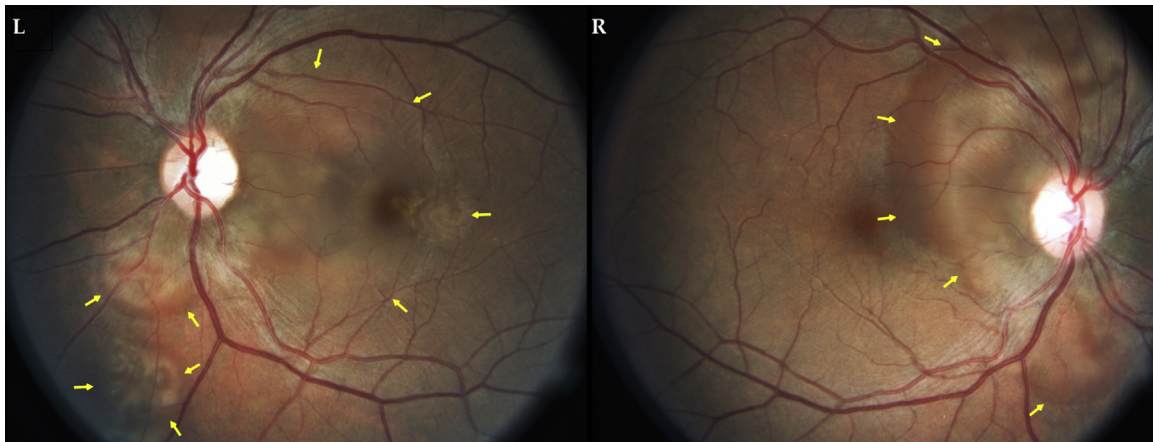


Fig. 1. Color fundus photographs (R: Right eye, L: Left eye): multiple serous peripapillary retinal detachment extending to the macula (arrows).

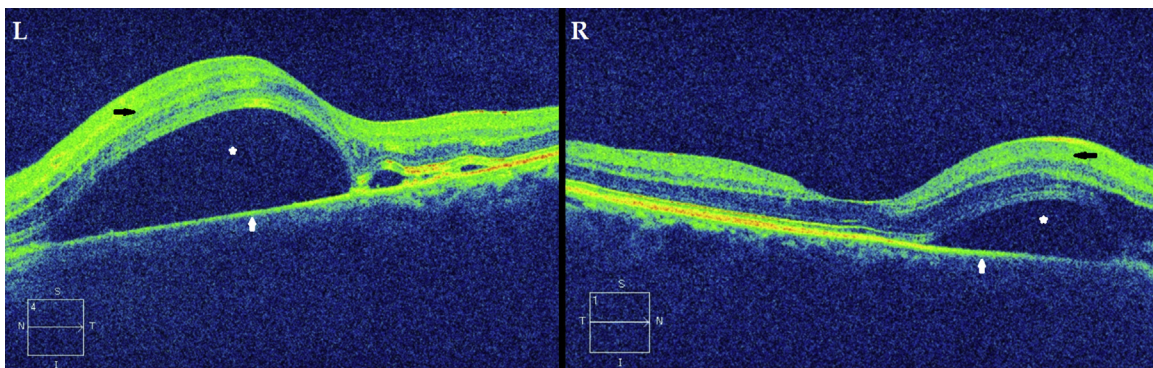


Fig. 2. Macular OCT: Serous retinal detachment in both eyes with separation of the neurosensory retina (black arrow), and pigmented epithelium (with arrow) by subretinal fluid (asterisk).

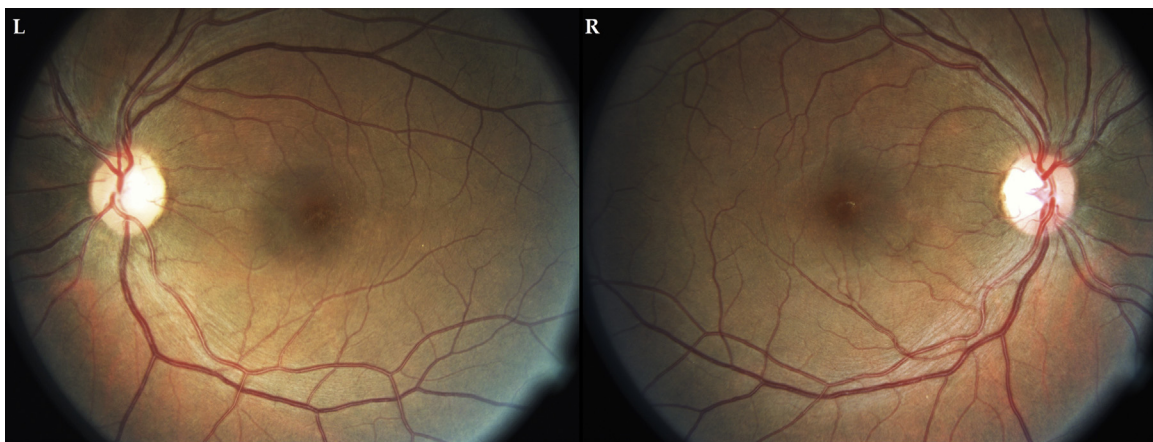


Fig. 3. Color fundus photographs 2 weeks later (R: Right eye, L: Left eye): complete resorption of SRD in both eyes.

mg/day during the second half of pregnancy [2]. Eclampsia is characterized by the appearance of tonic-clonic seizures in a patient who had developed preeclampsia. It's a multisystem disorder that can include various body systems and organs: cardiovascular, hematologic, hepatic, renal and neurologic abnormalities. Visual system can also be affected. Ophthalmological disorders are mainly due to arteriolar spasm and its consequences in retinal and choroidal vascular networks [3].

During pregnancy, some preexisting ocular diseases may be exacerbated such as diabetic retinopathy and uveitis. Other

pregnancy-specific eye diseases (Table 1) may appear as complications of preeclampsia/eclampsia [4]. Visual symptoms include blurry vision, diplopia, amaurosis fugax, photopsia, visual field defects, may be attributed to posterior cerebral artery vasospasm with ischemia, or to cerebral edema in the occipital area. Although abnormalities of the conjunctiva, retina and retinal vasculature, choroid, optic nerve, and visual cortex have been reported, the most common ocular finding is constriction of retinal arterioles found in 60–70% of cases [4,5].

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