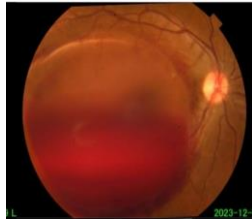


EYE-CONIC CASE

Glimpse of an enticing case scenario

PREGNANCY EMESIS AND VALSALVA RETINOPATHY

- DR PAVITHRA PRADEEP



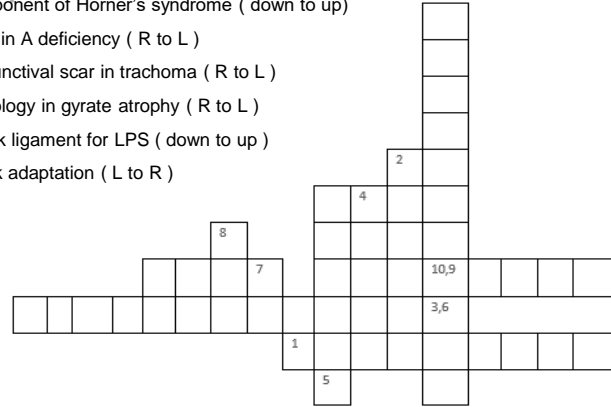
A 26-year-old pregnant female at 28 weeks of gestation, presented with sudden painless diminution of vision associated with floaters in the right eye for 2 days following 2 to 3 episodes of forceful vomiting. Her systemic history was unremarkable. Visual acuity in the right eye was 4/60, N24 and the left eye was 6/6, N6. On slit lamp examination, the anterior segment was found to be normal with brisk pupillary reaction. On fundus examination of the right eye, the fovea was obscured with a dense large boat shaped pre-retinal hemorrhage extending from the superior to the inferior arcades. Further investigation with OCT macula confirmed the location of hemorrhage as sub-hyaloid and below the internal limiting membrane. The patient was diagnosed as OD Valsalva retinopathy with sub-hyaloid and sub-ILM hemorrhage. She was given reassurance and kept on observation for 1 week with complete rest. As the patient had a non-resolving hemorrhage even after 1 week of observation, Nd YAG laser photo-disruption hyaloidotomy was performed. A puncture was made in the posterior hyaloid which drained the sub hyaloid hemorrhage into the vitreous for easy absorption. The patient was advised to maintain a propped-up position for 1 week. On further visit, vision in the right eye improved to 6/6, N6 with fully resolved vitreous hemorrhage. Valsalva retinopathy is a particular form of retinopathy, pre-retinal and hemorrhagic in nature, secondary to a sudden increase in intrathoracic pressure. Immediately after a Valsalva maneuver, there is a sudden increase in intraocular venous pressure, causing retinal capillaries to rupture spontaneously. Pregnancy is a risk factor for Valsalva retinopathy. Elevation of intra-abdominal pressure during pregnancy, with a further increase during labor, leads to a considerable elevation in intravenous pressure. This may increase the potential for retinal hemorrhages following a Valsalva maneuver. Valsalva retinopathy generally has a good prognosis. Vision usually returns to normal over a short period and requires only observation. If the hemorrhage does not resolve with observation, Nd YAG laser hyaloidotomy may be performed, to drain the hemorrhage to the vitreous. Nd YAG lasers are found to be safe in pregnancy



CROSSWORD PUZZLE

- DR SARA. S

1. Stockers line (L to R)
2. Near visual acuity (up to down)
3. Corneal epithelial healing (up to down)
4. Standard Care Vs Corticosteroid Treatment in CRVO (up to down)
5. Component of Horner's syndrome (down to up)
6. Vitamin A deficiency (R to L)
7. Conjunctival scar in trachoma (R to L)
8. Pathology in gyrate atrophy (R to L)
9. Check ligament for LPS (down to up)
10. Dark adaptation (L to R)



EYE QUEST

To tease your brain a little

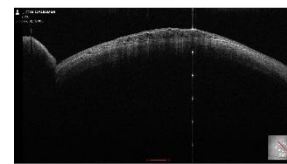
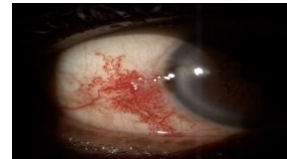
CONJUNCTIVAL CAPILLARY HEMANGIOMA

- DR ANURANI KURIAN

Colour slit lamp photograph and Anterior segment OCT image of right eye showing capillary hemangioma of the conjunctiva in a 68 year old female. Capillary hemangioma is classified as a hamartoma with abnormal proliferation of endothelial cells. It presents as superficial red raised lesion with feeder vessels. AS-OCT shows the nest of capillaries with lumen. Presentation at older age is usually rare.

EYE-WORTHY SNAP

Captured clinical findings



EYE-OPENER

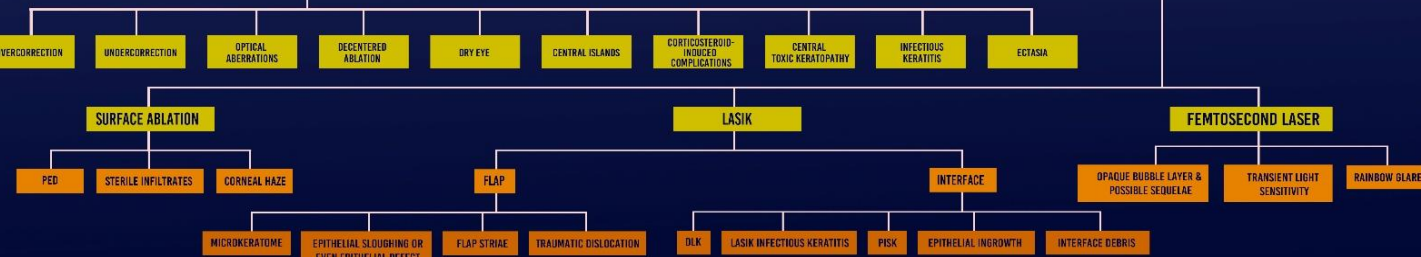
Lets brush-up our basics

- DR ARNAV SAROYA

COMPLICATIONS IN REFRACTIVE SURGERIES

GENERAL

SPECIFIC



NOTE : DLK: Diffuse Lamellar Keratitis; PISK: Pressure Induced Interlamellar Stromal Keratitis ;PED: Persistent Epithelial Defect

EYE QUEST

JANUARY - ANSWER

1-C, 2-E, 3-G, 4-H, 5-F, 6-A, 7-D, 8-B

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