CASE PRESENTATION

60 year old white male presented to eye clinic on 10/23/2020.

CC: sudden onset “dead spot” in eye.

OD: BCVA 20/20, OS: 20/30. History of mild blepharitis/dry eye OU, hypertension, and low risk glaucoma suspect based on C/D ratio OU.

Medications

1. Type 2 DM with mild NPDR OU
2. Hypertension
3. Mild combined cataracts OU
4. Mild blepharitis/dry eye OU
5. Low risk glaucoma suspect based on C/D ratio OU
6. Low risk glaucoma suspect based on C/D ratio OD

Medical history

1. Type 2 DM with multiple organ complications, poor HbA1c control (between 9-14 for the last 20 years)
2. Hypertension
3. Hyperlipidemia
4. Coronary artery disease
5. Peripheral arterial occlusive disease
6. Right central artery stenosis (100%)

Medications

Clonopin, Insulin, Atoprim 8.1mg

EXAM FINDINGS

Entrance testing

VA (ac distance)

• OD: 20/20, PH 20/20-2,
• OS: 20/10+, PH 20/20-

• Full color vision

Pupils/Confrontation: normal

Amsler grid

• OD: small area of mid-macular metaphysomal detachment
• OS: central scotoma with larger area of central macular thinning, band of vertical metaphysomal activity to fixation that spans up to inferior grid

Dilated fundus examination

Lens: mild nuclear/cortical cataract, OD>OS

Chorio: OD: +0.0 OD, 0.5 OS, flat healthy rim tissue, no NVD OU

Macula: mild MA-OA, diffuse ERM with pools OD, mild ERM OS

Fundus: moderate NPIR with fine exudates and non-central DME OU

Periphery: flat, no holes/tearbreaks; scattered dot/blot hemos OU

Vitreous: syneryisis, (–)PVD OD


BIBLIOGRAPHY


2. Snellen lines progressively over 1-2 years

3. Pars plana vitrectomy (PPV) and ERM peel


6. Snellen lines progressively over 1-2 years

7. Reduced VA (was previously 20/20 OD and 20/40 OS)


9. Amsler grid – OD: small area of mild central macular thinning, VMA with symptomatic focal VMT OD>OS at fovea

10. BCVA 20/80 OD, 20/60 OS

11. Patient accepted retinal consult, referral placed. After discussion with retina specialist, patient elected to observe condition

12. 10-20% improvement at reduced VA after surgery

13. Few studies investigating improvement to quality of vision and life or perceived benefits, but statistically significant improvements were found 1 year post-PPV

14. Most common post-operative complication was cystoid macular edema

15. Most common adverse effect of ocriplasmin injection was transient and mild, but thickness progressed

16. 6% of patients >65 years old with focal VA and no ERM, no VA

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