Takayasu arteritis: the culprit to my sudden loss of vision

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ABSTRACT

Takayasu arteritis is a rare illness that causes inflammation and narrowing of blood vessels. Ocular manifestation in Takayasu arteritis is uncommon as it usually involves the aorta and its main branch. We report a case of branch retinal artery occlusion (BRAO) associated with Takayasu arteritis. A 32-year-old Indian male with underlying Hodgkin's lymphoma presented with right eye (RE) sudden onset inferior visual field loss for one day. Ocular examination revealed RE visual acuity of 3/60 and positive relative afferent pupillary defect. RE optic disc was hyperaemic with blurred margin superiorly and retina was pale at the superior half of the macula with a visible Hollenhorst plaque over the superior arterial branch. Systemic examination revealed the left brachial and radial pulse was not palpable. RE Bjerrum showed inferior half visual field defect with central scotoma. RE OCT macula showed thickened retina with intraretinal fluid. His total cholesterol and LDL were raised. Echocardiogram was normal. Ultrasound Carotid doppler showed thrombus within right CCA causing near 100% occlusion with absent doppler flow of right ICA and ECA. Computed Tomography Angiography showed aorta of normal calibre and configuration, complete occlusion of right intra- and extracranial ICA and collateral perfusion to right ACA and MCA. He was diagnosed with right superior BRAO secondary to Takayasu arteritis and was treated conservatively with double antiplatelets and statin. Despite it being a rare ocular involvement, Takayasu arteritis can cause BRAO especially in patients with multiple risk factors, hence thorough assessment is vital to make a diagnosis.