

Images in clinical medicine



Retinal veno-venous anastomosis in chronic branch retinal vein occlusion: when natural healing takes place

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Retinal veno-venous anastomosis in chronic branch retinal vein occlusion: when natural healing takes place

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Image in medicine

It was a 63-year-old woman with a positive history of systemic hypertension consulting for a three years history of blurred vision Oculus Dexter (OD). She noticed a slowly progressive spontaneous improvement and denied any previous ophthalmology consultation. Best-corrected visual acuity was 6/18 OD with unremarkable adnexal and anterior segment examination. Fundus examination showed supero-temporal branch retinal vein occlusion with arterio-venous nicking, macular exudates, and numerous retinal veno-venous anastomoses bridging the horizontal raphe temporally. The fellow eye was normal. We

ordered a fluorescein angiography with color and monochromatic photography that highlighted the previous findings and showed macular diffusion in early and late phases (A,B,C,D). We retained the diagnosis of retinal venovenous anastomosis in chronic branch retinal vein occlusion with chronic

macular edema. The patient preferred observation of her condition and refused further investigations or interventions. After two years of follow-up, her visual acuity was stable. We insisted on medical control of her systemic hypertension.

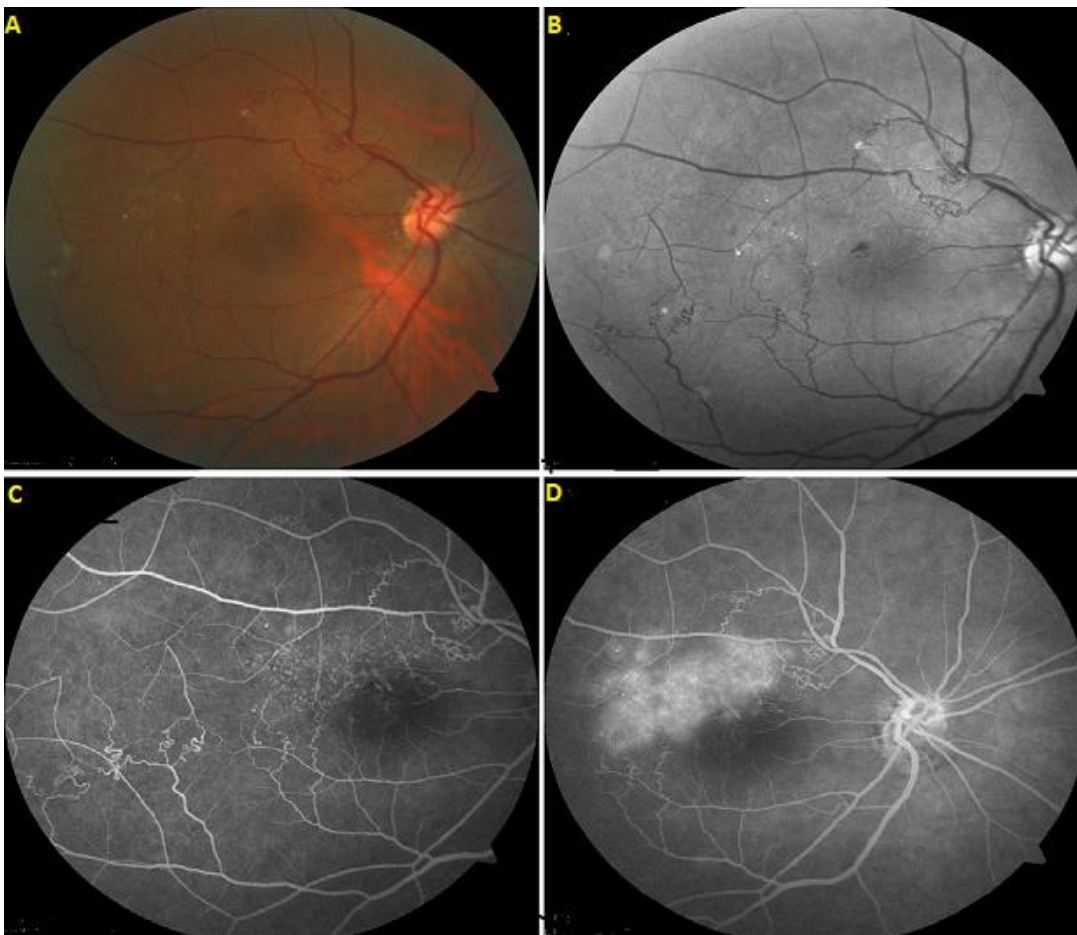


Figure 1: fundus photography showing supero-temporal branch retinal vein occlusion with: A) macular exudates and numerous retinal veno-venous anastomoses; B) highlighted by red-free monochromatic photography; C) fundus fluorescein angiography showed macular diffusion in early; D) late phases