

Anterior vitreous cell: a missed clue in a case of neuroretinitis masked by central retinal vein occlusion

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ABSTRACT

To report a case of non-ischaemic central retinal vein occlusion (CRVO) masking neuroretinitis diagnosis in a young healthy adult. A 37-year-old healthy female first presented with 1-week history of left eye (LE) painless blurring of vision, which was preceded by acute floaters for few days. She had no systemic complaints, denies high risk behaviour or significant travelling history. Her vision was 6/9 bilaterally, optic nerve function was intact and anterior segment findings were unremarkable. LE fundus showed swollen optic disc (OD), extensive retinal haemorrhages with dilated vessels in all quadrants and absence of cotton wool spot. She was diagnosed with non-ischemic CRVO. Her investigation results including infective screening, cardiovascular risks and connective tissue screening turned up to be negative. In the third months' visit, there was worsening of OD swelling with macula involvement evidence by Optical coherence tomography (OCT), coinciding with worsening of vision to 6/36. Her diagnosis puzzled us. Medical retina team was referred. She was noted to have LE anterior vitreous cell and history of pet cat at home was elicited. The diagnosis was then revised to neuroretinitis and trial of oral ciprofloxacin 500 mg BD and oral Prednisolone 40 mg OD was started. She completed 5-weeks course of oral ciprofloxacin, oral prednisolone and topical dexamethasone QID. She regained her baseline vision (6/9) with concurrent resolution of OD and macula swelling. The presentation of CRVO may be misleading, especially in a young healthy adult. Thorough history taking and eye examination is crucial in establishing accurate diagnosis. Neuroretinitis masked by the clinically CRVO-like presentation is the highlight of this case report.