Vasculitis

Eales disease

primary occlusive retinal vasculopathy for which no cause can be found

- males
- tuberculin hypersensitivity
- usually involves the peripheral retina of both eyes
- extraretinal neovascularization
- vitreous hemorrhage

Susac syndrome

- no known cause
- women in their third decade
- multiple branch retinal arterial occlusions
- clinical findings
  - hearing loss
  - rare strokes
- treatment
  - corticosteroids
  - immunosuppression

etiology

- systemic diseases — associated with inflammatory disease elsewhere in the body
  - giant cell arteritis
  - polyarteritis nodosa
  - systemic lupus erythematosus
  - Behçet disease
  - inflammatory bowel disease
  - multiple sclerosis
  - pars planitis
  - sarcoidosis
  - syphilis
  - toxoplasmosis
  - viral retinitides
  - Lyme disease
  - cat-scratch disease
  - certain medications, such as rifabutin

chronic embolism/thrombosis

clinical picture indistinguishable from past retinal vasculitis may result from chronic embolism or thrombosis without inflammation

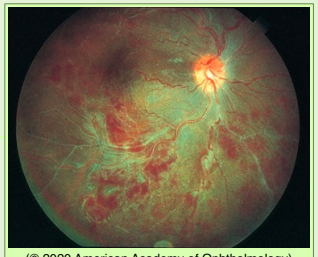
- etiology
  - cardiac valvular disease
  - cardiac arrhythmias
  - ulcerated atheromatous disease of the carotid vessels
  - hemoglobinopathies

Idiopathic retinal vasculitis, aneurysms, and neuroretinitis (IRVAN)

- clinical findings
  - retinal vasculitis
  - multiple macroaneurysms
  - neuroretinitis
  - peripheral capillary nonperfusion
- treatment
  - little benefit: oral prednisone
  - for peripheral retinal non-perfusion: PRP
- systemic investigations are generally noncontributory

early clinical manifestations

- perivascular infiltrates
- sheathing of the retinal vessels
- combination of both arterial and venous involvement is the rule
  - veins tend to be inflamed earlier and more frequently than arterioles
  - involvement of exclusively retinal arteries or veins is uncommon



(© 2020 American Academy of Ophthalmology)

Ophthalmology Mind Maps/Arman Mashayekhi, MD